



**GROWING UP IN IRELAND – national study of children**  
**Strictly Confidential – HOME-BASED CARE**

Area Code  Household Code  Date \_\_\_\_ day \_\_\_\_ month \_\_\_\_ year

**PLEASE READ THIS FIRST**

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the **Growing Up in Ireland** team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

*First of all, we would like to ask you some questions about caring for the study child in particular.*

**Q1. Which of the following best describes your relationship to the study child?**

- |                        |                          |   |                                |                          |   |
|------------------------|--------------------------|---|--------------------------------|--------------------------|---|
| Grandmother .....      | <input type="checkbox"/> | 1 | Neighbour .....                | <input type="checkbox"/> | 5 |
| Grandfather .....      | <input type="checkbox"/> | 2 | Nanny/au pair .....            | <input type="checkbox"/> | 6 |
| Other relative .....   | <input type="checkbox"/> | 3 | Registered childminder .....   | <input type="checkbox"/> | 7 |
| Friend of parent ..... | <input type="checkbox"/> | 4 | Unregistered childminder ..... | <input type="checkbox"/> | 8 |

**Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?**

Yes .....  1 No .....  2

**Q3. Do you care for the study child in his / her own home, in your home or somewhere else?**

- Study Child's home.....  1  
My own home .....  2  
Somewhere else (please specify where) \_\_\_\_\_  3

**Q4. How long have you been caring for the study child?** \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ weeks

**Q5. How many hours per week do you care for the study child?** \_\_\_\_\_ hours

**Q6. How many days per week do you care for the study child?** \_\_\_\_\_ days

**Q7. We would like to know how the study child spends his or her time while in your care. There follows a list of activities that a 9 year-old might engage in. Please indicate how often he or she participates in each activity.**

	All the time	Frequently	Occasionally	Rarely	Never
Watching television/videos/DVD's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q8. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?**

Very easy  1      Somewhat easy  2      Neither easy nor difficult  3      Somewhat difficult  4      Very difficult  5

*We would also like some general information on the environment in which you look after the study child*

**Q9. On a typical day, how many children are in your care (excluding the study child, but including your own children)?**

\_\_\_\_\_ children

**Q10. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)**

0 – 11 months .....	_____	7-9 years .....	_____
1- 3 years .....	_____	10 - 12 years .....	_____
4-6 years .....	_____	12 years and over .....	_____

**Q11. When you are minding the Study Child how many children's books are available to the study child to read/look at? Do you estimate....**

- None ..... 1
- Less than 10..... 2
- Between 10 and 20 ..... 3
- 21 – 30 ..... 4
- More than 30 ..... 5

**Q12. Do you look after the study child when he or she is sick?**

- Never ..... 1      Rarely ..... 2      Frequently ..... 3      Always ..... 4

**Finally, we would like to know some things about you.**

**Q13. What is your date of birth?**

Day		Month		Year			

**Q14. What is your gender?**

- Male ..... 1      Female..... 2

**Q15. What is your nationality?** \_\_\_\_\_

**Q16. Which of the following best describes your current employment status?**

- |  |   |
|--|---|
| Working for payment or profit ..... <input type="checkbox"/> 1 | Looking after home/family ..... <input type="checkbox"/> 5                              |
| Looking for first regular job ..... <input type="checkbox"/> 2 | Retired from employment..... <input type="checkbox"/> 6                                 |
| Unemployed ..... <input type="checkbox"/> 3                    | Unable to work due to permanent sickness or disability ..... <input type="checkbox"/> 7 |
| Student or pupil ..... <input type="checkbox"/> 4              | Other (please specify) ..... <input type="checkbox"/> 8                                 |

**Q17. Is caring for children your main occupation?**

- Yes ..... 1      No ..... 2

**Q18. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').**

**Q19. What is the highest level of education that you have completed?**

- |  |  |
|--|--|
| No formal education ..... <input type="checkbox"/> 1         | Certificate ..... <input type="checkbox"/> 5         |
| Primary ..... <input type="checkbox"/> 2                     | Diploma ..... <input type="checkbox"/> 6             |
| Junior Cert. or equivalent ..... <input type="checkbox"/> 3  | Degree ..... <input type="checkbox"/> 7              |
| Leaving Cert. or equivalent ..... <input type="checkbox"/> 4 | Postgraduate Degree ..... <input type="checkbox"/> 8 |

**Q20. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?**

- No ..... 1  
Yes, certificate level of less than one year's duration ..... 2  
Yes, certificate level or above of greater than one year's duration ..... 3

**Q21. Have you undertaken any other training relevant to caring for children? Tick all that apply**

- |   |  |
|---|--|
| Childcare ..... <input type="checkbox"/> 1                    | Special needs assistance ..... <input type="checkbox"/> 7    |
| National school teaching ..... <input type="checkbox"/> 2     | Speech and language therapy ..... <input type="checkbox"/> 8 |
| Other education ..... <input type="checkbox"/> 3              | Nursing ..... <input type="checkbox"/> 9                     |
| Child psychology/development ..... <input type="checkbox"/> 4 | Other ..... <input type="checkbox"/> 10                      |
| Nutrition/Diet ..... <input type="checkbox"/> 5               | First aid ..... <input type="checkbox"/> 11                  |
| Sign language ..... <input type="checkbox"/> 6                |  |

**Q22. How long have you worked in a childcare situation?** \_\_\_\_\_ years \_\_\_\_\_ months

**Q23. How many hours do you work each week in childcare?** \_\_\_\_\_ hours

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.  
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.  
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE  
THE GROWING UP IN IRELAND TEAM AT 01-8632000**