Main Questionnaire for 9 year olds

Instructions
Welcome to the Growing up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

There are a number of questions which I will read out to you and which I would like you to answer. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that’s ok.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet
To fill in a question just tick the box with the answer you want to give.

Example:
Do you have any pets? Yes    No

[Image of the Growing Up in Ireland logo]
Section A: School

1. What do you think about school?
   Always like it    Sometimes like it    Never like it
   1 .................................................. 2 ........................................... 3

2. How well do you think you are doing in your school work?
   Well              Average/Ok         Poorly
   1 .............................................. 2 ......................................... 3

3. Do you like the following subjects?
   a. Maths
      Always like it    Sometimes like it    Never like it
      1 ........................................... 2 ........................................... 3
   b. Reading
      1 ........................................... 2 ........................................... 3
   c. Irish
      1 ........................................... 2 ........................................... 3

4. How often do you get homework?
   Never    1-2 times a week    3-4 times a week    Almost every day
   1 .............................................. 2 ......................................... 3 ......................................... 4

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes) than:
   a. Most of your classmates
      Better off    About the same    Worse off
      1 ......................... 2 ................................. 3
   b. Most of your neighbours
      1 ......................... 2 ................................. 3
   c. Other families in Ireland
      1 ......................... 2 ................................. 3
Section B: Food

6. We would like you to think back to what you ate yesterday. Did you eat the following?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>One Serving</th>
<th>More than one serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fresh fruit</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Cooked vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Sausage or sausage roll</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Chips or French fries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Crisps or savoury snacks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Biscuits, doughnuts, cake, pie or chocolate (any of these)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Cheese or yoghurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Fizzy drinks or diet drinks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Bread, Pasta, Rice, Cereal (any of these)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C: Activities

7. Which of the following have you done with your parents within the last week (tick yes or no in respect of each)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eaten together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Visited relations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Sat and watched TV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Chatted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Went to the park</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Gone swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Played games at home – board games and so on</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Played games outside</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Read something together</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Do you have a computer at home?  Yes........  1  No.........  2  Go to Q12

9. Do you use it?  A lot.......  1  A little .....  2  Never .......  3  Go to Q12

10. What do you use it for?  (tick yes or no in respect of each)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Playing games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Chatrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Watching movies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. E-mailing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Instant messaging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Surfing the internet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Doing homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Surfing the internet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Are you allowed to use the internet without your parents or another adult checking what you are doing?  

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

12. Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best.  

Hanging out with friends .................................................. ___  
Chatting to friends on phone or computer............................ ___  
Playing sport ................................................................. ___  
Watching TV................................................................. ___  
Playing computer games ................................................... ___  
Reading ................................................................. ___  
Playing games outside .................................................... ___  
Listening to music ......................................................... ___  
Talking to your family .................................................... ___  
Something else (Please write it down)_______________________________ ___
13. What is your favourite hobby or activity? __________

14. How often do you play sport?
Never  1-2 times a week  3-4 times a week  Almost every day

1. Go to Q15
2. Go to Q16
3. Go to Q16
4. Go to Q16

15. Please tell us what is your MAIN reason for not playing sport?
[Please tick one box only]
You do not like team games .................................................................  
You are no good at games .................................................................  
You have no opportunities to play ....................................................  
You feel people laugh at you because of your size ..................................  
You have a disability which prevents you from playing  
You prefer to watch sports on TV .......................................................  
You do not fit in with the sporty crowd ............................................  
You do not like to get dirty or sweaty ............................................  
You are not competitive .................................................................  
You prefer to play computer games ....................................................  

16. How often do you take exercise (e.g. running, cycling, swim) for 20 minutes or more?
Never  1-2 times a week  3-4 times a week  Almost every day

1.  
2.  
3.  
4.  

17. How often do you read for fun (not for school)?
Every day ........................................  
A few times a week ......................  
Once a week  ..............................  
A few times a month ....................  
Less than once a month .............  
Never .......................................  

5
18. Do you have your own mobile phone?  Yes ...... 1  No ..... 2

19. Below is a list of things that people do. Can you tell me which ones you would generally be expected to do for yourself:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Shower or bathe</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Make breakfast</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Get yourself up in the morning</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Make a packed lunch</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Make dinner</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Tidy your bedroom</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Make your bed</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

20. Do you do any of these chores at home?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help with cooking for the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Hoovering / cleaning</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Helping in the garden</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Washing the dishes / Emptying the dishwasher</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Putting out the bin / recycling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Cleaning the car</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Helping with your younger brothers or sisters</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Helping an elderly or sick relative in the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

21a. Do you have a long term illness, disability or medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

1 Go to Q21b  2 Go to Q22  3 Go to Q22.
21b. If yes, does your long term illness, disability or medical condition affect your attendance or participation at school?

Yes  No

1 2

22. How would you describe yourself?

Very skinny  A bit skinny  Just the right size  A bit overweight  Very overweight

1 2 3 4 5

23. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing. For this next section add up all the time you spent in physical activity each day.

Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day?

No days  1 day  2 days  3 days  4 days  5 days  6 days  7 days

0 1 2 3 4 5 6 7

Now we want to know about things you like and want to do!

Section D: Likes and Dislikes

24. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.
25. Think about the person whom you most admire. Who would that be?

Would it be: Please tick one only

A person on television (TV star) ........................................ 1
A film star ...................................................................... 2
A teacher ...................................................................... 3
A church leader .......................................................... 4
A footballer or sports star ............................................. 5
Mum or dad .................................................................. 6
A pop star / singer / rapper ............................................. 7
A politician .................................................................. 8
A footballer’s wife ....................................................... 9
Someone else (please write down who) ________________ 10

26. Can you finish off each of the 3 sentences with your own words?

a. The thing that makes me most happy is

________________________________________________________________________________
________________________________________________________________________________

b. I am most afraid of

________________________________________________________________________________
________________________________________________________________________________

c. I like living in Ireland because

________________________________________________________________________________
________________________________________________________________________________

27. Is there a pet in your family? Yes ............ 1 No ............. 2

If you don’t have a pet then you are now finished the questionnaire.

If you do have a pet please answer two more questions

That is the end of this part of the interview.

Time Section Ended   [  ] [  ] [  ] (24 hour clock)
28. **What pets do you have?** [Tick all that apply]

Cat  
Dog  
Goldfish  
Rabbit  
Other (Please write down)

1  
2  
3  
4  
5  

29. **What do you like best about your pet(s)?** (Tick all that apply)

a. They are fun to be with......................... 1
b. I like to look after them ....................... 2
c. They make me feel loved ...................... 3
d. I like to feed them .............................. 4
e. I like to take them for walks ................. 5
f. I can talk to them .............................. 6
g. I like to cuddle them ......................... 7

That is the end of this part of the interview.

Time Section Ended  [  ] [  ] [  ] (24 hour clock)