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Area Code Household Code Respondent Code

Growing Up in Ireland

Time Use Diary and Neighbourhood Module

STRICTLY CONFIDENTIAL

As part of the **Growing Up in Ireland** project we would like to record details on how 9-year old children in Ireland spend their time.

We would like you to complete the enclosed time-use diary with the Study Child as shown by the interviewer. Simply mark the booklet to indicate what the Study Child was doing for each quarter hour in the day from 6.00am to midnight. To do this draw an arrow through the relevant 15 minute slots to indicate what the Study Child was doing.

Once again we would like to assure you that all of the information provided will be treated in the strictest confidence and will not be revealed to anyone or in any way, which could be associated with your name or address.

Day on which we would like this diary to be completed:

DAY _____ DATE _____

Growing Up in Ireland - time use diary

<i>Activity</i>	EARLY MORNING					
	6.00 am			7.00 am		
	15	30	45	15	30	45
1. SLEEPING						
2. RESTING/RELAXING doing nothing, 'time out'						
3. PERSONAL CARE washing, dressing, toilet						
4. EATING/DRINKING/HAVING A MEAL						
5. TRAVELLING including travel to and from school as well as leisure and domestic travel						
6. SCHOOL						
7. HOMEWORK						
8. GENERAL PLAY						
9. PLAYING BOARD GAMES, CARDS etc.						
10. PLAYING SPORTS, PHYSICAL EXERCISE (including sports, matches, walking the dog etc.)						
11. COMPUTER/INTERNET /EMAIL/ BEEBO / MSN / /PLAY STATION / X-BOX etc						
12. PRACTISING MUSICAL INSTRUMENTS						
13. HOBBIES AND OTHER LEISURE ACTIVITIES						
14. WATCHING TV AND VIDEOS/DVDS etc						
15. READING BOOKS, COMICS, MAGAZINES ETC.						
16. HOUSEHOLD CHORES / HOUSEWORK						
17. VISITING A FRIEND'S OR RELATIVE'S HOUSE TO PLAY etc.						
18. VISITING A RELATIVES HOUSE FOR PURPOSES OTHER THAN PLAY						
19. ON A FAMILY OUTING (a trip out as a family)						
20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)						
21. NOT SURE						

Growing Up in Ireland - time use diary

<i>Activity</i>	MID AFTERNOON					
	3.00 pm			4.00 pm		
	15	30	45	15	30	45
1. SLEEPING						
2. RESTING/RELAXING doing nothing, 'time out'						
3. PERSONAL CARE washing, dressing, toilet						
4. EATING/DRINKING/HAVING A MEAL						
5. TRAVELLING including travel to and from school as well as leisure and domestic travel						
6. SCHOOL						
7. HOMEWORK						
8. GENERAL PLAY						
9. PLAYING BOARD GAMES, CARDS etc.						
10. PLAYING SPORTS, PHYSICAL EXERCISE (including sports, matches, walking the dog etc.)						
11. COMPUTER/INTERNET /EMAIL/ BEEBO / MSN / /PLAY STATION / X-BOX etc						
12. PRACTISING MUSICAL INSTRUMENTS						
13. HOBBIES AND OTHER LEISURE ACTIVITIES						
14. WATCHING TV AND VIDEOS/DVDS etc						
15. READING BOOKS, COMICS, MAGAZINES ETC.						
16. HOUSEHOLD CHORES / HOUSEWORK						
17. VISITING A FRIEND'S OR RELATIVE'S HOUSE TO PLAY etc.						
18. VISITING A RELATIVES HOUSE FOR PURPOSES OTHER THAN PLAY						
19. ON A FAMILY OUTING (a trip out as a family)						
20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)						
21. NOT SURE						

T1. Would you describe the diary day as: [Tick all that apply]

An ordinary day	<input type="checkbox"/> ₁	A family member was away from home	<input type="checkbox"/> ₆
A holiday or family celebration	<input type="checkbox"/> ₂	One of the Study Child's parents was ill	<input type="checkbox"/> ₇
A school holiday	<input type="checkbox"/> ₃	The Study Child was ill	<input type="checkbox"/> ₈
A parent took some time off work	<input type="checkbox"/> ₄	We had guests staying with us	<input type="checkbox"/> ₉
The family dealt with a crisis	<input type="checkbox"/> ₅		<input type="checkbox"/> ₁₀

T2. When did you fill in the diary? Please tick (✓) one box.

Now and then during the diary day.....₁

At the end of the diary day.....₂

The day after the diary day.....₃

Later.....₄

T2b About _____ days after

T3. Did you complete it with Study Child? Yes₁ No.....₂

T4. Did you encounter any problems filling out the diary?

Yes.....₁ No₂

T5. Please describe these problems as fully as possible

T6. Were there any activities which you feel were not covered in the list?

Yes.....₁ No.....₂

T7. Which ones? Please describe as fully as possible

Community / Neighbourhood

Finally, we would like to ask you some questions about your local area. By local area, we mean within about a mile or 20 minutes walk of here.

L1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes₁ No₂

L2. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

	Very Common	Fairly common	Not very common	Not at all common
Graffiti on walls or buildings.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Rubbish and litter lying about	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homes and gardens in bad condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Vandalism and deliberate damage to property.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

People being drunk or taking drugs in public ₁ ₂ ₃ ₄
 Noisy neighbours or loud parties? ₁ ₂ ₃ ₄
 Street noise, pollution, grime etc (e.g. traffic, businesses, factories)? ₁ ₂ ₃ ₄
 Broken pavements? ₁ ₂ ₃ ₄

L3. To what extent do you agree or disagree with these statements about your local area? Please tick one box on each line.

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is safe to walk alone in this area after dark.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
It is safe for children to play outside during the day in this area..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
There are safe parks, playgrounds and play spaces in this area.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
This area is a good place to live.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
This is a good area to bring up children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Traffic is a hazard to children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

L4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

	Available in local area	
	Yes	No
1. Regular public transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. GP or health clinic.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Schools (primary or secondary)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Social Welfare Office	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6. Banking/ Credit Union	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7. Essential grocery shopping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8. Recreational facilities appropriate to a 9-year old	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

L5a. Do you have any family living in this area? Yes..... ₁ No..... ₂

L5b. Do you have any friends living in this area? Yes..... ₁ No..... ₂

L6. The following statements are about people in neighbourhoods. Please tick one box to indicate whether you strongly agree, agree, disagree, or strongly disagree with these statements when thinking of your neighbours:

	Strongly Agree	Agree	Disagree	Strongly Disagree
If there is a problem around here, the neighbours get together to deal with it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
People around here are willing to help their neighbours.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
If I were in trouble I feel I could ask my neighbours for help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
If my child were in trouble he/she could ask neighbours for help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE TO THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE (ESRI).

THE ASSISTANCE OF YOU AND YOUR FAMILY IN THE GROWING UP IN IRELAND PROJECT IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST ALL CHILDREN IN IRELAND OVER THE COMING YEARS.