Appendices to *Growing Up in Ireland*
Technical Series Report Number 2019-4
Report on the Pilot and
Pilot Extension Stages of Data Collection for
Cohort ’98 at 13 Years (Child Cohort at Wave 2 (13 Years))

Main Pilot Appendices A, B & C

Appendix A: Introductory Letters, Information Sheets, Consent and Assent Forms

Appendix B: Questionnaires used in School Component

Appendix C: Questionnaires used in Home-based Component

Pilot Extension Appendices D & E

Appendix D: Introductory letters, Information Sheets, Consent and Assent Forms

Appendix E: Questionnaires used in Home-based Fieldwork

May 2019
Main Pilot Appendices A, B & C

Appendix A: Introductory letters, Information Sheets, Consent and Assent Forms

A1: Family Forward Letter (collating school attended) .......................................................... 6
A2. Consent form for school-based work (accompanying Family Forward Letter) .............. 8
A3: Information Sheet (including reference to GUI-Genes) .................................................. 10
A4: Information Sheet (no reference to GUI-Genes) .............................................................. 15
A5: Principal’s Introductory Letter ....................................................................................... 20
A6: Principal’s Information Sheet ......................................................................................... 22
A7: Family Introductory Letter (home-based) .................................................................... 26
A8: Family Consent Form ..................................................................................................... 28
A9: Tracing Information Sheet ............................................................................................. 30
A10: Child/Young Person’s Assent Form ............................................................................ 32
A11: Child/Young Person’s Information Sheet .................................................................... 34
A12: Consent Form for Child Sensitive ................................................................................ 37

Appendix B: Questionnaires used in School Component

B1: Principal Questionnaire .................................................................................................. 40
B2: Principal-on-Child Worksheet ......................................................................................... 46
B3: Child/Young Person’s Questionnaire (school-based) ..................................................... 48

Note: Cognitive tests and Piers-Harris scale are not included for copyright reasons

Appendix C: Questionnaires used in Home-based Component

C1: Primary Caregiver Questionnaire ................................................................................... 56
C2: Secondary Caregiver Questionnaire ............................................................................... 81
C3: Primary and Secondary Caregiver Sensitive Questionnaires ....................................... 89
C4: Child/Young Person Main Questionnaire ...................................................................... 100
C5: Child/Young Person Sensitive Questionnaire, Part 1 ..................................................... 108
C6: Child/Young Person Sensitive Questionnaire, Part 2 ..................................................... 115
C7: Child/Young Person Questionnaire on Relationship with Mum/Dad/Mum’s Partner / Dad’s Partner ................................................................. 119
Appendix D: Introductory letters, Information Sheets, Consent and Assent Forms

D1: Introductory Letter to Parents
D2: Information Sheet for Parents
D3: Child/Young Person’s Information Sheet
D4: Parent Consent Form
D5: Child/Young Person’s Assent Form
D6: Parental Consent Form for Young Person Sensitive
D7: Family Structure Prompt Card

Appendix E: Questionnaires used in Home-based Fieldwork

E1: Primary Caregiver Main Questionnaire
E2: Primary Caregiver Sensitive Questionnaire
E3: Secondary Caregiver Main Questionnaire
E4: Secondary Caregiver Sensitive Questionnaire
E5: Child/Young Person Main Questionnaire including Piers Harris
E6: Child/Young Person Questionnaire (Boy and Girl)
E7: Child/Young Person Parenting Style Inventory
E8: Time Use Diary
Appendix A: Introductory letters, Information Sheets, Consent and Assent Forms
A1  Family Forward Letter (collating school attended)
Dear,

We are writing to you about the second round of interviews for the *Growing Up in Ireland* study. As you may remember, *Growing Up in Ireland* is the first and most important study of children ever to take place in this country.

Almost four years have now passed since you and your family were interviewed as part of the pilot phase of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews will be taking place in the coming months and we would like to invite you to participate.

Taking part in the follow-up round of the study is very similar to before and will involve our interviewer doing some work with your child in school as well as calling to your home to speak with you, your spouse/partner (where relevant) and your child.

As a first step, we enclose with this letter an information leaflet which explains in more detail what your participation in the study involves.

We have also included a consent form which asks for details of the school your child currently attends and for your permission to allow the Study Team to carry out the school phase of the study with your child. *Once you have read the information leaflet we would like you to fill out this consent form and send it back to us in the freepost envelope provided.*

When we receive the details on the school which your child is attending we will approach the school to carry out the interview there. At this point we are asking only for your permission to carry out the surveys in your child’s school. After that, we will be contacting you again in a few weeks about carrying out an interview with you, your spouse/partner and child at home.

As with your first interview, taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

(Research Professor, ESRI and Principal Investigator, *Growing Up in Ireland* study).

(Director, Children’s Research Centre, TCD Co-director, *Growing Up in Ireland* study)
A2 Consent form for school-based work (accompanying Family Forward Letter)
Name of Child: ___________________________   Child’s Date of Birth: _____________________

Name of School my Child is Currently Attending: _____________________________________

Address of School: __________________________________________________________________

This school is a:   Primary School   Secondary School

Year/Class my child is in:___________________________________________________________

• I have read and understand the information sheet provided. I understand that I can ask any
  questions I may have at any time before or during the study.
• I consent to the Growing Up in Ireland Study Team contacting my child’s school and
  recording details on my child.
• I understand that this will include my child completing an assessment test in English and Maths
  as well as completing a questionnaire in the school. This will include what is called a self-
  concept scale – a set of questions on how my child sees him/herself.
• I understand my child’s school principal will be asked to complete a questionnaire about my
  child’s school as well as completing a few questions on how my child is getting on in school.
• I understand that the results of my child’s assessment tests are strictly confidential and I and my
  family will not have access to them. They will be used only for the purposes of the study.
• I understand that I will not have access to the information given by my child or my child’s
  school principal.
• I understand that I and my family will be asked later on for permission to carry out interviews
  in my home.

Name of Parent/Guardian: _______________________________________________________

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: (BLOCK CAPITALS PLEASE)

________________________________________________________

________________________________________________________

Signature of Parent / Guardian: ________________________   Date: ________________________

Contact telephone: ________________________

If relevant:

Name of parent/guardian not resident in your household: ____________________________

(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household:

________________________________________________________

(BLOCK CAPITALS PLEASE)

Signature of parent/guardian not resident in your household: ____________________________

Date: ________________________   Contact telephone: ________________________
A3  Information Sheet (including reference to GUI-Genes)
Almost four years have now passed since you and your family kindly agreed to be part of the Growing Up in Ireland Study. This is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

Your child was one of over 200 children and their families who took part in the pilot phase of the study. We would now like to re-interview you to find out how your child has grown and changed since our last visit.

A reminder about what Growing Up in Ireland is all about…

Growing Up in Ireland is a national, Government funded study of children and is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

This information will help the Government to make decisions on which policies and services will be most beneficial for children and their families in Ireland.

What has been happening since our last visit?

A total of 8,500 nine-year-old children and their families were interviewed for the first main phase of Growing Up in Ireland and the first report on this part of the study was published in December 2009.

We have also been busy interviewing the families of 11,100 nine month old infants who are also taking part in the study. We published a report of our infant findings in November 2010.

Don’t forget that you can keep up-to-date with all of our publications on our website, www.growingup.ie

Why should my family take part in the follow-up interview?

Your continued participation in the study is crucial to help get the most benefit from this research. The real value of this study will come in having more information on the same children as it will help us to better understand the changes which happen in children’s lives as they grow and, very importantly, why children grow and develop at different rates.

The information collected during the first round of interviews in the main study will be used in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.
Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What happens if I take part in the follow-up interview?

Taking part in the follow-up interview is very simple and is very similar to your first interview.

**Step One:** An interviewer will call to your home. If you haven’t already done so, you will be asked to sign a consent form recording the name and address of the school your child is currently attending. That gives permission to the Study Team to contact the school and administer some questionnaires there to the school Principal and to your child.

**Step Two:** At your child’s school, your child will take a short test in English and Maths and complete a short questionnaire on their school life which will ask questions such as what subjects they take, if they enjoy school, how much time they spend at homework, etc. It will also include a set of questions on how they see themselves.

These tests and the interview will be completed by your child under exam-type conditions in a room or hall provided by the school. The questionnaires will be distributed by an interviewer from outside the school who will supervise how they are being filled out, in much the same way as a test in school would be conducted.

The results of the assessment tests will be kept strictly confidential. Individual results will not be seen by you, the school or anyone outside the Study Team and the Central Statistics Office. The test results are only for the purposes of the study and will not in any way affect your child’s marks in school.

**Step Three:** The Principal at your child’s school will be asked to complete a short questionnaire about the school and about how your child is getting on.

**Step Four:** The interviewer will arrange a visit to your home at a time which is convenient for you and your family to fill out some questionnaires. As with your first interview, this can be on a week day, in the evening time if that suits, or during the weekend.

**Step Four:** When the interviewer calls to your home, you, your child and your spouse/partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. With your consent we would also like to administer a short assessment test to your child. This is a standard assessment used very widely in research with children. It involves asking your child to (i) explain the meaning of individual words and (ii) recognise some patterns. The results of this test will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or anyone outside the Study Team. The visit to your home will last about 2½ hours.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

GUI Genes

During the visit to your home, the interviewer will talk to you about whether or not you would be interested in taking part in a separate and extra piece of research called GUI GENES. This research will look at how children’s physical and emotional health is affected by a combination of their genes, lifestyle and environment.

Taking part is entirely optional and up to you. You can still take part in the main Growing Up in Ireland study and decide not to take part in this separate piece of research.
If you decide to take part, a sample of saliva/spit will be taken from you, your child and your spouse / partner (if relevant). It will be used by researchers to study if certain genes can affect children’s physical and emotional development and make children more prone to developing illnesses such as obesity, respiratory problems such as asthma and bronchitis and developmental disorders such as ADHD or Autism.

Confidentiality

As with the previous interview, all the information given to the Growing Up in Ireland interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your child, school Principal and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected. If, however, an interviewer feels that a child or other vulnerable person is at risk, we may have to act on it.

We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.

The information you provide will have your name, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:
- your child’s health and education
- his/her emotional health and wellbeing
- your own health
- your family life and experiences as a parent

Your child will be asked questions about:
- his/her home and school life
- interest and activities he/she enjoys
- his/her relationship with you, siblings and friends.

All the questions are very straightforward, though some are quite detailed and some will address relatively sensitive issues like your family’s income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years’ time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is 15-years-old.

In the meantime we will keep you up-to-date on the progress of the study results and the possibility of a further interview through our newsletter GUI News.
Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). S/he is an Officer of Statistics appointed by the Central Statistics Office and is similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the Growing Up in Ireland team at 01-8632000.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.

- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

An interviewer will call to your home to arrange a time which suits you and your family to carry out the interviews.

Your participation counts.

Taking part in Growing Up in Ireland is voluntary. Your participation, however, will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the Growing Up in Ireland team

Visit our website: www.growingup.ie
Email: Email us at growingup@esri.ie

Post:
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
A4 Information Sheet (no reference to GUI-Genes)
INFORMATION FOR PARENTS / GUARDIANS

Almost four years have now passed since you and your family kindly agreed to be part of the Growing Up in Ireland Study. As you know, Growing Up in Ireland is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

Your child was one of over 200 children and their families who took part in the pilot phase of the study. We would now like to re-interview you to find out how your child has grown and changed since our last visit, almost four years ago.

A reminder about what Growing Up in Ireland is all about…

Growing Up in Ireland is a national, Government funded study of children and is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:
- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

This information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

What has been happening since our last visit?

A total of 8,500 nine-year-old children and their families were interviewed for the first main phase of Growing Up in Ireland and the first report on this part of the study was published in December 2009.

We have also been busy interviewing the families of 11,000 nine month old infants who are also taking part in the study. We plan to publish a report of our infant findings in November.

Don’t forget that you can keep up-to-date with all of our publications on our website, www.growingup.ie

Why should my family take part in the follow-up interview?

Your continued participation in the study is crucial to help get the most benefit from this research. The real value of this study will come in having more information on the same children as it will help us better understand the changes which happen in children’s lives as they grow and, very importantly, why children grow and develop at different rates.

The information collected during the first round of interviews in the main study will be used in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.
Who is running the study?

*Growing Up in Ireland* is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview.

**Step One:** You sign the consent form enclosed with this information leaflet. This records the name and address of the school your child is currently attending, and gives permission to the Study Team to contact the school and administer some questionnaires there to the school principal and to your child. Please send this form back to us in the freepost envelope provided.

**Step Two:** At your child’s school, your child will take a short test in English and Maths and complete a short questionnaire on their school life which will ask questions such as what subjects they take, if they enjoy school, how much time they spent at homework, etc. It will also include a set of questions on how they see themselves.

These tests and the interview will be completed by your child under exam-type conditions in a room or hall provided by the school. The questionnaires will be distributed by an interviewer from outside the school who will supervise how they are being filled out, in much the same way as a test in school would be conducted.

The results of the assessment tests will be kept strictly confidential. Individual results will not be seen by you, the school or anyone outside the Study Team and the Central Statistics Office. The test results are only for the purposes of the study and will not in any way affect your child’s marks in school.

**Step Three:** The principal at your child’s school will be asked to complete a short questionnaire about the school and about how your child is getting on.

**Step Four:** In a few weeks’ time an interviewer will contact you to arrange a visit to your home at a time which is convenient for you and your family. As with your first interview, this can be on a week day, in the evening time if that suits, or during the weekend.

**Step Four:** When the interviewer calls to your home, you, your child and your spouse/partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. With your consent we would also like to administer a short assessment test to your child. This is a standard assessment used very widely in research with children. It involves asking your child to (i) explain the meaning of individual words and (ii) recognise some patterns. The results of this test will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or anyone outside the Study Team. The visit to your home will last about 2 ½ hours.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.
Confidentiality

As with the previous interview, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your child, school principal and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

*We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.*

The information you provide will have your name, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

**What kind of questions will my family be asked?**

Similar to our last interview, you and your partner (if relevant) will be asked questions about:

- your child’s health and education
- his/her emotional health and wellbeing
- your own health
- your family life and experiences as a parent

You child will be asked questions about:

- his/her home and school life
- interest and activities he/she enjoys
- his/her relationship with you, siblings and friends.

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family’s income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

**Following up in a few years’ time:**

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is 15-years-old.

In the meantime we will keep you up to date on the progress of the study results and the possibility of a further interview through our newsletter *GUI News*. 
Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). S/he is an Officer of Statistics appointed by the Central Statistics Office and is similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the Growing Up in Ireland team at 01-8632000.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.

- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

Enclosed with this information leaflet you will find a copy of a form entitled ‘Parent/Guardian School Consent Form’. We would like you to read and sign this form, fill in your child’s school details and send it back to us in the envelope provided. We have also enclosed a second copy of the consent form for your own records.

Your participation counts.

Just as before, taking part in Growing Up in Ireland is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the Growing Up in Ireland team

Visit our website: www.growingup.ie
Email: Email us at growingup@esri.ie

Post:
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
A5 Principal’s Introductory Letter
Dear Principal

I am writing to you about the pilot for a most important government study on children. It is known as *Growing Up in Ireland – the National Longitudinal Study of Children*.

The purpose of the study is to investigate the wellbeing of children in Ireland today and to identify the factors which help or hinder all aspects of their development – educational, social, emotional, psychological, physical, cognitive, etc.

The children involved in *Growing Up in Ireland* were interviewed along with their parents/guardians, when they were nine-years-old. These children are now 13-years-old and we are returning to them and their families for a follow-up interview to see how they have grown and how their lives have changed since our first visit. We are contacting you because at least one of the children in our sample is currently attending your school. The pilot stage of the project is being carried out now. The main study will be carried out in 2011.

The Department of Health & Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA) in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

The enclosed *Information Sheet for Principals* outlines the sort of help we are seeking. Page 2 of the leaflet details what is involved in your school’s participation in the study. Broadly, this includes asking you, as Principal, to complete a short questionnaire about your school as well as a few short questions on each study child in your school. We would also ask you to allow one of our interviewers to administer an assessment test in English and Maths as well as a questionnaire to the children involved in the school. This will take about 2 class periods.

We realise that a study like this adds to the already heavy administrative and teaching workload in the school. This is the largest and most substantial study of children ever undertaken in Ireland. The results of the study will be very important in determining government policy in the area of children and families for many years to come.

One of our interviewers will phone you over the next few days to see if he or she can call to the school at a time which is convenient for you to meet and discuss the study, and to go through, in more detail, what we are requesting from you and your school.

I hope you will be able to help us in this most important study and we would like to thank you, in advance, for any assistance that you can give.

Yours sincerely,

(Research Professor, ESRI and Principal Investigator, *Growing Up in Ireland* study).

(Director, Children’s Research Centre, TCD Co-director, *Growing Up in Ireland* study)
A6  Principal’s Information Sheet
What is the Growing Up in Ireland study?
Growing Up in Ireland is a national, Government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

The purpose of the study is to understand all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood, and what might lead to a less happy childhood.
- help us to discover what children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?
The study will focus on all aspects of a child’s life including his/her cognitive, social, emotional, physical development and health status, while taking account of their school, family and community environments.

From an educational perspective we will be looking at the child’s educational experience and what role this plays in his/her development, with a view to formulating policies to encourage positive educational outcomes for as many children as possible.

The data collected will be used to advise the Government on future policies and services that will be most beneficial for children and families in Ireland and which will ensure that all children can have the best possible start in life.

Who is running the study?
Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

Why is my school being asked to take part?
At this time we are asking you to take part in a pilot for the study. The main phase will take place in the second half of 2011.

Growing Up in Ireland includes 8,500 children from across Ireland who were interviewed along with their parents/guardians when the children were nine years old. We will be returning to them and their families for a follow-up interview when they are 13 years old to see how they have grown and how their lives have changed since our first visit.

The initial phase of the study, at aged nine years, included a school component which involved collecting information from the study children’s school Principal and teacher as well as conducting Drumcondra assessment tests in English and Maths.
A similar school component will take place for the second phase of the study, at 13 years, to capture a range of significant information such as the transition from primary to secondary school, type of school being attended and how the child is fitting in to second-level.

The name and address of your school were provided by each study child’s parent/guardian who has consented to participate in the study.

What happens if my school take part?

Step One: A Growing Up in Ireland Interviewer will arrange a short meeting with you in your school, at a time which is convenient for you, to discuss participation in full detail.

Step Two: You will be asked to complete a short questionnaire about your school as well as a few questions about each study child in your school.

Step Three: The Interviewer will administer an assessment test in English and Maths to the study children in the school. The children will also be asked to complete a questionnaire. The results of the assessment tests will be kept strictly confidential and will not be available to the school or to the parents. This part of the study will take about two class periods.

Step Four: After the school-based component of the study, the Interviewer will visit the child’s home to carry out interviews with the child and his/her parent(s)/guardian(s).

What does the school questionnaire involve?

In recognition of the vital role which a school plays in a child’s development you, as Principal, will be asked to fill out a short questionnaire about your school. This will include details about:

• the school in general
• teaching and other school resources
• subjects and extra-curricular activities available

What does the student questionnaire involve?

You will also be asked to complete a few questions on each study child which will include details on the child’s class, behaviour and any additional supports required and provided for the child in the school. We think it is really important to have your expert perspective on these issues beside the information from the children themselves and their parents/guardians.

Will this information be kept confidential?

All the information provided by you and the school will be treated as strictly confidential.

The study is being carried out under the Statistics Act (1993) which governs the work of the Central Statistics Office e.g. the Census. The information you provide will be used only for the statistical purposes of this study.

The information provided by you cannot be accessed by the child’s parents and will not be available under the Freedom of Information Act.
Who are the Interviewers?
The Interviewer who will call to your school is from the Economic & Social Research Institute (ESRI). They are Officers of Statistics appointed by the Central Statistics Office and are similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the Growing Up in Ireland team at the ESRI (01-8632000).

What are my rights if I take part?
- You may choose to withdraw from the study at any time, even after you have completed the questionnaire.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?
An Interviewer from the ESRI will be in contact with you in the coming days. He/she will discuss in more detail the participation of your school and will be able to answer any questions which you may have in relation to the study.

Your participation counts.
Taking part in Growing Up in Ireland is voluntary. The participation of you and your school will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of other caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01-896 3378
or call 01-863 2000 and ask for the Growing Up in Ireland team

Visit our website: www.growingup.ie
Email: Email us at growingup@esri.ie

Post:
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
Dear,

We are writing to you about the Growing Up in Ireland study. As you may remember, your family participated in this study a few years ago.

In recent weeks we wrote to you asking for details of your child’s school and we would like to thank all of you who have sent those back to us.

Almost four years have now passed since you and your family were interviewed as part of the first pilot phase of Growing Up in Ireland. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

As you may remember, Growing Up in Ireland is the first and most important study of its kind ever to take place in this country. As well as improving our understanding of children and their development it will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

As with your first interview, taking part in Growing Up in Ireland is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the Growing Up in Ireland team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

(Research Professor, ESRI and Principal Investigator, Growing Up in Ireland study).

(Director, Children’s Research Centre, TCD Co-director, Growing Up in Ireland study)
A8   Family Consent Form
PARENT’S/GUARDIAN’S CONSENT FORM

Name of Child: ___________________________ Child’s Date of Birth: _____________________
(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the Growing Up in Ireland study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child, my child’s other parent and my spouse or partner (where different) and my child’s school Principal.
- I understand that the information provided by me and my family will have our names, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my child on the questionnaires or in direct interview questions, by my spouse/partner (if relevant), by my child’s other parent (where different) or by my child’s school Principal or teacher.
- I understand that if the interviewer observes anything which causes the people running the study concern about the welfare of the Study Child they may have to tell someone who can help.
- I understand that the results of the child’s school tests and assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that, because this study looks at children’s development over time, I and my child may be asked to participate in a follow-up study in a few years time.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: ______________________________
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: __________________________________________________________
(BLOCK CAPITALS PLEASE)

Signature of Parent / Guardian: ____________________ Date: ____________________

Contact telephone: ____________________

If relevant:
Name of parent/guardian not resident in your household: ______________________________
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: __________________________________
(BLOCK CAPITALS PLEASE)

Signature of parent/guardian not resident in your household: ______________________________

Date: ____________________ Contact telephone: ____________________
A9  Tracing Information Sheet
FOLLOW UP / TRACING INFORMATION

R1 Thank you very much for your participation in the Growing Up in Ireland survey.
We will be sending you updates on our progress from time to time. Could you give me the name and address (or phone number) of two relatives, friends, neighbours or any other persons or organisations who may be able to help us in contacting you, should you change address over the next few years.

[Int: Record details on two contacts below].

Contact 1
Name: ________________________________
Address : ____________________________

_______________________________
_______________________________

Phone: (____) _______________________
Relationship to respondent: __________________

Contact 2
Name: ________________________________
Address : ____________________________

_______________________________
_______________________________

Phone: (____) _______________________
Relationship to respondent: __________________

AREA: [ ] H HOLD: [ ] [ ] [ ]
A10  Child/Young Person’s Assent Form
Name: _______________________________________________________

Date of Birth: _________________________________________________

School Name:__________________________________________________
(CAPITAL LETTERS PLEASE)

- I would like to take part in the Growing Up in Ireland study. I have been given and have read the information leaflet and have talked to my parents about taking part.

- I understand my parents (or whoever looks after me) will also be interviewed about themselves and me.

- I understand that all the information I give on the questionnaire in answer to direct interview questions is strictly confidential and private and will not be seen by anyone else.

- I understand that if the interviewer observes anything which causes the people running the study concern about my welfare they may have to tell someone who can help.

- I understand that I do not have to answer questions that I do not want to.

- I understand that I can stop taking part in the study at any time.

Signature: ________________________________ Date: ________________
A11  Child/Young Person’s Information Sheet
Hey there!

When you were nine years old you and your parents agreed to take part in a very important project called Growing Up in Ireland. You were one of 8,500 children from across Ireland picked to be part of the study.

You may remember an interviewer from the project calling to your home to ask you some questions about what your life was like and also speaking to your mum and dad about what life as a parent is like.

Now that you have turned 13 years old, we would like to talk to you and your parents again about how things have changed in the last four years – you are much older now, have changed schools and probably have some different interests and hobbies. We would like to find out all about these changes that have taken place.

This information leaflet will remind you about what Growing Up in Ireland is about and what will happen if you agree to take part again. When you have read it, chat to you parents about what you think!

What’s Growing Up in Ireland all about?
Growing Up in Ireland or ‘GUI’ is a very important study that aims to find out lots of information about children and young people living in Ireland. The Government has asked us to carry out this exciting project to find out exactly what it is like to be a young person growing up in Ireland today. We think the best way to find this out is to ask young people just like you.

Why does the Government need to find out about young people?
This project is really important as it will help the Government to make better decisions about things that affect young people and to make life better for all the young people and their families in the country.

Why was I picked?
You are one of over 200 children selected for the pilot which we are carrying out now. In the main study next year we will be interviewing 8,500 young people just like you.

All the young people picked to take part in Growing Up in Ireland were chosen at random, which is like picking a name from a hat. This was the best way to make sure we included young people from all different kinds of families and from all different parts of the country. That way we can get a complete picture of what it is like to be a young person from any part of Ireland today.

What will it tell us?
The study will provide us with lots of information about young people’s social and physical development, their education, their family, what they do with their friends, their health and so on.

The information collected will be used to advise the Government on future policies and services which will be of most benefit for young people and their families and which will help ensure that all families and young persons can have the best possible outcomes in life.
Will this information be kept confidential?
All the information provided by you on the questionnaire in answer to direct interview questions will be treated as strictly confidential, and private and will not be seen by anyone else. If, however, the interviewer observes anything which causes the people running the study concern about your welfare they may have to tell someone who can help.

What are my rights if I take part?

- You may choose to withdraw from the study at any time, even after you have completed the questionnaire.

- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.
Taking part in Growing Up in Ireland is voluntary. The participation of young people like you will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand what it is like to be a young person in Ireland today.

We hope that you will be able to help us in our work and we would like to thank you for your time completing our questionnaires.

Where can I find out more information?

Phone: Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the Growing Up in Ireland team

Visit our website: www.growingup.ie
Email: Email us at growingup@esri.ie

Post:
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
A12  Consent Form for Child Sensitive
PARENT’S /GUARDIAN’S CONSENT FORM 2 – Sensitive Questionnaire

Name of Child: ___________________________   Child’s Date of Birth: _____________________
(BLOCK CAPITALS PLEASE)

In respect of the Child Sensitive Questionnaire, Part 2:

• I consent to my child completing the Child Sensitive Questionnaire, Part 2 and the questions in it.
• I agree that the interviewer has provided me with a full and comprehensive explanation of the purpose and structure of the Child Sensitive Questionnaire, Part 2 and has shown me a copy of the blank questionnaire.
• I agree that I have been given an opportunity to ask any questions I may have in relation to the Child Sensitive Questionnaire, Part 2 and that these questions have been answered to my satisfaction.
• I understand that neither I nor my spouse/partner (where relevant) will have access to the information given by my child in this questionnaire.
• I understand I will receive no feedback on the information which my child provides in answering this questionnaire unless my child specifically asks for help or assistance in regard to matters raised.
• I understand that if the interviewer observes anything which causes the people running the study concern about the welfare of the Study Child they may have to tell someone who can help.
• I understand that, as with all other parts of the Growing Up in Ireland study, the information collected as part of this questionnaire is strictly confidential and can be used only for research purposes.

Name of Parent/Guardian: ______________________________
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian:      __________________________________________________________
(BLOCK CAPITALS PLEASE) __________________________________________________________

Signature of Parent / Guardian: ____________________ Date: ____________________

Contact telephone: ________________

If relevant:
Name of parent/guardian not resident in your household: ______________________________
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: ______________________________
(BLOCK CAPITALS PLEASE) __________________________________________________________

Signature of parent/guardian not resident in your household: ____________________________

Date: ____________________   Contact telephone: ____________________

AREA:    HHOLD:  __________
Appendix B: Questionnaires used in School Component
B1 Principal Questionnaire
Growing Up in Ireland – the national longitudinal study of children  
STRICTLY CONFIDENTIAL

PRINCIPAL’S QUESTIONNAIRE
This questionnaire is for collecting data on the student’s school

School ID

Date _______day______ mth  Int Name___________________  Int. No.____

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child’s development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Health & Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA) in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

The children who are participating in the Study were randomly selected through their primary school when they were in 3rd or 4th class. We are now carrying out a follow-up interview with them to see how they have developed by the age of 13 years, when they are mostly in 1st or 2nd year in second level.

All information provided in the course of the Study will be treated in the strictest confidence and would not be passed on to anyone or any body outside the Growing Up in Ireland Study Team, unless we record information which leads us to be concerned about the health or safety of the child or other vulnerable person, as outlined in Children First guidelines for the protection and welfare of children.

A. INFORMATION ON PRINCIPAL

1. Are you male or female?  Male ......................  Female .........................

2. To which age group do you belong?

3. For how many years have you been Principal:
   (a) in this school?........ _____ years   (b) in other Second Level Schools? _______ years

B. SCHOOL CHARACTERISTICS

4. How many boys and how many girls are enrolled in the school?
   Boys _______  Girls _______  Total Pupils _______

5. How would you describe the religious ethos of your school?
   Catholic ...................................................
   Church of Ireland ...................................
   Presbyterian...........................................
   Methodist .............................................
   Muslim..................................................
   Jewish ................................................
   Multi-denominational...............................
   Interdenominational ................................
   Other (please specify)  ________________
6. What type of school is it?

- Fee-paying secondary .................................. 1
- Non-fee paying secondary ................................ 2
- Vocational school ........................................... 3
- Community college ........................................ 4
- Community school ........................................ 5
- Comprehensive school .................................... 6
- Mainstream primary school .................................. 7
- Special school .................................................. 8

7. Does your school take part in the DEIS Support Programme?

- Yes, DEIS post-primary .......................... 6
- Yes, urban band 1 primary .................. 7
- Yes, urban band 2 primary .................. 8
- Yes, rural DEIS primary ....................... 9
- No ......................................................... 10

8. How many full-time and part-time teachers work in this school? Please indicate how many are male and how many are female.

<table>
<thead>
<tr>
<th>Teachers</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Does your school provide the following resources?

- Yes  No
  a) Learning Support/Resource Teachers .................. 1 2
  b) Language Support Teachers ............................. 1 2
  c) Guidance Counsellor .................................... 1 2
  d) Special Needs Assistants ............................... 1 2
  e) Other Teaching Assistants .............................. 1 2

10a. Does the school have a Home-School Community Liaison Co-ordinator?

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

10b. If yes, is this full-time or part-time?

- Full-Time .......... 3
- Part-Time .......... 4

11. Compared to other Second Level Schools in the country how adequate to the needs of the school and the students are the school’s resources in each of the following areas?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of teachers .................. 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Number of classrooms ............... 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Computing facilities ............... 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Sports facilities ................... 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Science labs/equipment. ............ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Learning support provision ......... 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Language support provision ......... 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
12. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely impact on their educational development? Please tick one box on each line to indicate approximate percentage.

<table>
<thead>
<tr>
<th>Approximate percentage of children with each problem</th>
<th>None</th>
<th>less than 10%</th>
<th>10-25%</th>
<th>26-40%</th>
<th>More than 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Literacy Problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Numeracy Problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Emotional / Behavioural problems</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

13a. In what year was the school built? Year _____________

13b. Approximately how many pupils do you feel the school is designed for? ___________ children

14. Schools take different approaches to helping first year students to adapt to second level education. In column (a) below please tick Yes or No to indicate whether or not your school adopts each of the approaches listed. In column (b) please tick one box only to indicate the approach which you think is most important in your school.

<table>
<thead>
<tr>
<th>(a) Adopted by the school</th>
<th>(b) Single Most Important Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a) Induction day</td>
<td></td>
</tr>
<tr>
<td>b) Class Tutor</td>
<td></td>
</tr>
<tr>
<td>c) Student Mentors</td>
<td></td>
</tr>
<tr>
<td>d) Study skills programme</td>
<td></td>
</tr>
<tr>
<td>e) Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

15. In general, do more pupils apply to come to this school than there are places available?

Yes.......................... ☐, No.......................... ☐

16. If Yes, What criteria are used to admit pupils [Please tick all that apply]?

<table>
<thead>
<tr>
<th>Proximity to the school</th>
<th>Other siblings in the school</th>
<th>Parents attended the school</th>
<th>Performance on tests</th>
<th>Date of application</th>
<th>Religion</th>
<th>Attended attached or feeder primary school</th>
<th>Other (Please specify below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

17. Approximately, what is the Average Daily Attendance for your school this year (2010 / 2011)?

_____ % Average Daily Attendance OR _____Average number attending daily

18. What percentage of pupils missed 20 days or more in the 2010 / 2011 academic year (as per the NEWB figures) ____ %

19. Approximately how many of each of the following groups of pupils do you have in your school? If none, please write ‘NONE’ – do not leave blank. – the same child can be recorded more than once.

<table>
<thead>
<tr>
<th>Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign-national pupils</td>
<td></td>
</tr>
<tr>
<td>Pupils of families from the Travelling Community</td>
<td></td>
</tr>
<tr>
<td>Pupils with language difficulties (where native language is other than English / Irish)</td>
<td></td>
</tr>
<tr>
<td>Pupils with physical / sensory disabilities.</td>
<td></td>
</tr>
<tr>
<td>Pupils with learning / intellectual disabilities</td>
<td></td>
</tr>
</tbody>
</table>
20. Does your school offer the following programmes?

<table>
<thead>
<tr>
<th>Programme</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Transition Year (TY)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Junior Certificate Schools Programme (JCSP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Leaving Certificate Applied (LCA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Leaving Certificate Vocational Programme (LCVP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Post-Leaving Certificate (PLC) courses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. What subjects are taught specifically in Junior Cycle in the school [Please tick all that apply]

<table>
<thead>
<tr>
<th>Subject</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish</td>
<td>Higher</td>
</tr>
<tr>
<td>English</td>
<td>Higher</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Higher</td>
</tr>
<tr>
<td>History</td>
<td>Higher</td>
</tr>
<tr>
<td>Geography</td>
<td>Higher</td>
</tr>
<tr>
<td>French</td>
<td>Higher</td>
</tr>
<tr>
<td>German</td>
<td>Higher</td>
</tr>
<tr>
<td>Spanish</td>
<td>Higher</td>
</tr>
<tr>
<td>Italian</td>
<td>Higher</td>
</tr>
<tr>
<td>Art, Craft &amp; Design</td>
<td>Higher</td>
</tr>
<tr>
<td>Music</td>
<td>Higher</td>
</tr>
<tr>
<td>Science</td>
<td>Higher</td>
</tr>
<tr>
<td>Science (with Local Studies)</td>
<td>Higher</td>
</tr>
<tr>
<td>Home Economics</td>
<td>Higher</td>
</tr>
<tr>
<td>Materials Technology (Wood)</td>
<td>Higher</td>
</tr>
<tr>
<td>Metalwork</td>
<td>Higher</td>
</tr>
<tr>
<td>Technical Graphics</td>
<td>Higher</td>
</tr>
<tr>
<td>Business Studies</td>
<td>Higher</td>
</tr>
<tr>
<td>Typewriting</td>
<td>Higher</td>
</tr>
<tr>
<td>Environmental and Social Studies (ESS)</td>
<td>Higher</td>
</tr>
<tr>
<td>Technology</td>
<td>Higher</td>
</tr>
<tr>
<td>Latin</td>
<td>Higher</td>
</tr>
<tr>
<td>Ancient Greek</td>
<td>Higher</td>
</tr>
<tr>
<td>Classical Studies</td>
<td>Higher</td>
</tr>
<tr>
<td>Hebrew Studies</td>
<td>Higher</td>
</tr>
<tr>
<td>Religious Education</td>
<td>Higher</td>
</tr>
<tr>
<td>Civic, Social and Political Education (CSPE)</td>
<td>Common</td>
</tr>
<tr>
<td>Physical Education</td>
<td>Common</td>
</tr>
<tr>
<td>Social, Personal and Health Education (SPHE)</td>
<td>Common</td>
</tr>
<tr>
<td>Computer Studies</td>
<td>Common</td>
</tr>
<tr>
<td>Other please specify</td>
<td></td>
</tr>
</tbody>
</table>

22. Does your school provide any of the following activities outside the formal class time?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homework club/supervised study.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team sports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual sports</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choir</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning musical instruments.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drama</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Debating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. If there are more than 1 class in any year-group, on what basis are pupils in the school allocated to their base classes?

<table>
<thead>
<tr>
<th>Basis</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomly / alphabetically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance on tests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only 1 class per year-group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other [please specify]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
24. Does the school hold formal parent-teacher meetings at least once per year? Yes......... ... No...............

25. Approximately what percentage of parents attend parent-teacher meetings? ________ per cent

26. Do you use a formal anti-bullying programme in your school (such as the Cool School Programme)?
   Yes...........; No.............

27. Please indicate the extent to which you believe each of the following to be true of teachers in your school.

<table>
<thead>
<tr>
<th></th>
<th>True of nearly all</th>
<th>True for more than half</th>
<th>True for less than half</th>
<th>True of only a few</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Teachers are positive about the school ...........................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Teachers get a lot of help and support from colleagues ..........</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Teachers are open to new developments and challenges ..........</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Teachers are eager to take part in in-service training ..........</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

<table>
<thead>
<tr>
<th></th>
<th>Nearly all</th>
<th>More than half</th>
<th>Less than half</th>
<th>Only a few</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Enjoy being at school .......</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Are well-behaved in class ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Show respect for their teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Are rewarding to work with ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Are well behaved in the playground/school yard ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. In general terms (a) how stressed do you feel by your job and (b) how satisfied do you feel with your job?

<table>
<thead>
<tr>
<th></th>
<th>Very</th>
<th>Fairly</th>
<th>Not Very</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How stressed do you feel by your job .........................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How satisfied do you feel with your job .....................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for having completed this part of Growing Up in Ireland
B2 Principal-on-Child Worksheet
<table>
<thead>
<tr>
<th>School ID</th>
<th>Date: dd/mm/yyyy</th>
<th>School Year</th>
<th>Student’s Name</th>
<th>Student’s ID No.</th>
</tr>
</thead>
</table>

**Student Details:**
- **School ID:**
- **Date:**
- **School Year:**
- **Student’s Name:**
- **Student’s ID No.:**

**Study Confidential:**

**Principal Report on Students**

**Growing Up in Ireland – The Longitudinal study of Children in Ireland**

**Randomly Allocated Class:**
- Class which is mixed ability / streamed school
- Middle stream class in streamed school
- Lower stream class in streamed school
- Lower stream class in non-streamed school

**Support in School in May of the following year (Tick all that apply)**

- Poor attendance
- Discipline problems
- A limited knowledge of the main language of instruction
- Home environment / problems at home
- Emotional or behavioral problems (e.g. ADHD, ASD)
- Learning disability
- Speech impairment
- Physical disability or visual learning impairment
- Psychological or emotional problems
- Learning support / resource
- Behavioural management
- Learning support
- Speech therapy
- Special classroom
- Speech therapy
- Lower stream class in streamed school
- Middle stream class in streamed school
- Higher stream class in streamed school
- Class which is mixed ability / randomly allocated

**Does the student need (N) or receive (R) randomly allocated class?**

- (Tick one box)
B3 Child/Young Person’s Questionnaire (school-based)
Growing Up in Ireland – the national longitudinal study of children
Strictly Confidential

Student’s School Questionnaire – 13 Year

School ID ___________________________ Pupil No. ___________________________
Date ______ day____ mth Int Name______________________ Int. No. ______________________

Education

Q1. How do you feel about school? [Tick one]

- I like it very much
- I like it quite a bit
- I like it a bit
- I don’t like it very much
- I hate it

Q2a. Please tick the subjects you are studying in school at the moment:

<table>
<thead>
<tr>
<th>SUBJECT</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish</td>
<td>Higher</td>
</tr>
<tr>
<td>English</td>
<td>Higher</td>
</tr>
<tr>
<td>Mathematics</td>
<td>Higher</td>
</tr>
<tr>
<td>History</td>
<td>Higher</td>
</tr>
<tr>
<td>Geography</td>
<td>Higher</td>
</tr>
<tr>
<td>French</td>
<td>Higher</td>
</tr>
<tr>
<td>German</td>
<td>Higher</td>
</tr>
<tr>
<td>Spanish</td>
<td>Higher</td>
</tr>
<tr>
<td>Italian</td>
<td>Higher</td>
</tr>
<tr>
<td>Art, Craft &amp; Design</td>
<td>Higher</td>
</tr>
<tr>
<td>Music</td>
<td>Higher</td>
</tr>
<tr>
<td>Science</td>
<td>Higher</td>
</tr>
<tr>
<td>Science (with Local Studies)</td>
<td>Higher</td>
</tr>
<tr>
<td>Home Economics</td>
<td>Higher</td>
</tr>
<tr>
<td>Materials Technology (Wood)</td>
<td>Higher</td>
</tr>
<tr>
<td>Metalwork</td>
<td>Higher</td>
</tr>
<tr>
<td>Technical Graphics</td>
<td>Higher</td>
</tr>
<tr>
<td>Business Studies</td>
<td>Higher</td>
</tr>
<tr>
<td>Typewriting</td>
<td>Higher</td>
</tr>
<tr>
<td>Environmental and Social Studies (ESS)</td>
<td>Higher</td>
</tr>
<tr>
<td>Technology</td>
<td>Higher</td>
</tr>
<tr>
<td>Latin</td>
<td>Higher</td>
</tr>
<tr>
<td>Ancient Greek</td>
<td>Higher</td>
</tr>
<tr>
<td>Classical Studies</td>
<td>Higher</td>
</tr>
<tr>
<td>Hebrew Studies</td>
<td>Higher</td>
</tr>
<tr>
<td>Religious Education</td>
<td>Higher</td>
</tr>
<tr>
<td>Civic, Social and Political Education (CSPE)</td>
<td>Common</td>
</tr>
<tr>
<td>Physical Education</td>
<td>Common</td>
</tr>
<tr>
<td>Social, Personal and Health Education (SPHE)</td>
<td>Common</td>
</tr>
<tr>
<td>Computers</td>
<td>Common</td>
</tr>
<tr>
<td>Other please specify</td>
<td></td>
</tr>
</tbody>
</table>
Q2b. What is your favourite subject? ____________________________

Q2c. What is your least favourite subject? ____________________________

Q3. What other activities will you be doing in school during this academic year such as [Please tick all that apply]

- Choir .......................................................... [ ]
- Drama .......................................................... [ ]
- Dance .......................................................... [ ]
- Debating ....................................................... [ ]
- Learning musical instrument........................ [ ]
- Music .......................................................... [ ]
- Other (please specify) ____________________ [ ]

Q4. How many of your friends from primary school are in this school?

None .............. [ ] One .............. [ ] Two ........... [ ] Three or more .............. [ ]

Q5. How many of your friends from primary school are in your class?

None .............. [ ] One .............. [ ] Two ........... [ ] Three or more .............. [ ]

Q6. Over the last 12 months how often have your parent(s): (Please tick one box on each line.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never or hardly ever</th>
<th>A few times a year</th>
<th>About once a month</th>
<th>Several times a month</th>
<th>Several times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked that you've done your homework?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Discussed with you how you are getting on in school?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Discussed with you how you did in tests or exams?</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Q7. In the last two weeks, how often have the following things happened to you? Please tick ONE box on every line.

<table>
<thead>
<tr>
<th>Event</th>
<th>Very often</th>
<th>Often</th>
<th>A few times</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have been told that your work is good by a teacher</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>You have asked questions in class</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>A teacher has praised you for answering a question</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>You have been given out to by a teacher because your work is untidy or not done on time</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>You have been asked questions in class by the teacher</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>You have been given out to by a teacher for misbehaving in class</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
Q8. Use the six-point scale to indicate how true (like you) or how false (unlike you), each statement is as a description of you. Report how you feel NOW (not how you felt at another time in your life).

<table>
<thead>
<tr>
<th>Statement</th>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mathematics is one of my best subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I am hopeless in English classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. People come to me for help in most school subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I often need help in Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I look forward to English classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I am too stupid at school to get into a good university</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I look forward to Mathematics classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I do badly at tests that need a lot of reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. If I work really hard I could be one of the best students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I have trouble understanding anything with Mathematics in it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Work in English classes is easy for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. I get bad marks in most school subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. I enjoy studying for Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. I am not very good at reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. I learn things quickly in most school subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. I do badly in tests of Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. English is one of my best subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. I am stupid at most school subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. I get good marks in Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. I hate reading</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. I do well in most school subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. I never want to take another Mathematics course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I get good marks in English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I have trouble with most school subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I have always done well in Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. I am good at most school subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. I hate Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. I learn things quickly in English classes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Most school subjects are just too hard for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q9. How much time do you spend doing homework each evening?

- 0 to 30 minutes ........................................................................... 1
- 31 minutes to less than one hour ............................................. 2
- 1 to less than 1.5 hours ......................................................... 3
- 1.5 to less than 2 hours ........................................................... 4
- 4 hours or more ........................................................................... 5
- Don’t do homework ...................................................................... 6

Q10. For each of these subjects, please say if you find the subject Difficult, OK or Not Difficult. Please tick ONE box on each line.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Difficult</th>
<th>OK</th>
<th>Not difficult</th>
<th>Don't take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maths</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>English</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Science</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q11. For each of these subjects, please tick one box to indicate if you like it, it is ok or you dislike it.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Like</th>
<th>OK</th>
<th>Don't like</th>
<th>Don't take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maths</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Irish</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>English</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Science</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Q12. In general, how often do the following take place in the classes you have this year?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every lesson</th>
<th>Most lessons</th>
<th>Some lessons</th>
<th>Never or hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>We copy notes from the board.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I can work in a group with other students.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The teacher reads from the textbook.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The teacher uses a CD or DVD in class.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>We use computer facilities in class.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The teacher explains things really well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The teacher does most of the talking.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I can express my opinions in class.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>We have projects to do outside class time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>We get homework.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q13a. Some students get extra help at school in some subjects (such as English or Maths). Have you received any extra help within school since September?

Yes.................................................[ ]   No.....................................................[ ]

Q13b. If Yes, what subjects did you get extra help in? Please tick ALL that apply.

English/reading ....[ ]    Maths .......[ ]    Irish .......[ ]    Other ____________

Q14a. Do you receive grinds outside school?

Yes.................................................[ ]   No.....................................................[ ]

Q14b. If Yes, what subjects did you get extra help in? Please tick ALL that apply.

English/reading ....[ ]    Maths .......[ ]    Irish .......[ ]    Other ____________

Q15. (a) Over the last year, how often have the following things happened to you? Please tick ONE box on each line.

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Now &amp; Again</th>
<th>Quite Often</th>
<th>All the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was late for school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I got into trouble for not following school rules.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I skipped classes or mitched.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I 'messed' in class.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I had to do extra work as punishment (including lines).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I had to do detention (after school or at lunch-time).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I was suspended from school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q16. How many days were you absent from school in the last 12 months? ______

Q17. What is the highest qualification you expect to get by the time you finish your education?

Junior Cert.................................................................[ ]
Leaving Cert..............................................................[ ]
Certificate or Diploma (including plc., apprenticeship) ....[ ]
Degree or higher degree.............................................[ ]
Q18. Looking to the future when you have finished your education, what job would you like to have

(a) If you had your choice, what job would you really like to get?

(b) If you couldn’t get that job, what job do you think you will get?

(c) What do you see yourself doing in 15 years time when you are 28 years old?

Q19. And where you would like to be and what you would like to be doing when you are 21 years old?

Would you like to

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live in this area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live abroad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be married</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be studying in university or college</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a job</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q20. Please tick to indicate whether you are male or female

Male .................
Female ..............

Q21. And finally, what is your date of birth?  __ __ (day) __ __ (month) __ __ __ __ (year)

Thank you very much for having completed this part of Growing Up In Ireland
Appendix C:
Questionnaires used in Home-based Component
C1 Primary Caregiver Questionnaire
We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

Section A – Household Composition

A1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at time 1>. Is <primary caregiver at time 1> still resident in the household?

Yes ........................................... □  No ...................................... □  → Go to A7a

A1b. Do you have a spouse/partner who lives here with you in the household?

Yes ........................................... □  No ...................................... □

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.
A2. ***The name, sex, date of birth, and relationship of each person to the <primary respondent at time 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.***

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Still resident?</th>
<th>Relationship of each member to PCG and child</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
<td>R'SHIP TO: CARD A2E1</td>
<td>R'SHIP TO: CARD A2E2</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>M</td>
<td></td>
<td>Y</td>
<td>Mother</td>
<td>Study Child</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>F</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>M</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>F</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>M</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>F</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>M</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>F</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Primary Caregiver should be on line 1. Study Child should be on line 2. Secondary Caregiver on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 1 - ADD THEM TO THE NEW GRID BELOW]

A3. Has anyone else joined the household since we last spoke and is currently living with you?

Yes ...................... ..[ ]  No ...................... ..[ ]

Go to A4

<table>
<thead>
<tr>
<th>No.</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Relationship of each member to PCG and child</th>
<th>Since when have they been living with you</th>
<th>Resident</th>
<th>Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Relationship of each member to PCG and child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td>Mother (Card A2E1)</td>
<td>Child (Card A2E2)</td>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

[Int: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]
A4. So that's a total of ____ people who live here in the household at present. Is that correct?

Yes ....................... □₁ No ....................... □₂ → [INT: Check Household Grid]

[ASK ONLY IF <TIME 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.
A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes ....................... □₁ Go to A9a No ....................... □₂

A6a. Why is that? ————————————————————————————————————————————

———————————————————————————————————————————

IF PRIMARY CAREGIVER FROM TIME 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:
A6b. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes ....................... □₁ No ....................... □₂ [BLAISE INSTRUCTION - END OF THE INTERVIEW]

[INT: ARRANGE TO INTERVIEW RESIDENT SPOUSE/PARTNER AS THE PCG]

A6c. We would also like to interview you as the secondary caregiver of child on this occasion. Is that ok?

Yes ....................... □₁ Go to A9a No ....................... □₂ [BLAISE INSTRUCTION – NO SECONDARY CARER QUESTIONNAIRE]

IF NEW HOUSEHOLD ENTRANT AT TIME 2 IDENTIFIES HIM/HERSelf AS THE PCG OF CHILD THEN ASK A6d
A6d. [Card A6d] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

Biological mother/ father ........................................... □₁ Grand parent .............................................. □₅
Adoptive mother/ father ........................................... □₂ Aunt/uncle .................................................. □₆
Step-mother / Step-father / Partner of child’s parent .......... □₃ Other relative/ in law .................................... □₇
Foster mother / father ............................................. □₄ Unrelated guardian ........................................ □₈

Go to A9a

IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK A7a – A9.
A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?

Yes ....................... □₁ No ....................... □₂ → [INT: Ask to speak to PCG]

A7b. [Card A7b] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

Biological mother/ father ........................................... □₁ Grand parent .............................................. □₅
Adoptive mother/ father ........................................... □₂ Aunt/uncle .................................................. □₆
Step-mother / Step-father / Partner of child’s parent .......... □₃ Other relative/ in law .................................... □₇
Foster mother / father ............................................. □₄ Unrelated guardian ........................................ □₈

A7c. Do you have a spouse/partner who lives here with you in the household?

Yes ....................... □₁ No ....................... □₂
A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? _______ persons

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Was this Person Resident at time 1?</th>
<th>Relationship of each member to mother and child.</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
<td>R'SHIP</td>
<td>R'SHIP</td>
<td>Not yet at school</td>
<td>School/Education</td>
</tr>
</tbody>
</table>

A8b. Was that person born into the household or did they join for another reason?

- Born into the household ......................
- Joined for another reason (specify) ..........

A8c. Since when has this person been living here in the household? ____ month ____ year

Go to A9a

A9a. Does the study child have any brother(s) or sister(s) who live outside the household? Please include full, half or step brothers or sisters?

- Yes ......
- No ........

A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? ____ n

A9c. For each full/half/step brother/sister who lives outside the household, can you tell me:

1) their gender
2) their Date of Birth (DOB)
3) their relationship to <child>

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
<th>Relationship to &lt;child&gt;</th>
<th>SHOW CARD A9c</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A9c</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A9c</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A9c</td>
</tr>
</tbody>
</table>
Now I would like to ask you a few questions regarding the Study Child’s health.

B. CHILD’S HEALTH

B1. [Card B1] In general, how would you describe <child’s> health in the past year?

Very healthy, no problems .................................................................[ ]
Healthy, but a few minor problems .......................................................[ ]
Sometimes quite ill ...........................................................................[ ]
Almost always unwell ........................................................................[ ]

B2. Does <child> have any on-going chronic physical or mental health problem, illness or disability?

Yes ......... [ ]
No ......................... [ ]

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[Int: Please record diagnosis, not symptoms of the problem]

___________________________________________________________________________
___________________________________________________________________________

B4. Has this problem, illness or disability been diagnosed by a medical professional?

Yes ................. [ ]
No ......................... [ ]

B5. Since when has <child> had this problem, illness or disability? _______(mth) _____(year)

B6. Is <child> hampered in his/her daily activities by this problem, illness or disability?

Yes, severely ............. [ ]
Yes, to some extent ........... [ ]
No ......................... [ ]

B7. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ...................... [ ]
No........................ [ ]

B8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _______ N

B9. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes .........................
No........................

B10. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes .............
No ............

B11. How many separate accidents has <child> ever had that required hospital treatment or admission?

____________ accidents

B12. How many of these accidents involved bone fractures or breaks? __________________

B13. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth) [INTERVIEWER: IF NONE, ENTER ‘0’ – DO NOT LEAVE BLANK] ________ nights

B14. In the last 12 months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? [INTERVIEWER: IF ‘NONE’ ENTER ‘0’ DO NOT LEAVE BLANK] ________ visits

B15. [Card B15] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child’s> physical, emotional or mental health? [Int: if ‘none’ write ‘0’ do not leave blank]

N times Don’t know Refused
A general practitioner (GP) ........................................................ [ ]
Another medical doctor e.g. in a hospital .................................. [ ]
Other professional, psychologist, psychiatrist, counsellor etc. ............................................ [ ]
A social worker........................................................................... [ ]
B17. [Card B17] Which of the following best describes how regularly <child> visits the dentist?

- At least once a year ........................................... F
- Once every two years ........................................ F
- Once every three years ..................................... F
- Only when there is a problem ............................ F
- Never/almost never .......................................... F

B18. Has <child> ever had:

(a) Any teeth filled? ............................................. Yes No
(b) Any teeth pulled? ........................................... Yes No
(c) Any difficulty saying certain words because of his/her teeth or mouth ........................................ Yes No
(d) Any difficulty eating certain foods because of his/her teeth or mouth ........................................ Yes No

B19. Does <child> usually have breakfast at home before going to school?

Yes ....... F
No ......... F

B20. [Card B20] Which of these best describe <child's> weight?

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Very underweight ........................................... F
- Moderately underweight ................................... F
- Slightly underweight ........................................ F
- About the right weight ...................................... F
- Slightly overweight ......................................... F
- Moderately overweight .................................... F
- Very overweight ............................................. F

B21. [Card B21] How far away is the school from your home (one-way distance)?

- Less than ½mile (1km) ..................................... F
- ½ to 1 mile (1-2km) ........................................ F
- 1-5 miles (2-8km) .......................................... F
- More than 5 miles away (8km) ....................... F
- Attends boarding school ................................ F

B22. [Card B22] How does <child> usually (a) go to school and (b) come home from school?

[Int tick one box in Col A and B]

A. Going B. Coming home

1. He/she walks .................................................. F
2. By public transport ......................................... F
3. School bus/coach ........................................... F
4. By car ......................................................... F
5. Rides a bicycle ............................................... F
6. Other (please describe) ..................................... F

C. RESPONDENT’S HEALTH

Now I’d like to ask you some questions about your own health.

C1. [Card C1] In general, how would you say your current health is?

Excellent ...................................................... F
Very Good .................................................. F
Good ........................................................ F
Fair .......................................................... F
Poor ......................................................... F
C2. Do you have any on-going chronic physical or mental health problem, illness or disability?
Yes ............ ☐  No .......................... ☐

C3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
[Int. please record diagnosis – not symptoms of the problem.]
____________________________________________________________________________________
____________________________________________________________________________________

C4. Since when have you had this problem, illness or disability?  _________(mth) _______(year)

C5. Are you hampered in your daily activities by this problem, illness or disability?
Yes, severely............ ☐  Yes, to some extent................. ☐  No ............ ☐

C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?
In the past ............ ☐  Currently............ ☐  No............. ☐

C7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child?
Yes ............ ☐  No ............ ☐

C8. [Card C8] What is the relationship of that person or persons to <child>? [Tick all that apply]
Parent........... ☐  Brother / Sister .......... ☐  Other relative ...... ☐  Non relative ...... ☐

C9. Thinking about your free-time, in general would you say you are…
Very physically active.................... ☐  Fairly physically active ................... ☐
Not very physically active............ ☐  Not at all physically active.............. ☐

C10. [Card C10] Do you think that you are:
Very underweight......................................................... ☐  Moderately underweight........................... ☐
Slightly underweight...................................................... ☐  About the right weight...................................... ☐
Slightly overweight..................................................... ☐  Moderately overweight............................... ☐
Very overweight........................................................... ☐  Don’t know .......................................................... ☐

C11. How often do you try to lose weight through dieting? Would you say…[INT:READ OUT]
Very often .......... ☐  Often ............. ☐  Sometimes ..... ☐  Rarely ............ ☐  Never ............ ☐

C12. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card ............ ☐  Yes, doctor only card............ ☐  Not covered................. ☐

C13. Is Study Child covered by private medical insurance?
Yes ................. ☐  No........................................

C14. Does that insurance include the cost of GP visits?
Yes, in full ............ ☐  Yes, partially................. ☐  No ............ ☐
D. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Study Child's emotional health and well-being.

D1. [Card D1] Looking at Card D1, has the Young Person experienced any of the following since we last interviewed you when he/she was nine:

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

A. Death of a parent.................................................[ ]
B. Death of a close family member (other than a parent)...........[ ]
C. Death of close friend ..................................................[ ]
D. Divorce/separation of parents ........................................[ ]
E. Moving house within Ireland............................................[ ]
F. Moving country ..........................................................[ ]
G. Stay in foster home/residential care.................................[ ]
H. Serious illness/injury......................................................[ ]
I. Serious illness/injury of a family member ...........................[ ]
J. Drug taking/alcoholism in the immediate family................[ ]
K. Mental disorder in immediate family................................[ ]
L. Your house being broken into ......................................[ ]
M. Conflict between parents ..............................................[ ]
N. Parent in prison ..........................................................[ ]
O. Other disturbing event (please specify) ............................[ ]
P. None of the above ..........................................................[ ]

D2. [Card D2] Listed on Card D2, is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Considerate of other people's feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Restless, overactive, cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C. Often complains of headaches, stomach aches or sickness</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>E. Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>F. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>G. Generally obedient, usually does what adults request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Many worries, often seems worried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Has at least one good friend</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>L. Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>P. Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. Kind to younger children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. Often lies or cheats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T. Often volunteers to help others (parents, teachers, other children)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U. Thinks things out before acting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Steals from home, school or elsewhere</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W. Gets on better with adults than with other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X. Many fears, easily scared</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y. Sees tasks through to the end, good attention span</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D3. [Card D3] Listed on card D3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

<table>
<thead>
<tr>
<th>Trait</th>
<th>Strongly Disagree</th>
<th>Moderately Disagree</th>
<th>Slightly Disagree</th>
<th>Agree a little</th>
<th>Agree moderately</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraverted, enthusiastic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical, quarrelsome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependable, self-disciplined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious, easily upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open to new experiences, complex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserved, quiet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sympathetic, warm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorganized, careless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calm, emotionally stable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional, uncreative</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

Now I’d like to ask you some questions about the Study Child’s education

E. CHILD’S EDUCATION – PAST AND CURRENT

E1. What class is your child in now?

6th Class .................................................. [1] Go to E4
First Year .................................................. [2] Go to E3
Second Year ............................................... [3] Go to E2
Child is being home schooled ......................... [4] Go to
Child attends a special school .......................... [5] Go to

E2. [Card E2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick (✓) ONE BOX ONLY to show whether you agree or disagree with these views.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Mostly agree</th>
<th>Mostly disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child settled well into secondary school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child missed old friends from primary school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child was anxious about making new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child coped well with the school work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child made new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is involved in extra-curricular activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child gets too much homework at this school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E3. [Card E3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Mostly agree</th>
<th>Mostly disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is settling in well into secondary school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child misses old friends from primary school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is anxious about making new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is coping well with the school work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child has made new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is involved in extra-curricular activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child gets too much homework at this school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E4. [Card E4] If your child is still in sixth class for each statement please tick (✓) ONE BOX ONLY to show whether you agree or disagree with these views.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Mostly agree</th>
<th>Mostly disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is excited about starting secondary school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is looking forward to making new friends.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child has attended an Open Day at their new school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is nervous about moving to a new school.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E5. Over the last 12 months, have you had any contact with the school? [Please tick ‘Yes’ or ‘No’ to each.]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. You have attended a parent-teacher meeting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. You have attended a school concert, play or other event (such as sports day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. You have been to see the principal or another teacher about child’s behaviour or school performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. You have spoken to the principal or another teacher on the phone about child’s behaviour or school performance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E6a. [Card E6a] Looking at Card E6a, during the last 12 months, about how many days was Young Person absent from school for any reason?

- 0 days ........................................ 1
- 1 to 3 days ..................................... 2
- 4 to 6 days ..................................... 3
- 7 to 10 days ..................................... 4
- 11 to 20 days .................................... 5
- More than 20 days ............................... 6
- Not in school last year ........................... 7

E6b. [Card E6b] Looking at Card E6b, what was the main reason for Young Person being absent from school?

1. Health reasons (illness or injuries) ........................................ 1
2. Problems with transportation ............................................ 2
3. Problems with the weather ............................................. 3
4. A family vacation ....................................................... 4
5. Refused to go to school ................................................ 5
6. A fear of school (school phobia) ...................................... 6
7. Suspended from school .................................................. 7
8. A problem with a teacher ................................................ 8
9. A problem with children at school .................................... 9
10. Difficulties with childcare arrangements ........................... 10
11. Family crisis ............................................................. 11
12. Child has left school .................................................... 12
13. Other (specify) .......................................................... 13

E7. [Card E7] Looking at Card E7, how much time does the young person usually spend doing homework on a weekday?

1. 0 to 30 minutes .............................................. 1
2. 31 minutes to less than one hour .................................. 2
3. 1 to less than 1.5 hours ......................................... 3
4. 1.5 to less than 2 hours ......................................... 4
5. 2 to less than 3 hours ............................................ 5
6. 3 to less than 4 hours ............................................ 6
7. 4 hours or more ................................................... 7

E8a. How often do you or your spouse/partner provide help with the Young Person’s homework? Would you say…[INT: READ OUT]

<table>
<thead>
<tr>
<th>Always/Nearly Always</th>
<th>Regularly</th>
<th>Now and Again</th>
<th>Rarely</th>
<th>Never</th>
<th>Never gets homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

E8b. Why is that?

1. Child doesn’t need help .............................................. 1
2. I don’t have time ..................................................... 2
3. I am not able to help ................................................. 3
4. Child doesn’t want help ............................................. 4
5. Someone else helps .................................................. 5
E9. [Card E9] Looking at Card E9, based on your knowledge of the Young Person’s schoolwork, including school reports, how well in general, do you think he/she is doing overall relative to other children of his/her age? Do you think he/she is:

- Poor.................................................. 1
- Below average ...................................... 2
- Average.............................................. 3
- Above average .................................... 4
- Excellent.......................................... 5
- Don’t know........................................ 6

E10. [Card E10] Looking at Card E10, and now turning to Mathematics, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

- Poor.................................................. 1
- Below average ...................................... 2
- Average.............................................. 3
- Above average .................................... 4
- Excellent.......................................... 5
- Don’t know........................................ 6

E11. [Card E11] Looking at Card E11, and now turning to English, how well, in general, do you think he/she is doing in English relative to other children of his/her age?

- Poor.................................................. 1
- Below average ...................................... 2
- Average.............................................. 3
- Above average .................................... 4
- Excellent.......................................... 5
- Don’t know........................................ 6

E12. [Card E12] Looking at Card E12, and now turning to Irish, how well in general, do you think he/she is doing in Irish relative to other children of his/her age? Do you think he/she is:

- Poor.................................................. 1
- Below average ...................................... 2
- Average.............................................. 3
- Above average .................................... 4
- Excellent.......................................... 5
- Don’t take Irish.................................... 6
- Don’t know........................................ 7

E13. About how many close friends does the Young Person have?

- None................................................. 1
- 1 ...................................................... 2
- 2 or 3 ............................................... 3
- 4 or 5 ............................................... 4
- 6 or more ......................................... 5

E14. [Card E14] Looking at Card E14, taking everything into account, how far do you expect the Young Person will go in his/her education or training?

- Junior Certificate or equivalent .................... 1
- Leaving Certificate or equivalent .................. 2
- An apprenticeship or trade.......................... 3
- Diploma/Certificate.................................. 4
- Degree............................................... 5
- Postgraduate/higher degree........................ 6
- Don’t know.......................................... 7

E15. To your knowledge, has the Young Person been a victim of bullying in the last 3 months?

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

E16. [Card E16] Looking at Card E16, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying................................................. 1
B. Verbal bullying................................................... 2
C. Electronic (phone messaging, emails, Bebo, Facebook, etc.) 3
D. Graffiti/pinning up notes/passing notes in class.............. 4
E. Taking personal possessions (lunch, Money, phone etc.) ..... 5
F. Sexual comments ............................................. 6
G. Exclusion....................................................... 7
H. Gossip, spreading rumours.............................. 8
I. Other (specify)................................................... 9

E17. [Card E17] Looking at Card E17, what were the reasons for the bullying? (Tick all that apply)

A. Ethnicity/Race/Nationality............................... 1
B. Physical/Learning disability.............................. 2
C. Religion....................................................... 3
D. School performance......................................... 4
E. Seen not to conform to gender roles.................... 5
F. Child is a member of the Travelling Community. ...... 6
G. Physical appearance (clothes, glasses, weight etc)......... 7
H. Gender role.................................................... 8
I. Teacher’s pet.................................................. 9
J. Family type (e.g., parents divorced, one parent family etc.) 10
K. Social Class................................................... 11
L. Other (specify)................................................ 12
E18. Do you think the Young Person has a Specific Learning Difficulty, Communication or Co-ordination Disorder

- [ ] Yes
- [ ] No

E19. [Card E19] Looking at Card E19, what is the nature of the difficulty or disorder? [Int. tick all that apply]

- [ ] A. Dyslexia (incl. Dysgraphia, dyscalculia)
- [ ] B. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD
- [ ] C. Autism
- [ ] D. Aspergers Syndrome
- [ ] E. Speech & Language Difficulty
- [ ] F. Dyspraxia
- [ ] G. Slow progress (reasons unclear)
- [ ] H. Other (specify)

Asking of all difficulties/disorders
E20. Was it diagnosed by a professional?

- [ ] Yes
- [ ] No
- [ ] Awaiting consultation

E21. How long ago was it diagnosed?

- [ ] Last 6 months
- [ ] 1-2 years
- [ ] 6-12 months
- [ ] Longer than 2 years

E22. How adequate are the supports they receive for that difficulty or disorder?

- [ ] Don’t receive any supports
- [ ] Adequate
- [ ] Barely adequate
- [ ] Excellent

E23. How many books does the young person have access to in the home? Would you say...

- [ ] None
- [ ] 30 to 50
- [ ] Less than 10
- [ ] 50 to 100
- [ ] 11 to 30
- [ ] More than 100

E24. [Show Card E24] Looking at Card E24, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

- [ ] Child minded at home by me or resident partner
- [ ] Looking after him/herself or cared for by a sibling
- [ ] Child minded by non-resident partner
- [ ] Unpaid relative (or family friend) in your own home
- [ ] Unpaid relative (or family friend) in his/her own home
- [ ] Paid relative (or family friend) in your own home
- [ ] Paid relative (or family friend) in his/her own home
- [ ] Paid childminder in your own home
- [ ] Paid childminder in his/her own home
- [ ] Au Pair / Nanny
- [ ] Paid after-school care in group setting
- [ ] Homework club
- [ ] After-school activity-based facility
- [ ] Special needs facility
- [ ] Activity Camps (sport recreation arts/crafts etc)
- [ ] Other (specify)

E25. Approximately how many hours per week does the Study Child spend in this main form of out of school care

_______ hours per week,

E26. Approximately how many days per week does the Study Child spend in this main form of out of school care

_______ days per week,

E27. [Int. Ask if NOT codes 1-5 at E24]: Approximately how much does out of school care for the Study Child typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers]

- [ ] € ________________ per Week
- [ ] ____________ per Fortnight
- [ ] ____________ per Month
Now some questions about your relationship with <Young Person>.

F1. [Show Card F1] Looking at Card F1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>A. I share an affectionate, warm relationship with my child.</th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. My child and I always seem to be struggling with each other.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. If upset, my child will seek comfort from me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. My child is uncomfortable with physical affection or touch from me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. My child values his/her relationship with me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F. When I praise my child, he/she beams with pride.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G. My child spontaneously shares information about himself/herself.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H. My child easily becomes angry at me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I. It is easy to be in tune with what my child is feeling.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>J. My child remains angry or is resistant after being disciplined.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>K. Dealing with my child drains my energy.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>L. When my child is in a bad mood, I know we’re in for a long and difficult day.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M. My child’s feelings toward me can be unpredictable or can change suddenly.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>N. My child is sneaky or manipulative with me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>O. My child openly shares his/her feelings and experiences with me.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Monitoring subscale

F2. [Show Card F2] The following are some questions on your knowledge of what the Young Person does in his/her free time, where he/she goes, and who he/she has as friends.

<table>
<thead>
<tr>
<th>A. Do you know what Young Person does with his/her free time.</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Do you know who he/she has as friends during he/she free time.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Do you usually know what type of homework he/she has.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Do you know what he/she spends he/she money on .</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Do you know when he/she has a test or homework due at school.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F. Do you know how he/she does in different subjects at school.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G. Do you know where he/she goes when out at night with friends.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H. Do you know where he/she goes and what he/she does after school.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I. How often in the last month have you had no idea where he/she was.</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Disclosure subscale

F3. [Show Card F3] The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

<table>
<thead>
<tr>
<th>Question</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Does he/she spontaneously tell you about his/her friends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Does he/she hide a lot from you about what he/she is doing during nights and weekends?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F4. [Show Card F4] Looking at Card F4, now I’d like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day / 7 days per week</th>
<th>3 to 6 days per week</th>
<th>1 to 2 days per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sit down to eat together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Play sports, cards or games together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Talk about things together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Do household activities together (e.g. gardening, cooking, cleaning, etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F5. [Show Card F5] Looking at Card F5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

<table>
<thead>
<tr>
<th>Person</th>
<th>Quite a lot</th>
<th>Now and again</th>
<th>Rarely</th>
<th>Doesn’t have</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Grandparents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Uncles/Aunts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Cousins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Other family members/ close family friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F6. [Show Card F6] Please tell me how strongly you agree or disagree with the following.

Because of your work responsibilities:

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. You have missed out on home or family activities that you would have liked to have taken part in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Your family time is less enjoyable and more pressured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Because of your family responsibilities:

<table>
<thead>
<tr>
<th>Agreement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. You have to turn down work activities or opportunities you would prefer to take on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. The time you spend working is less enjoyable and more pressured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F7. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]

Very unfairly .......... 1, Quite unfairly .......... 2, Fairly .......... 3, Don’t have partner .......... 4
F8. [Show Card F8] I would now like to ask some questions about the Study Child’s behaviour over the last 12 months. Please tell me the extent to which the following statements apply:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all</th>
<th>Just once</th>
<th>2-5 times</th>
<th>6 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Often started fights or bullies, threatens or intimidates others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Has used a weapon that could cause serious physical harm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Has been physically cruel to other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Has been physically cruel to animals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Deliberately destroyed or damaged property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Has broken into someone else’s house, building or car</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Has lied to obtain goods or favours (i.e., ‘cons’ others)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Has stolen items of value without confronting a victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., shoplifting, but without breaking and entering)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Has stayed out at night despite parental prohibitions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Has truanted from school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

G: SOCIO-DEMOGRAPHICS

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

Now some questions about the circumstances of your household.

[Ash G1 and G2 only if respondent has moved house from TIME 1]

G1. I would now like to ask you some questions about your accommodation: Is this accommodation a:

- House ........................................................................................................... [1]
- Apartment / Flat / Bedsit ........................................................................... [2]
- Other (specify) ............................................................................................ [3]

G2. Does your accommodation have access to a garden or common space (either private or shared)?


G3. [Card G3] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

1. Owner occupied (with or without a mortgage) ........................................ [1]
2. Being purchased from a Local Authority under a Tenant Purchase Scheme ........................................... [2]
3. Rented from a Local Authority ................................................................ [3]
5. Rented from a Private Landlord ................................................................ [5]
6. Living with and paying rent to your (or your partner’s) parent(s) ........... [6]
7. Occupied free of rent with your (or your partner’s) parent(s) ................ [7]
8. Occupied free of rent from your (or your partner’s) job ........................ [8]

G4a. Do you feel that your current accommodation (excluding location) is suitable for your family’s needs?


G4b. [Card G4b] Why is that? [Int: tick all that apply]

- Too small .................................................................................................... [1]
- Not a child-friendly layout ....................................................................... [2]
- Too many steps ............................................................................................ [3]
- Poor conditions in the home (damp, drafts, leaks etc) ............................ [4]
- Problems with rats, mice, cockroaches etc. ............................................. [5]
- Too noisy .................................................................................................... [6]
- Problems with neighbours ........................................................................ [7]
- Other (specify) ........................................................................................... [8]
J5. [Card J5] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as ‘O’]

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0. Currently on maternity leave, but have a job to return to.</td>
<td>0</td>
</tr>
<tr>
<td>1. Employee (incl. apprenticeship or Community Employment)</td>
<td>1</td>
</tr>
<tr>
<td>2. Self employed outside farming</td>
<td>2</td>
</tr>
<tr>
<td>3. Farmer</td>
<td>3</td>
</tr>
<tr>
<td>4. Student full-time</td>
<td>4</td>
</tr>
<tr>
<td>5. On State training scheme (FAS, Failte Ireland etc)</td>
<td>5</td>
</tr>
<tr>
<td>6. Unemployed, actively looking for a job</td>
<td>6</td>
</tr>
<tr>
<td>7. Long-term sickness or disability</td>
<td>7</td>
</tr>
<tr>
<td>8. Home duties / looking after home or family</td>
<td>8</td>
</tr>
<tr>
<td>9. Retired</td>
<td>9</td>
</tr>
<tr>
<td>10. Other (please specify)</td>
<td>10</td>
</tr>
</tbody>
</table>

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 ASK G6a]

G6a. When did you return to work? ______ mth ________ year

G7. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. ____________ hours

G8. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)? ________ minutes  [Int. if respondent works at home enter ‘0’ for minutes]

G9. [Card G9] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Garda or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION
______________________________________________________________________________

G10. Do you supervise or manage any personnel in your job?

   Yes ...... [ ]  No ...... [ ]

G11. How many? __________________

G12. How many employees (if any) do you have? ________ employees  N A .... [ ]

G13. [Ask only if Farmer at G5.] How many acres do you farm? ______________ acres

Go to G23

G14. Apart from holiday or casual work, have you ever had a full-time job? Yes ...... [ ]  No ...... [ ] Go to G19

G15. In what year did you last work in that full-time job? ________ year

G16. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) .......... [ ]
Self-employed outside farming .......... [ ]
Farmer .......... [ ]

G17. [Card G17] What (was) your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Garda or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION
______________________________________________________________________________

G18. [Ask only if Farmer at G16] How many acres do you farm? ______________ acres
G19. Do you currently have a part time job outside the home?  Yes .......□ No.......□  Go to G22

G20. On average, how many hours per week do you work in that part-time job? ___________ hours

G21. [Card G21] What is your occupation in that job?
In all cases describe the occupation fully and precisely giving the full job title.
Use precise terms such as:  Do not use general terms such as:
RETAIL STORE MANAGER  MANAGER
SECONDARY TEACHER  TEACHER
ELECTRICAL ENGINEER  ENGINEER
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Garda or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm ________ acres

Go to G23

G22. [Card G22] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.
A. I can’t find a job ................................................... ___
B. I chose not to work .............................................. ___
C. I am caring for an elderly or ill relative or friend .. ___
D. I prefer be at home to look after my children myself .. ___
E. I cannot earn enough to pay for childcare ............ ___
F. I cannot find suitable childcare ....................... ___
G. There are no suitable jobs available for me... ___
H. My family would lose Social Welfare or medical benefits if I was earning .................... ___
I. Other reason (specify)___________________ ___

Go to G23

G23. [Card G23] What is the occupation of your spouse / partner?
In all cases describe the occupation fully and precisely giving the full job title.
Use precise terms such as:  Do not use general terms such as:
RETAIL STORE MANAGER  MANAGER
SECONDARY TEACHER  TEACHER
ELECTRICAL ENGINEER  ENGINEER
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Garda or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION

If a farmer or a farm worker, how many acres do you farm? ________ acres

HOUSEHOLD INCOME

Now I would like you ask you a few questions about household income. Once again I would like to assure you that all information will be treated in the strictest confidence.

G23x. [Card G23x] Looking at Card G23x, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner’s income.  [INT. Tick ‘Yes’ or ‘No’ for each in Col. A]

G23xx. [Card G23x] And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B]

<table>
<thead>
<tr>
<th>Source</th>
<th>A Receive?</th>
<th>B Largest Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Wages or Salaries ...........................................................................</td>
<td>□□□</td>
<td></td>
</tr>
<tr>
<td>B. Income from Self-Employment ..........................................................</td>
<td>□□□□</td>
<td></td>
</tr>
<tr>
<td>C. Income from Farming .........................................................................</td>
<td>□□□□</td>
<td></td>
</tr>
<tr>
<td>D. Children’s Allowance/ Child Benefit ..............................................</td>
<td>□□□□</td>
<td></td>
</tr>
<tr>
<td>E. Other Social Welfare Payments ........................................................</td>
<td>□□□□</td>
<td></td>
</tr>
<tr>
<td>F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)</td>
<td>□□□□□□□□</td>
<td></td>
</tr>
</tbody>
</table>


G24. [Card G24] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G25. IF EXACT FIGURE GIVEN GO TO G27]

Dont.Know…….[_] G25. [Card G25] I know that it is difficult to give an exact figure for household income but on Card G25 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI. [Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

<table>
<thead>
<tr>
<th>Category</th>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>€1,151 to €1,250</td>
<td>€6,001 to €6,500</td>
<td>€26,001 to €28,000</td>
</tr>
<tr>
<td>B</td>
<td>€1,001 to €1,050</td>
<td>€5,001 to €5,500</td>
<td>€23,001 to €25,000</td>
</tr>
<tr>
<td>C</td>
<td>€926 to €960</td>
<td>€4,001 to €4,500</td>
<td>€18,001 to €20,000</td>
</tr>
<tr>
<td>D</td>
<td>€801 to €850</td>
<td>€3,501 to €4,000</td>
<td>€18,001 to €20,000</td>
</tr>
<tr>
<td>E</td>
<td>€781 to €825</td>
<td>€3,001 to €3,500</td>
<td>€15,001 to €16,500</td>
</tr>
<tr>
<td>F</td>
<td>€761 to €800</td>
<td>€2,501 to €3,000</td>
<td>€12,001 to €13,500</td>
</tr>
<tr>
<td>G</td>
<td>€741 to €785</td>
<td>€2,001 to €2,500</td>
<td>€10,001 to €11,500</td>
</tr>
<tr>
<td>H</td>
<td>€721 to €765</td>
<td>€1,501 to €2,000</td>
<td>€8,001 to €9,500</td>
</tr>
<tr>
<td>I</td>
<td>€701 to €745</td>
<td>€1,001 to €1,500</td>
<td>€6,001 to €7,500</td>
</tr>
<tr>
<td>J</td>
<td>€681 to €725</td>
<td>€500 to €650</td>
<td>€4,001 to €5,500</td>
</tr>
</tbody>
</table>

G26. [Card G26] Would that be [Int: Show Card G26 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th>Section</th>
<th>[ ] or  [ ]</th>
<th>[ ] or  [ ]</th>
<th>[ ] or  [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
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<td>C</td>
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<td>E</td>
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<td>F</td>
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<td>I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G27. Does anyone in your household currently receive any other Social Welfare payments?

Yes ........  [ ]
No ...........  [ ]

G27. [Card G27] Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card G27, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int.Tick payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Jobseeker’s Benefit</td>
<td>Jobseeker’s Allowance or Unemployment Assistance</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td></td>
</tr>
<tr>
<td>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td></td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Widow’s or Widower’s (Contributory) Pension</td>
<td>Deserted Wife’s Allowance</td>
</tr>
<tr>
<td>Deserted Wife’s Benefit</td>
<td>Prisoner’s Wife’s Allowance</td>
</tr>
<tr>
<td>Widowed Parent Grant</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Widow’s or Widower’s (Non-Contrib) Pension</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Health &amp; Safety Benefit</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>Guardian’s Payment (Contributory)</td>
</tr>
<tr>
<td></td>
<td>Guardian’s Payment (Non-Contributory)</td>
</tr>
<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Illness Benefit</td>
<td>Injury Benefit</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>Incapacity Supplement</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>Disability Benefit</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Medical Care Scheme</td>
</tr>
<tr>
<td>Carer’s Benefit</td>
<td>Constant Attendance Allowance</td>
</tr>
<tr>
<td>Domiciliary Care Allowance</td>
<td>Death Benefits (Survivor’s Benefits)</td>
</tr>
<tr>
<td><strong>RETIREMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>State Pension (Transition)</td>
<td>State Pension Non-Contributory</td>
</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>Pre-Retirement Allowance</td>
</tr>
</tbody>
</table>

G28. Does anyone in your household currently receive rent or mortgage supplement? Yes ........ [ ]
No ...........  [ ]

G29. How much does the household receive PER WEEK in rent or mortgage supplement? €------------------------

G30x. [Card G30x] Looking at Card G30x and thinking of your household’s total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children’s Allowance /Child Benefit?

<table>
<thead>
<tr>
<th>None</th>
<th>Less than 5%</th>
<th>5% to less than 20%</th>
<th>20% to less than 50%</th>
<th>50% to less than 75%</th>
<th>75% to less than 100%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
G30. [Card G30] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn’t afford it or for another reason?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does your household have a roast joint (or its equivalent) at least once a week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Do household members buy new rather than second-hand clothes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Does each household member possess a warm waterproof coat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Does each household member possess two pairs of strong shoes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Does the household replace any worn out furniture?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Does the household keep the home adequately warm?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Does the household have family or friends for a drink or meal once a month?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Does the household buy presents for family or friends at least once a year?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G31. [Card G31] A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

<table>
<thead>
<tr>
<th>Degree of Ease or Difficulty</th>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G32. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

Yes ................................................. ............... No ......................... .................................................

G33a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes ................. .......... No ................. .................................................

G33b. [Card G33b] Why was that?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t want to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a full social life in other ways</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couldn’t afford to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Couldn’t leave the children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G34a. Does your family have a car?

Yes ................................................. ............... No ......................... .................................................

G34b. Would your family like to have a car but you cannot afford it?

Yes ................................................. ............... No ......................... .................................................

G35. Since our last interview when <child> was 9 years old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:

<table>
<thead>
<tr>
<th>Effect on Your Family</th>
<th>A very significant effect</th>
<th>A significant effect</th>
<th>A small effect</th>
<th>No effect at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G36. [Card G36] How has it affected your family? [Int: tick all that apply]

1. You were made redundant / lost your job ................................................. ............... 
2. Your spouse/partner were made redundant / lost their job ................................................. ............... 
3. Your or your spouse/partner’s working hours were reduced ................................................. ............... 
4. Your or your spouse/partner’s wages were reduced ................................................. ............... 
5. Your or your spouse/partner’s social welfare benefits were reduced ................................. ............... 
6. Your family can’t afford luxuries (holidays, meals out etc) ................................................. ............... 
7. Your family can’t afford / had to cut back on basics (food, clothes) ................................. ............... 
8. You are behind with rent / mortgage payments ......................................................... ............... 
9. You are behind with utility bills (e.g. electricity, gas bills etc) ................................................. ............... 
10. Other .............................................................................................................. ............... 

76 of 234
Section H – About You

Now some more questions about yourself

H1. [Card H1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ....................................................................................................
2. Primary education....................................................................................................
3. Lower Secondary .................................................................................................
4. Upper Secondary....................................................................................................
(Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification ....................................................................
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification ..................

Second Level

7. Non Degree ...........................................................................................................
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree ....................................................................................................
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) ........................................
10. Both a Degree and a Professional qualification ................................................
11. Postgraduate Certificate or Diploma .................................................................
12. Postgraduate Degree (Masters) .........................................................................
13. Doctorate (Ph.D) .................................................................................................

H2. At what age did you leave full-time education for the first time? ______ years
[INTERVIEWER: Code as ‘0’ if respondent never undertook full-time education]

H3b. What is <child’s> first language?

English ........................................... Irish...........................................
Other (please specify) .................

[BLAISE CONDITION: ASK H4 – H6 IF NEW RESPONDENT AT TIME 2, NON-RESPONDENT AT TIME 1 OR OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1]

H4. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s story book written in your native language?

Yes ........................................
No ....................................

H5. Can I just check, can you read aloud to a child from a children’s story book written in English?

Yes ........................................
No ....................................

H6. Can you usually read and fill out forms you might have to deal with in English?

Yes ........................................
No ....................................

[BLAISE CONDITION: ASK H7 IF NEW RESPONDENT AT TIME 2, NON-RESPONDENT AT TIME 1 OR OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 1]

H7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes ........................................
No ....................................

[BLAISE CONDITION: ONLY ASK QUESTION H8 -H9 IF NEW RESPONDENT AT TIME 2 OR NON-RESPONDENT AT WAVE 1]

H8. Do you belong to any religion?

Yes ........................................
No ....................................

H9. [Card H9] Which religion?

1. Christian – no denomination ............................................................................
2. Roman Catholic .............................................................................................
3. Anglican/Church of Ireland/Episcopalian .....................................................
4. Other Protestant ............................................................................................
5. Jewish .............................................................................................................
6. Muslim ...........................................................................................................
7. Other (please specify) ....................................................................................

77 of 234
H10. Are you a citizen of Ireland? 
Yes........... \[\square\] No ........... \[\square\]

H11. What citizenship do you hold? 
________________________________________

H12. Were you born in Ireland? 
Yes........... \[\square\] No ........... \[\square\]

H13. In which country were you born? 
_______________________________________

H14. How long ago did you first come to live in Ireland?

<table>
<thead>
<tr>
<th>Time</th>
<th>1-5 years ago</th>
<th>6-10 years ago</th>
<th>11-20 years ago</th>
<th>More than 20 years ago</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the last year</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
</tr>
</tbody>
</table>

H15. [Card H15] Looking at card H15, can you tell me, what is your ethnic or cultural background? Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
   Irish.......................................................... \[\square\]
   Irish Traveller ............................................ \[\square\]
   Any other White background ............................. \[\square\]

2. Black or Black Irish
   African.................................................................. \[\square\]
   Any other Black background ............................ \[\square\]

3. Asian or Asian Irish
   Chinese .......................................................... \[\square\]
   Any other Asian background ............................ \[\square\]

4. Other, including mixed background........................ \[\square\]

J. Neighbourhood / Community

Time Section Started \[\_\] \[\_\] \[\_\] \[\_\] (24 hour clock)

Finally, we would like to ask you some questions about your local area.

J1. How long have you lived in your local area? ________ years OR ________ months

J2. [Card J2] To what extent do you agree or disagree with these statements?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>
| It is safe to walk alone in this area after dark........................................ \[\square\] \[\square\] \[\square\] \[\square\]
| It is safe for children to play outside during the day in this area....................... \[\square\] \[\square\] \[\square\] \[\square\]
| There are safe parks, playgrounds and play spaces in this area ............................. \[\square\] \[\square\] \[\square\] \[\square\]
| As a family we are happy living in this area .................................................... \[\square\] \[\square\] \[\square\] \[\square\]
| We as a family intend to continue living in this area ...................................... \[\square\] \[\square\] \[\square\] \[\square\]

J3. Do you intend to continue living in Ireland?
Yes ............................. \[\square\] No.......................... \[\square\]
We are hoping to include an extra study as part of the 13 year old follow-up of the Growing Up in Ireland Study and would like to get your views on this extra study.

This would be a genetic study which aims to understand how children’s health is influenced by their genes and their parent's genes, and how genes interact with the environment in which children are growing up. This part of the study would be entirely optional and it would be possible to take part in the main Growing Up in Ireland Study without taking part in the genetic study.

For the genetic study we would like to collect a sample of your child’s saliva and a sample of saliva from one or both parents also. This would be collected in a small container and sent to a laboratory in St James Hospital in Dublin for storage and analysis.

The genetic sample would be anonymous. The genetic information could be linked to the information collected as part of the main Growing Up in Ireland study using ID numbers only, under strict control by a Research Ethics Committee and under the control of the Statistics Act. The genetic information would not be stored with your name, address or other contact information.

Please note that we are NOT asking you for a sample of your child’s saliva or your own saliva. We would like to know if you, as a parent/guardian of <child> would, in principle, be willing to provide a sample of your saliva and to provide consent for your child to give a sample or his/her saliva to be used in genetic research.

J4a. [Card J4] So, looking at the responses on this card would you be willing to (Int: Tick all that apply): ,

- To give consent for my child to provide a genetic sample .................................................. [ ]
- To give consent for myself to provide a genetic sample .................................................. [ ]
- I would be willing to consider taking part if more information was available ................. [ ]
- I am not willing to take part in this additional study but will take part in the main study .... [ ]

J4b. Regardless of whether or not you would be willing to provide a saliva sample, do you think that if you were asked to do so it would in any way affect your willingness to participate in the main Growing Up in Ireland study.

So, if you were asked to provide a saliva sample do you think it would:

- Make you less likely to participate in Growing Up in Ireland ............................................ [ ]
- Have no effect on your participation in Growing Up in Ireland ........................................ [ ]
- Make you more likely to participate in Growing Up in Ireland......................................... [ ]

Interviewer: Please record any comments or observations (the respondent’s or yours) on the collection of a saliva sample.

J5.[Card J5] As you know, we collect a great deal of information on your child as s/he develops and moves into the teenage years. We would like to know how you would feel about us asking a number of questions on some sensitive issues. We do NOT propose asking him/her any of these questions in his/her interview. We would just like to know if, in principle, you would allow us to ask him/her some questions on these topics:

<table>
<thead>
<tr>
<th>Allow</th>
<th>Not Allow</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Whether or not he/she has a boyfriend/girlfriend</td>
<td></td>
</tr>
<tr>
<td>(b) whether or not he/she had ever been attracted to or had romantic feelings towards boys:</td>
<td></td>
</tr>
<tr>
<td>(c) whether or not he/she had ever been attracted to or had romantic feelings towards girls:</td>
<td></td>
</tr>
<tr>
<td>(d) his/her opinions and attitudes towards sexual behaviour. (only their opinions towards sexual behaviour—not anything about their sexual activities)</td>
<td></td>
</tr>
<tr>
<td>(e) whether or not he/she has had any thoughts of self-harm</td>
<td></td>
</tr>
</tbody>
</table>
J6. I understand, but could I just ask you why you wouldn’t like this to be included in the questionnaire?

J7. Would the inclusion of any of these items (even if you didn’t allow your child to answer them) mean that you wouldn’t participate in the study at all or would you be willing to continue to participate in other questionnaires?

Wouldn’t participate at all in the study
Continue to participate in other questionnaires
C2 Secondary Caregiver Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children

SECONDARY CAREGIVER QUESTIONNAIRE – 13YR

AREA

HOUSEHOLD

Interviewer Name ____________________________ Interviewer Number

Time Section Started [24 hour clock] Date __ ___ __

day mth year

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTNER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

1. Biological mother/ father ....................................... 5. Grand parent ...........................................
3. Step-mother / Step-father / Partner of child’s parent ........ 7. Other relative/ in law ................................
4. Foster mother / father ........................................... 8. Unrelated guardian ....................................

Section B - Parental Health

Now I’d like to ask you a few questions about your own health.

B1. [CARD B1] In general, how would you say your current health is?

Excellent .................. 1
Very good ................. 2
Good .......................... 3
Fair .......................... 4
Poor .......................... 5
B2. Do you have any on-going chronic physical or mental health problem, illness or disability?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[Int. please record diagnosis – not symptoms of the problem.]

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

B4. Since when have you had this problem, illness or disability?  
__________ (year)  _____(month)

B5. Are you hampered in your daily activities by this problem, illness or disability?

<table>
<thead>
<tr>
<th>Yes, severely</th>
<th>Yes, to some extent</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

B6. Thinking about your free-time, in general would you say you are...

<table>
<thead>
<tr>
<th>Very physically active</th>
<th>Fairly physically active</th>
<th>Not very physically active</th>
<th>Not at all physically active</th>
</tr>
</thead>
<tbody>
<tr>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

C: FAMILY CONTEXT

Now I’d like to ask you some general questions about your family as a whole.

C1. [Card C1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I share an affectionate, warm relationship with my child................</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>B. My child and I always seem to be struggling with each other............</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>C. If upset, my child will seek comfort from me................................</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>D. My child is uncomfortable with physical affection or touch from me.......</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>E. My child values his/her relationship with me..................................</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>F. When I praise my child, he/she beams with pride............................</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>G. My child spontaneously shares information about himself/herself.........</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>H. My child easily becomes angry at me...........................................</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>I. It is easy to be in tune with what my child is feeling........................</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>J. My child remains angry or is resistant after being disciplined...............</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>L. When my child is in a bad mood, I know we’re in for a long and difficult day...</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>M. My child’s feelings toward me can be unpredictable or can change suddenly.</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>N. My child is sneaky or manipulative with me.....................................</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>O. My child openly shares his/her feelings and experiences with me...........</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>
### Monitoring subscale

**C2. [Card C2]** The following are some questions on your knowledge of what the Young Person does in their free time, where he/she goes, and who he/she has as friends.

<table>
<thead>
<tr>
<th>Question</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Do you know what Young Person does with his/her free time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. Do you know who he/she has as friends during he/she free time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Do you usually know what type of homework he/she has.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Do you know what he/she spends he/she money on</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Does he/she like to tell you what he/she has been doing during nights and weekends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. Do you know how he/she does in different subjects at school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. Do you know where he/she goes when out at night with friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Do you know where he/she goes and what he/she does after school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. How often in the last month have you had no idea where he/she was.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Disclosure subscale

**C3. [CARD C3]** The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

<table>
<thead>
<tr>
<th>Question</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Does he/she spontaneously tell you about his/her friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Does he/she hide a lot from you about what he/she is doing during nights and weekends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### Because of your work responsibilities:

A. You have missed out on home or family activities that you would have liked to have taken part in...  
B. Your family time is less enjoyable and more pressured...

### Because of your family responsibilities:

C. You have to turn down work activities or opportunities you would prefer to take on...
D. The time you spend working is less enjoyable and more pressured...

### C5. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

Would you say...[INT: READ OUT]  
Very unfairly ........ 1  
Quite unfairly .......... 2  
Fairly ........................ 3  
Don’t have partner. ........ 4
C6. [Show Card C6] I’d like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>Sit down to eat together</th>
<th>Play sports, cards or games together</th>
<th>Talk about things together</th>
<th>Do household activities together</th>
<th>Go on an outing together</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day / 7 days per week</td>
<td>3 to 6 days per week</td>
<td>1 to 2 days per week</td>
<td>1 to 2 times per month</td>
<td>Rarely or never</td>
</tr>
<tr>
<td>A ...............................</td>
<td>B .............................</td>
<td>C ..........................</td>
<td>D ..........................</td>
<td>E ..........................</td>
</tr>
</tbody>
</table>

C6. In general, would you describe yourself as a religious or spiritual person?

C7a. Thinking of an average school day, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_______ hours      _____ minutes

C7b. And thinking of an average weekend, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_______ hours      _____ minutes

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

D: SOCIO-DEMOGRAPHICS

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

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

0. Currently on maternity leave, but have a job to return to .................................................. F 0 4
1. Employee (incl. apprenticeship or Community Employment) ................................................... F 1
2. Self employed outside farming .................................................................................................. F 2
3. Farmer ........................................................................................................................................... F 3
4. Student full-time ......................................................................................................................... F 4
5. On State training scheme (FAS, Failte Ireland etc.) ................................................................... F 5
6. Unemployed, actively looking for a job ....................................................................................... F 6
7. Long-term sickness or disability ................................................................................................. F 7
8. Home duties / looking after home or family ............................................................................... F 8
9. Retired ........................................................................................................................................... F 9
10. Other (specify) .......................................................................................................................... F 10

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 OR RESPONDENT ON MATERNITY LEAVE AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK D2a:]

D2a. When did you return to work? ______ mth ________ year

D2b. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. _________________ hours

D4. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?

________ minutes [Int. if respondent works at home enter ‘0’ for minutes]
D5. [Card D5] What is your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

_________________________________________________________________________________

D6. Do you supervise or manage any personnel in your job?

Yes [a] No [b]  

D7. How many?

__________________________

D8. How many employees (if any) do you have? _________ employees  N A .... [b]

D9. [Ask only if Farmer at D1.] What is the acreage of the farm? _______________ acres

D10. Apart from holiday or casual work, have you ever had a full-time job?

Yes [a] No [b]  

Go to D15

D11. In what year did you last work in that full-time job?  ________ year

D12. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) ................. [a]

Self-employed outside farming ..... [b]

Farmer ....... [b]

D13. [Card D13] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

_________________________________________________________________________________

D14. [Ask only if Farmer at D12] What was the acreage of the farm? _______________ acres

D15. Do you currently have a part time job outside the home?  Yes [a] No [b]  

Go to D18

D16. On average, how many hours per week do you work in that part-time job? ___________ hours

D17. [Card D17] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

_________________________________________________________________________________

If a farmer or a farm worker, write in the SIZE of the farm _______ acres
D18. [Card D18] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

a. I can’t find a job ..........................................................____
b. I chose not to work .....................................................____
c. I am caring for an elderly or ill relative or friend..........____
d. I prefer be at home to look after my children myself..____
e. I cannot earn enough to pay for childcare .................____

f. I cannot find suitable childcare .................................____
g. There are no suitable jobs available for me ..____
h. My family would lose Social Welfare or medical benefits if I was earning.................................____
i. Other reason (specify)________________

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] What is the highest level of education (full-time or part-time) which you have completed to date?  
1. No formal education ...........................................................................................................[1]
2. Primary education...............................................................................................................[2]

Second Level
3. Lower Secondary ...................................................................................................................[3]
   (Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCVA Level 1 Certificate or equivalent)
5. Technical or Vocational qualification ..................................................................................[5]
   (Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification ....................................[6]

Third Level
7. Non Degree ...........................................................................................................................[7]
   (National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree ..................................................................................................................[8]
   (Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) .........................................................[9]
10. Both a Degree and a Professional qualification ...............................................................[10]
11. Postgraduate Certificate or Diploma ................................................................................[11]
12. Postgraduate Degree (Masters) ......................................................................................[12]
13. Doctorate (Ph.D) ...............................................................................................................[13]

E2. At what age did you leave full-time education for the first time? ______ years  
[INTERVIEWER: Code as ‘0’ if respondent never undertook full-time education]

E3. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s story book written in your native language?  
Yes .......................[1] No...........................[2]

E4. Can I just check, can you read aloud to a child from a children’s story book written in English?  
Yes .......................[1] No...........................[2]

E5. Can you usually read and fill out forms you might have to deal with in English?  
Yes .......................[1] No...........................[2]

E6. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?  
Yes .......................[1] No...........................[2]
E7. Do you belong to any religion?

Yes ...................... .. [ ]
No........................ [ ]

[BLAISE CONDITION: ONLY ASK QUESTION E8 IF NEW RESPONDENT AT THIS WAVE]

E8. [Card E8] Which religion?

Christian – no denomination .................................... [ ]
Roman Catholic ....................................................... [ ]
Anglican/Church of Ireland/Episcopalian.................... [ ]
Other Protestant....................................................... [ ]
Jewish ..................................................................... [ ]
Muslim ..................................................................... [ ]
Other (please specify)............................................... [ ]

[BLAISE CONDITION ASK E11 – E16 IF NEW RESPONDENT AT TIME 2]

E9. Are you a citizen of Ireland? Yes........ [ ]
No .......... ................................................................ [ ]

E10. What citizenship do you hold?____________________________________

E11. Were you born in Ireland? Yes........ [ ]
No .......... ................................................................ [ ]

E12. In which country were you born? _________________________________

E13. How long ago did you first come to live in Ireland?

Within the last year .................................................... [ ]
1-5 years ago ............................................................ [ ]
6-10 years ago ........................................................... [ ]
11-20 years ago ........................................................ [ ]
More than 20 years ago .............................................. [ ]
Don't Know ................................................................ [ ]

E14. [Card E14] What is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
   Irish........................................................................ [ ]
   Irish Traveller.......................................................... [ ]
   Any other White background................................... [ ]

2. Black or Black Irish
   African ................................................................. [ ]
   Any other Black background ................................... [ ]

3. Asian or Asian Irish
   Chinese ................................................................. [ ]
   Any other Asian background ................................... [ ]

4. Other, including mixed background............................ [ ]
C3  Primary and Secondary Caregiver Sensitive Questionnaires
GROWING UP IN IRELAND – the national longitudinal study of children

STRICELY CONFIDENTIAL

Primary Caregiver – SUPPLEMENTARY SECTION, 13-Year

AREA _______ HHOLD _______ _______ _______

Interviewer Name__________________________ Interviewer Number______ _______

Time Section Started _______ _______ (24 hour clock) Date _____ _____ _____

day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male.............. □
Female ............ □

X2. What is your date of birth? __ __ /__ __/ __ __ __ __

DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

He/she is deceased .......................................
We separated/divorced ..................................
He/she moved out to set up own household...
Long-term absence (e.g. hospital, prison, military service abroad) ..................................
Other (please specify)....................................

AS2. When did <Person from Wave 1> stop living with you: Since what year? [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _______ mth

S1. Are you the biological parent of <child>?

Yes…………… □  →  Go to S12  No……… □  →  Go to S2

S2. Are you the adoptive parent of <child>?

Yes…………… □  →  Go to S7  No……… □  →  Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic ……… □  Inter-country ……… □

S4. Was this a within family adoption?

Yes ……… □  No ……… □

S5. From which country?

________________________

S6. What age was <child> when you adopted him/ her? _____________ years

NOW PLEASE GO TO S12
S7. Are you the foster parent of <child>?
Yes ........... □a  No ............ □b → Go to S12

S8. How long has <child> been with your family? _______ months ______ weeks

S9. Do you anticipate that this will be a long-term foster placement?  Yes ........... □a  No ............ □b

S10. How many previous foster placements has <child> been in? _______ previous placements DK... □99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?
Another foster family ...... □1  Own family .......... □2  Institutional care ......... □3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?
Married and living with husband / wife ............................................ □1  Go to S16
Married and separated from husband / wife ..................................... □1  Go to S13
Divorced ......................................................................................... □1  Go to S13
Widowed ......................................................................................... □1  Go to S13
Never married ................................................................................ □1  Go to S15

S13. In what year did you marry your (former) spouse? _______(year)

S14. Since when have you been living apart / spouse deceased? ________ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?
Yes ............... □1  No ................. □b → Go to S24

S16. Since when have you and your spouse or partner been living together? _______ (mth) ________(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
Most days ....................................................................................... □1  Go to S18
At least once a week ................................................................. □2  Go to S18
Less than once a week ............................................................... □2  Go to S18
Hardly ever ................................................................................... □2  Go to S18
Never ............................................................................................ □2  Go to S21

S18. When you and your partner argue, how often do you ....
Shout or yell at each other ......................................................... □1  □2 □3 □4 □5
Throw something at each other ............................................. □1  □2 □3 □4 □5
Push, hit or slap each other .................................................. □1  □2 □3 □4 □5

S19. How often would you say the following happen in your relationship?
You discuss or have considered divorce, separation, or terminating your relationship □1 □2 □3 □4 □5 □6
You think that things between you and your partner are going well □1 □2 □3 □4 □5 □6
You confide in your mate ................................................................ □1 □2 □3 □4 □5 □6

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Unhappy</td>
<td>Fairly Unhappy</td>
<td>A little unhappy</td>
<td>Happy</td>
<td>Very Happy</td>
<td>Extremely Happy</td>
<td>Perfect</td>
</tr>
</tbody>
</table>

91 of 234
S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caring for my child sometimes takes more time and energy than I have to give.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I sometimes worry whether I am doing enough for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. The major source of stress in my life is my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Having child leaves little time and flexibility in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. Having child has been a financial burden.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. It is difficult to balance different responsibilities because of my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

[BLAISE CONDITION: ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes ................. 1  No .......... 2

S23. Which of the following best describes how often you usually drink alcohol?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Less than once a month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. 1-2 times a month</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. 1-2 times a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. 3-4 times a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. 5-6 times a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you currently drink alcohol between everyday and 1-2 times a week ask:

S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____  (b) Glasses of Wine ____
(c) Measures of Spirits ____  (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
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<th>4</th>
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<tbody>
<tr>
<td>Never</td>
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<tr>
<td>Less than monthly</td>
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<td>Daily or almost daily</td>
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</tbody>
</table>

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
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<th>3</th>
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<th>5</th>
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<tbody>
<tr>
<td>Never</td>
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<td>Daily or almost daily</td>
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</tbody>
</table>

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Never</td>
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<td>Less than monthly</td>
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<tr>
<td>Daily or almost daily</td>
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</tr>
</tbody>
</table>

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
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<tr>
<td>Less than monthly</td>
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<td>Weekly</td>
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<tr>
<td>Daily or almost daily</td>
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</tbody>
</table>

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes, on one occasion</td>
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<td></td>
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<tr>
<td>Yes on more than one occasion</td>
<td></td>
<td></td>
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</tbody>
</table>
S26. Do you currently smoke daily, occasionally or not at all?

Daily ..............................................................[□1]
Occasionally ......................................................[□2]
Not at all .........................................................[□3]

27. About how many cigarettes or cigars do/did you smoke on average each day?

[□□□□□□][Int. enter ‘0’ if less than 1 on average]

S28. Including yourself, how many members of the household smoke? _____N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly.................[□1]
Occasionally..............[□2]
Not at all ......................[□3]

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

Yes...........[□1]
No...........[□2]

S30b. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

Yes...........[□1]
No...........[□2]

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days)
---|---|---|---

a. I felt I could not shake off the blues even with help from my family or friends.............................................................[□1][□2][□3][□4]

b. I felt depressed ..............................................................................................................................[□1][□2][□3][□4]

c. I thought my life had been a failure..............................................................................................[□1][□2][□3][□4]

d. I felt fearful .......................................................................................................................................[□1][□2][□3][□4]

e. My sleep was restless.....................................................................................................................[□1][□2][□3][□4]

f. I felt lonely.........................................................................................................................................[□1][□2][□3][□4]

g. I had crying spells .........................................................................................................................[□1][□2][□3][□4]

h. I felt sad.............................................................................................................................................[□1][□2][□3][□4]

S32. Have you ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes...........[□1]
No...........[□2]→Go to S33

S33. Have you ever been to prison? Yes ...........[□1]
No ...........[□2]

S34. To the best of your knowledge, has <child> ever tried?

Yes, and I know about it | Probably | Possibly | I don’t think so
---|---|---|---
A. Alcohol..........................................................[□1][□2][□3][□4]
B. Cigarettes .........................................................[□1][□2][□3][□4]
C. Cannabis/Marijuana ...........................................[□1][□2][□3][□4]

S35. Have you spoken to your child personally about the following sexual health issues?

Yes | No
---|---
1. Sex and sexual intercourse.................................[□1][□2]
2. Sexual feelings, relationships and emotions...........[□1][□2]
3. Contraception...................................................[□1][□2]
4. Safer sex/sexually transmitted infections/venereal diseases ......[□1][□2]
5. Sexual orientation (eg. Homosexuality, heterosexuality etc)......[□1][□2]
S36. Can we check, does <child’s> biological father/mother live here with you or elsewhere?

Lives here.................................................. ☐ Go to S48
Deceased.................................................. ☐ Go to S48
Temporarily lives elsewhere ..................... ☐ Go to S48
Lives elsewhere........................................ ☐ Go to S37

S37. Were you ever married to or did you ever live with <child’s> biological father/mother?

Yes, married to ....................................... ☐ Go to S39
Yes, lived with........................................... ☐ Go to S39
No .......................................................... ☐ Go to S39
Adoptive / Foster parent............................. ☐ Go to S39

S38. What age was the Study Child when you split or separated from their biological father/mother?

__________________________

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he/she lives?

Formal.................................................... ☐
Informal................................................... ☐
No parenting arrangement.......................... ☐

S40. Briefly describe that arrangement

_______________________________________________________________________________________
_______________________________________________________________________________________

S41. How did you arrive at that arrangement?

Court imposed arrangements............................. ☐
Formal negotiated arrangements other than legal (e.g. counsellor)..... ☐
Mutual agreement with no third party negotiator............................. ☐

S42. How far does <child’s> biological father/mother live from here?

Within ½ hour’s drive from here ....................... ☐
Between ½ and 1 hour’s drive from here ............. ☐
More than 1 hour’s drive from here ................. ☐
Outside the country...................................... ☐

S43. How often does <child> have contact with his/her biological father/mother?

Daily .......................................................... ☐
Once or twice a week ...................................... ☐
Weekly .......................................................... ☐
Every second week/weekend ......................... ☐
Monthly .......................................................... ☐
Less than once a month .................................. ☐
No contact...................................................... ☐

S44. Does <child’s> biological father/mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment.................... ☐
Yes, he/she makes a regular payment ................. ☐
Yes, he/she makes payments from time to time...... ☐

S45. How often do you talk to <child’s> biological father/mother about <child>?

Every day .................................................... ☐
Several times a week ..................................... ☐
About once a week ....................................... ☐
A few times a month ..................................... ☐
Several times a year ...................................... ☐
Never .......................................................... ☐

S46. How well do you get on with <child’s> biological father/mother? Would you say your relationship is?

Very positive .............................................. ☐
Positive ..................................................... ☐
Neither positive nor negative ......................... ☐
Somewhat negative ..................................... ☐
Very negative ............................................. ☐

S47. We would like to send a short questionnaire to <child’s> biological father/mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child’s> biological father/mother?

Yes .................................................................. ☐
No, I do not wish other parent to be contacted ...... ☐
No, I do not have contact details for other parent ...... ☐

Please give contact details

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male.............. ☐
Female ............ ☐

X2. What is your date of birth? __ __ /__ __/ __ __ __ __

DD / MM / YYYY

S1. Are you the biological parent of <child>?

Yes.............. ☐ → Go to S12
No.............. ☐ → Go to S2

S2. Are you the adoptive parent of <child>?

Yes.............. ☐
No.............. ☐ → Go to S7

S3. Was that a domestic or an inter-country adoption?

 Domestic ......... ☐
 Inter-country .......... ☐

S4. Was this a within family adoption?

Yes ....... ☐
No ....... ☐

S5. From which country?

__________________________

S6. What age was <child> when you adopted him/her?

______________ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes ........... ☐
No ............ ☐ → Go to S12

S8. How long has <child> been with your family? _______ months _______ weeks

S9. Do you anticipate that this will be a long-term foster placement?

Yes ........... ☐
No ............ ☐

S10. How many previous foster placements has <child> been in?

______ previous placements DK ... ☐

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family ......... ☐
Own family ........... ☐
Institutional care ....... ☐

NOW PLEASE GO TO S12
Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?
   Married and living with husband / wife .............................................. Go to S16
   Married and separated from husband / wife .................................... Go to S13
   Divorced ......................................................................................... Go to S13
   Widowed ........................................................................................ Go to S13
   Never married .............................................................................. Go to S15

S13. In what year did you marry your (former) spouse? ________ (year)

S14. Since when have you been living apart / spouse deceased? ________ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?
   Yes ............................................ Go to S14
   No ........................................ Go to S24

S16. Since when have you and your spouse or partner been living together? ________ (mth) ________ (year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
   Most days ................................................................................... Go to S18
   At least once a week .................................................................... Go to S18
   Less than once a week ................................................................ Go to S18
   Hardly ever .................................................................................. Go to S18
   Never .......................................................................................... Go to S21

S18. When you and your partner argue, how often do you ....
   Shout or yell at each other ......................................................... Never
   Not very often ............................................................................ Sometimes
   Sometimes .................................................................................. Often
   Often .............................................................................................. Almost always/
   Always ..........................................................................................
   Push, hit or slap each other ......................................................... Never
   Not very often ............................................................................ Sometimes
   Sometimes .................................................................................. Often
   Often .............................................................................................. Almost always/
   Always ..........................................................................................

S19. How often would you say the following happen in your relationship?
   You discuss or have considered divorce, separation, or terminating your relationship .................. Never
   Less than once a month ................................................................ Once or twice a month
   Once or twice a week ................................................................. Once a day
   More often ..................................................................................
   You think that things between you and your partner are going well .............................................. Never
   Less than once a month ................................................................ Once or twice a month
   Once or twice a week ................................................................. Once a day
   More often ..................................................................................
   You confide in your mate .............................................................. Never
   Less than once a month ................................................................ Once or twice a month
   Once or twice a week ................................................................. Once a day
   More often ..................................................................................

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

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<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Unhappy</td>
<td>Fairly Unhappy</td>
<td>A little unhappy</td>
<td>Happy</td>
<td>Very Happy</td>
<td>Extremely Happy</td>
<td>Perfect</td>
</tr>
</tbody>
</table>

S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

   Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

1. Caring for my child sometimes takes more time and energy than I have to give. .................................................. 1 .... 1 .... 1 .... 3 .... 3 .... 5 .... 5
2. I sometimes worry whether I am doing enough for my child. .................. 1 .... 1 .... 1 .... 3 .... 3 .... 5 .... 5
3. The major source of stress in my life is my child. .................. 1 .... 1 .... 1 .... 3 .... 3 .... 5 .... 5
4. Having child leaves little time and flexibility in my life. .................. 1 .... 1 .... 1 .... 3 .... 3 .... 5 .... 5
5. Having child has been a financial burden. .................. 1 .... 1 .... 1 .... 3 .... 3 .... 5 .... 5
6. It is difficult to balance different responsibilities because of my child. .................. 1 .... 1 .... 1 .... 3 .... 3 .... 5 .... 5
S22. Are you currently pregnant? Yes............ F1 No............. F2

S23. Which of the following best describes how often you usually drink alcohol?
1. Never.................................................................................. F1
2. Less than once a month.......................................................... F2
3. 1-2 times a month ............................................................... F3
4. 1-2 times a week .................................................................... F4
5. 3-4 times a week .................................................................... F5
6. 5-6 times a week .................................................................... F6
7. Every day ................................................................................ F7

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?
(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____
(c) Measures of Spirits ____ (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]
S25a. How often do you have 6 or more alcoholic drinks on one occasion?

[ASK S25b ONLY OF MALE RESPONDENTS]
S25b. How often do you have 8 or more alcoholic drinks on one occasion?

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No .................... F1 Yes, on one occasion............ F2 Yes on more than one occasion ................ F3

S26. Do you currently smoke daily, occasionally or not at all?
Daily ............................................. F1 Occasionally ............................. F2 Not at all ............................................. F3

S27. About how many cigarettes or cigars do/did you smoke on average each day?

[Int. enter ‘0’ if less than 1 on average]

S28. Including yourself, how many members of the household smoke? ____N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?
Regularly.................. F1 Occasionally ............... F2 Not at all ...................... F3
S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

Yes...□1  No......□2

S30b. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

Yes......□1  No......□2

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt I could not shake off the blues even with help from my family or friends...</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>b. I felt depressed</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>c. I thought my life had been a failure</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>d. I felt fearful</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>e. My sleep was restless</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>f. I felt lonely</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>g. I had crying spells</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>h. I felt sad</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes...□1  No......□2 → Go to S33

S33. Have you ever been to prison?

Yes .......□1  No......□2

S34. To the best of your knowledge, has <child> ever tried?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes, and I know about it</th>
<th>Probably</th>
<th>Possibly</th>
<th>I don’t think so</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Alcohol</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>B. Cigarettes</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>C. Cannabis/Marijuana</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
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</tbody>
</table>

S35. Have you spoken to your child personally about the following sexual health issues?

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sex and sexual intercourse</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>2. Sexual feelings, relationships and emotions</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>3. Contraception</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>4. Safer sex/sexually transmitted infections/ venereal diseases</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>5. Sexual orientation (eg. Homosexuality, heterosexuality etc)</td>
<td>□1</td>
<td>□2</td>
</tr>
</tbody>
</table>

S36. Can we check, does <child’s> biological father/ mother live here with you or elsewhere?

Lives here..................................................□1 → Go to S48
Deceased..................................................□2 → Go to S48
Temporarily lives elsewhere ................................□3 → Go to S48
Lives elsewhere...........................................□4 → Go to S37

S37. Were you ever married to or did you ever live with <child’s> biological father / mother?

Yes, married to...□1  Yes, lived with...□2  No □3 → Go to S39  Adoptive / Foster parent □4 → Go to S48

S38. What age was the Study Child when you split or separated from their biological father / mother?
S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal..............[ ]
Informal...........[ ]
No parenting arrangement ...

S40. Briefly describe that arrangement
_______________________________________________________________________________________
_______________________________________________________________________________________

S41. How did you arrive at that arrangement?

Court imposed arrangements ...............................................................[ ]
Formal negotiated arrangements other than legal (e.g. counsellor).....[ ]
Mutual agreement with no third party negotiator ..............................[ ]

S42. How far does <child’s> biological father / mother live from here?

Within ½ hour’s drive from here.............[ ]
Between ½ and 1 hour’s drive from here. .[ ]
Outside the country.................................................................[ ]

S43. How often does <child> have contact with his / her biological father / mother?

Daily .........................................................................................[ ]
Once or twice a week..............................................................[ ]
Weekly ......................................................................................[ ]
Every second week / weekend .................................................[ ]

S44. Does <child’s> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment ......................[ ]
Yes, he/she makes a regular payment .......................[ ]
Yes, he/she makes payments from time to time .........[ ]

S45. How often do you talk to <child’s> biological father/ mother about <child>?

Every day ................................................................................[ ]
Several times a week ..............................................................[ ]
About once a week .................................................................[ ]
A few times a month ..............................................................[ ]
Several times a year ...............................................................[ ]
Never .......................................................................................[ ]

S46. How well do you get on with <child’s> biological father/ mother? Would you say your relationship is?

Very positive ...........................................................................[ ]
Positive ...................................................................................[ ]
Neither positive nor negative .................................................[ ]
Somewhat negative ...............................................................[ ]
Very negative .........................................................................[ ]

S47. We would like to send a short questionnaire to <child’s> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child’s> biological father/ mother?

Yes ..............................................................[ ]
No, I do not wish other parent to be contacted ......[ ]
No, I do not have contact details for other parent .....[ ]

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
C4 Child/Young Person Main Questionnaire
Now a few questions about things you like to do in your spare time.

Welcome to the Growing Up in Ireland study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13 year old in Ireland today. Your answers will help 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.

1. On a normal weekday during term time, how many hours do you spend watching television, videos or DVDs (not on your computer)? Please remember to include time before school as well as time after school? [IF NONE – PLEASE ENTER 0]
   ______ hours ______ minutes

2. On a normal weekday during term time, about how many hours do you spend reading for pleasure? [DO NOT INCLUDE TIME SPENT READING AT SCHOOL OR DOING HOMEWORK] [IF NONE – PLEASE ENTER 0]
   ______ hours ______ minutes

3. Do you have a computer at home? Yes...........[1] No .............[2]

4. On a normal weekday, during term-time, about how much time do you spend using the computer. Please include time before school as well as time after school. [DO NOT INCLUDE TIME SPENT USING COMPUTERS IN SCHOOL] [IF NONE – PLEASE ENTER 0]
   ______ hours ______ minutes

5. On a normal weekday, during term-time, about how much time do you spend playing video games such as, Playstation, X-box, Nintendo etc? [IF NONE – PLEASE ENTER 0]
   ______ hours ______ minutes
6. Are there rules in your house about what television programmes, movies or DVD’s you can watch?
Yes ........................................... [ ]  No........................................... [ ]

7. And are there rules in your house about what video-games you can play?
Yes ........................................... [ ]  No........................................... [ ]

8. Do you have any of the following in your bedroom?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer or laptop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video/DVD player</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games console (playstation etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Do you have access to the internet? Yes ........................................... [ ]  No........................................... [ ]

10. [CARD C10] Where/ how do you access it (tick all that apply)

a. At school ................................................................. [ ]
b. At home on a PC in a family room ................................. [ ]
c. At home on a PC (in your bedroom) ................................. [ ]
d. Via a games console.................................................. [ ]
e. Internet TV/ cable in a family room ............................... [ ]
f. Via mobile phone/ ipaq or other mobile device................. [ ]
g. Other ............................................................................. [ ]

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

<table>
<thead>
<tr>
<th>Activity</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 (Websites where you have live chats with friends)</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 (Live email and texts on the web)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Surfing the internet for fun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Doing homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Surfing the internet for school projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Blogging or personal web page (Facebook, Bebo, Twitter, etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Shopping online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Reading news or current affairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Downloading music</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Are you allowed to use the internet without your parents or another adult checking what you are doing?
Yes always ........................................... [ ]  Yes sometimes ................................. [ ]  No........................................... [ ]

13. Have any of the following ever happened?

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. You have posted pictures of yourself on the web (incl. social network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. You have posted pictures of other people on the web without their permission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. You have been sent unwanted or inappropriate material online ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. You have used chat rooms to say unkind things about someone you don’t like</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. You have given out personal information that you shouldn’t have to someone you met online and regretted it later</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. You have met someone face to face that you first met online ...........</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Do you have your own mobile phone? Yes........................................... [ ]  No........................................... [ ]
15. During the past 12 months have your volunteered or helped without pay by…

A. Doing activities at school (committees, student council etc.) ..............................................
B. Becoming a member of a campaign group (e.g., Amnesty, Animal Welfare group etc) ....
C. Fundraising (charity, school trips etc.) ..............................................................
D. Helping in your community (hospital volunteering, community organization, etc.) ..............
E. Helping neighbours or relatives (cutting grass, babysitting etc.) ........................................
F. Any other volunteering activity (without pay) .....................................................................
G. I have not done any of these activities without pay ........................................................

16. Thinking about these activities, during the past 12 months, how often have you volunteered or helped with out pay?

Every day ......................................
A few times a week .......................
Once a week ....................................
A few times a month ......................
Less than once a month.................

17. How much spending money, if any, do you have to spend each week? If you don’t receive any, write 00.

_____ Euro _____ Cent

18. [CARD C18] Where do you get this money from? (Tick all that apply)

Pocket money ........................................
Doing chores (or babysitting) in the home ....
Given money by parents when I need it ....
Earned money doing jobs outside the home ....

Now some questions about exercise and sport.

First, I would like to ask you about any walking for pleasure or exercise you did in the last 7 days. DO NOT include walks for transport, such as walking to school or to the shops, but DO include walks undertaken for exercise, recreation or leisure.

19. In the last 7 days, did you take such a walk?

Yes… No…

20. How many walks for exercise, recreation or leisure did you take? ______

21_1. Approximately how many minutes did each walk last?  a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____

[INT: If interviewee took more than 7 walks, please record the 7 longest]

21_2. How would you describe your usual walking pace during this(these) walk(s)? [Tick ONE only]

Slow …..  Steady, average……..  Fairly Brisk .....  Fast  ………..  Don’t know …
22. I would now like to ask you about any sporting activities you've undertaken in the past week. This includes any exercise such as swimming, dancing or jogging, as well as all forms of sporting activity, indoor or outdoor, whether undertaken in an organised setting or casually with family or friends. So, in the past 7 days, did you participate in any such activities?

Yes...... □ 1  
No...... □ 2 go to 24

23_1. [CARD C23] Please list up to 3 sports or activities, in the order in which you participated the most:

[Int: If answer includes any of the 5 sports in the table, it is ESSENTIAL to ask the relevant follow-up question and record exactly which type of sport, as shown. Treat each of these as a separate activity.]

(a) Gaelic Football..........................................................□ 1  
(b) Soccer........................................................................□ 2  
(c) Hurling/Camogie.......................................................□ 3  
(d) Rugby ..........................................................................□ 4  
(e) Swimming.....................................................................□ 5  
(f) Boxing...........................................................................□ 6  
(g) Leisure cycling..........................................................□ 7  
(h) Sport cycling (road cycling, mountain cycling, cross-country cycling etc.)□ 8  
(i) Running for pleasure (i.e. not competitive). ..................□ 9  
(j) Competitive running (e.g. Athletics)..............................□ 10 
(k) 18-hole golf..............................................................□ 11 
(l) Pitch & putt ................................................................□ 12 
(m) Hockey ......................................................................□ 13 
(n) Something else........................................................□ 14  
(o) __________________________________________________  
(p) __________________________________________________  
(q) __________________________________________________

I'd like to ask you a short series of questions about each activity, starting with the first...[INT: PROMPT ACTIVITY 21_1]

23_2. On how many of the last 7 days did you take part? __________

23_3. For how long did you take part? Consider a usual session if you took part more than once. 

_________ minutes

23_4. Was the effort enough to raise your breathing rate?

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

23_5. Was the effort enough for you to be out of breath or sweat?

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

23_6. Where did the activity take place? [Tick all that apply]

In school  Organised training, coaching, or lesson outside school  Casually with family or friends  On own  Other

□ 1  □ 2  □ 3  □ 4  □ 5

[Int: Repeat for second, third activity - If no second activity → Q25_1]

[IF 'NO' AT 22 ASK 24.]

24. [CARD C24] Please tell us what is your MAIN reason for not taking part in physical activities [Please tick one box only]

You do not like team games .............................................□ 1  
You are no good at games..............................................□ 2  
You have no opportunities to play ................................□ 3  
You feel people laugh at you because of your size ..........□ 4  
You have a disability which prevents you from playing □ 5  
You prefer to watch sports on TV ................................□ 6  
You do not fit in with the sporty crowd .........................□ 7  
You do not like to get dirty or sweaty ...........................□ 8  
You are not competitive .............................................□ 9  
You prefer to play computer games or read................□ 10
25_1. [CARD C25] In the past 12 months how often have you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Less than once a week</th>
<th>1 to 3 times a week</th>
<th>4 or more times a week</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Played sports or undertaken physical activities without a coach or instructor (e.g. biking, skate boarding etc)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Played sports with a coach or instructor, other than in P.E. class? (swimming, soccer, hockey etc)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Taken part in dance, gymnastics, karate or other groups or lessons other than in P.E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Taken part in clubs or groups such as Guides or Scouts, youth club, community or church groups.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25_2. Does this activity have to be paid for?

- No.................................................. 1
- Yes, my parents pay for it ............ 2
- Yes, I pay for it myself .............. 3

26. In any of your activities do you have special responsibilities, such as team leader, captain secretary etc?

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

27. [CARD C27] The following is a list of pastimes that teenagers might enjoy. How often do you spend time on each of the following activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Now &amp; Again</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Playing sport or exercising .................................................. 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Going to football matches, hurling games or other sports events........ 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Hobby or craft (drawing, model building, baking, etc) .................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Singing, dance, drama or playing a musical instrument ................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Watching TV ................................................................................ 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F. Listening to music........................................................................ 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G. Watching films/goiing to the cinema........................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>H. Playing computer games .................................................................. 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I. Playing other games such as chess, cards, puzzles .......................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>J. Surfing the internet ...................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>K. Reading .......................................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>L. Hanging out with friends .................................................................. 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M. Spending time with your pet ..................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>N. Shopping ......................................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>O. Following your favourite football team ........................................ 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>P. Fashion/make-up ............................................................................. 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Q. Going out for something to eat ................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>R. Helping out on the farm .................................................................. 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>S. Spending time with your family generally .................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>T. Voluntary work ............................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>U. Something else (please specify) .................................................. 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

28. [CARD C28] Who are you most likely to do things with in your spare time (tick ONE box on each line)

<table>
<thead>
<tr>
<th>Group</th>
<th>Most days</th>
<th>At least once a week</th>
<th>Less than once a week</th>
<th>Hardly ever or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. A brother or sister ................................................................. 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. A parent or guardian ............................................................ 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Another adult ........................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. A boyfriend or girlfriend ..................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Other friends ........................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>F. Myself ....................................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>G. Cousins .................................................................................... 1</td>
<td></td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
29. On an average school day, how much time in a day do you spend alone at home while nobody else is home?

None ................................................................. ☐
1 to 2 hours a day ............................................. ☐
3 to 4 hours a day ............................................ ☐
5 to 6 hours a day ............................................ ☐
7 or more hours a day ................................. ☐

30. [CARD C30] The following questions refer to the rules and limits your parents may place on your activities

A. Do you need your parents’ permission before going out on week nights ..................................................... ☐ ☐ ☐ ☐ ☐
B. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going ............................................. ☐ ☐ ☐ ☐ ☐
C. If you have been out very late one night, do your parents make you explain why and tell them who you were with. ☐ ☐ ☐ ☐ ☐
D. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing .......................................................... ☐ ☐ ☐ ☐ ☐
E. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night..... ☐ ☐ ☐ ☐ ☐
F. Do your parents make you tell them how you spend your money ................................................................. ☐ ☐ ☐ ☐ ☐

We would now like to ask some questions about the things that you eat.

31. Do you usually have something to eat at home before going to school?
Yes .......... ☐
No .......... ☐

32. [CARD C32] We would like you to think back to what you ate yesterday. Did you eat each of these foods once, more than once, or not at all?

A. Fresh fruit ......................................................................................................................... ☐ ☐ ☐ ☐
B. Cooked vegetables ............................................................................................................ ☐ ☐ ☐ ☐
C. Raw vegetables or salad ................................................................................................. ☐ ☐ ☐ ☐
D. Hamburger, hot dog, sausage or sausage roll, meat pie, .................................................. ☐ ☐ ☐ ☐
E. Hot chips or French fries ................................................................................................. ☐ ☐ ☐ ☐
F. Crisps or savoury snacks ................................................................................................. ☐ ☐ ☐ ☐
G. Biscuits, doughnuts, cake, pie or chocolate ................................................................... ☐ ☐ ☐ ☐
H. Sweets .............................................................................................................................. ☐ ☐ ☐ ☐
I. Full fat cheese/yoghurt/ fromage frais ........................................................................... ☐ ☐ ☐ ☐
J. Low fat Cheese/ low fat yoghurt ..................................................................................... ☐ ☐ ☐ ☐
K. Water (tap water / still water/) ....................................................................................... ☐ ☐ ☐ ☐
L. Fizzy drinks / minerals / cordial / squash (diet) ................................................................. ☐ ☐ ☐ ☐
M. Fizzy drinks / minerals / cordial / squash (not diet) ......................................................... ☐ ☐ ☐ ☐
N. Full cream milk .................................................................................................................. ☐ ☐ ☐ ☐
O. Skimmed/Semi-skimmed milk .......................................................................................... ☐ ☐ ☐ ☐

33. How often do you brush your teeth?
More than twice a day ................................. ☐
Twice a day .......................................................... ☐
Once a day .......................................................... ☐
Less often than once a day ......................... ☐
Rarely ................................................................. ☐
Not at all ............................................................. ☐
34. [CARD C34] Do you do any of these chores at home?

<table>
<thead>
<tr>
<th></th>
<th>Everyday</th>
<th>2/3 times a week</th>
<th>4/5 times a week</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help with cooking for the family</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Hoovering / cleaning</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Helping in the garden</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Washing the dishes / Emptying the dishwasher</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Putting out the bin / recycling</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Cleaning the car</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Helping with your younger brothers or sisters</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Helping an elderly or sick relative in the family</td>
<td>.</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

35. 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
   - Better off
   - About the same
   - Worse off
   - [ ] 1 [ ] 2 [ ] 3

c. Other families in Ireland
   - Better off
   - About the same
   - Worse off
   - [ ] 1 [ ] 2 [ ] 3

36. As a teenager, what do you worry about most in relation to you and/or your family? Please specify as fully as possible

_____________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________

37. And what do you worry about most in relation to the wider world? Please specify as fully as possible

_____________________________________________________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________________________________________________
C5  Child/Young Person Sensitive Questionnaire, Part 1
Once again, thank you for helping us with Growing Up in Ireland. Remember that 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.

The following are some questions about your friends

1. How many friends do you normally hang around with? (tick ONE box only)
   - A. None ......................................
   - B. One or two ...........................
   - C. Between 3 and 5 ...................
   - D. More than 10......................
   - E. Between 6 and 10.............
   - F. More than 10....................

2. How many of these would you describe as CLOSE friends? (tick ONE box only)
   - A. One.....................................
   - B. Two....................................
   - C. Three ..................................
   - D. Four ..................................
   - E. Five .................................
   - F. Six .................................
   - G. Seven ............................
   - H. Less than once a week.....

3. How many days a week (after school or in the evenings) do you usually go out with your friends? (tick ONE box only)
   - A. One..................................
   - B. Two..................................
   - C. Three ................................
   - D. Four ................................
   - E. Five .................................
   - F. Six .................................
   - G. Seven ..............................
   - H. Less than once a week...

4. How old are the friends you usually go about with? (tick ONE box on each line)
   - A. A year or more younger........................
   - B. About the same age ................................
   - C. A year or two older ...................................
   - D. More than two years older...........................

5. How many of your friends have your parents met? (tick ONE box only)
   - None of them ..........................
   - Some of them ..........................
   - Most or all of them ..................

109 of 234
6. This part asks about your feelings about your relationships with your close friends. Please read each statement and circle the ONE number that tells how true the statement is for you now.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost never or never true</th>
<th>Not very often true</th>
<th>Sometimes true</th>
<th>Often true</th>
<th>Almost always or true</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Talking over my problems with friends makes me feel ashamed or foolish</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I wish I had different friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. My friends understand me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. My friends accept me as I am</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. I feel the need to be in touch with my friends more often</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. My friends don’t understand what I’m going through these days</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. I feel alone or apart when I am with my friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. My friends listen to what I have to say</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. My friends are good friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. My friends are fairly easy to talk to</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. When I am angry about something, my friends try to be understanding</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. I feel angry with my friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. I can count on my friends when I need to get something off my chest.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. I trust my friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>o. My friends respect my feelings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>p. I get upset a lot more than my friends know about</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>q. It seems as if my friends are irritated with me for no reason.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. Do you ever feel that you miss out on things that your friends have or things they can do because you can’t afford to do the same? NCDS 16 year wave

Yes occasionally ............................................... 1
Yes often .................................................. 2
No......................................................... 3

8.1. If yes, what sort of things do you miss out on? (tick all that apply)

a. Having fashionable clothes ...................................... 1
b. Having big possessions like an ipod or docking station ... 2
c. Having small possession like cds .................................. 3
d. School trips .................................................................. 4
e. Entry money for cinema/disco ..................................... 5
f. Entry money for sports .................................................. 6
g. Going out with my friends .......................................... 7
h. Money for travel to go places ..................................... 8
i. Treating my friends ................................................... 9
j. Buying presents .......................................................... 10
k. Other things? (specify) ............................................. 11

8.2. How do you feel about that?

I mind very much ............................................... 1
I mind quite a bit................................................... 2
It doesn’t bother me much ........................................... 3
It doesn’t bother me at all ........................................... 4
The following are some questions about how you may have been feeling over the last while

9. Question 9 Redacted

10. When you feel anxious or distressed who would you be MOST likely to talk to? (Please tick ONE box only)

Mum .................................................... F 1
Dad.................................................... F 2
Brother/sister..................................... F 3
Aunts/uncles ..................................... F 4
Cousins ............................................. F 5
Childline/ Samaritans etc.................... F 6
Friends ............................................. F 7
Boyfriend/ girlfriend .......................... F 8
Teacher .............................................. F 9
Doctor or GP ...................................... F 10
Psychiatrist/ counsellor ...................... F 11
No-one ............................................. F 12
Other (Please specify) ........................ F 13

Now a few questions on how you get on with your siblings

11. Do you have brothers or sisters?

Yes ..................... F 1
No ....................... F 2 – please go to Question 19

12. How often do you and your brothers/sisters do the following? (Tick one box on each line)

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Sometimes</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Go places and do things together</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Stick up for each other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Talk about secrets and private feelings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Do nice things for each other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. Overall, how often do you get on with well with your brother(s)/sister(s)? (tick ONE box only)

Always............................................. F 1
Usually ......................................... F 2
Sometimes ..................................... F 3
Never............................................. F 4
14. How often do you argue with your brother(s)/sister(s)? (tick ONE box only)

Most days ............................................ F 1
At least once a week ......................... F 2
Less than once a week ...................... F 3
Never or hardly ever ...................... F 4

15. How often does a brother or sister do these things to you? (tick ONE box on each line)

<table>
<thead>
<tr>
<th>Most days</th>
<th>At least once a week</th>
<th>Less than once a week</th>
<th>Never or hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. They threaten to hurt me in some way</td>
<td>.................. F 1</td>
<td>.................. F 2</td>
<td>.................. F 3</td>
</tr>
<tr>
<td>B. They hurt me by hitting or kicking or punching me</td>
<td>.................. F 1</td>
<td>.................. F 2</td>
<td>.................. F 3</td>
</tr>
</tbody>
</table>

16. And how often do YOU DO these things to a brother or sister? (tick ONE box on each line)

<table>
<thead>
<tr>
<th>Most days</th>
<th>At least once a week</th>
<th>Less than once a week</th>
<th>Never or hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I threaten to hurt them in some way</td>
<td>.................. F 1</td>
<td>.................. F 2</td>
<td>.................. F 3</td>
</tr>
<tr>
<td>B. I hurt them by hitting or kicking or punching them</td>
<td>.................. F 1</td>
<td>.................. F 2</td>
<td>.................. F 3</td>
</tr>
</tbody>
</table>

17. Do you mostly argue or fight with a brother or a sister? (tick ONE box only)

I mostly argue or fight with my brother ............... F 1
I mostly argue or fight with my sister ............... F 2

18. How old is the brother or sister that you argue or fight with most often? (please write in)

He/she is __________ years old

19. Have you been bullied in the last 3 months?

Yes .................. F 1
No .................. F 2 – please go to Question 26

20. How often did this bullying take place? [Tick all that apply]

<table>
<thead>
<tr>
<th>In School</th>
<th>Outside School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never .......... F 1</td>
<td>Never .......... F 1</td>
</tr>
<tr>
<td>Only once or twice .......... F 2</td>
<td>Only once or twice .......... F 2</td>
</tr>
<tr>
<td>2 or 3 times a month .......... F 3</td>
<td>2 or 3 times a month .......... F 3</td>
</tr>
<tr>
<td>About once a week .......... F 4</td>
<td>About once a week .......... F 4</td>
</tr>
<tr>
<td>Several times a week .......... F 5</td>
<td>Several times a week .......... F 5</td>
</tr>
</tbody>
</table>

21. What form did the bullying take? [Tick all that apply]

<table>
<thead>
<tr>
<th>A. Physical bullying</th>
<th>E. Gossip, spreading rumours</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Verbal bullying (name calling, hurtful slagging)</td>
<td>F. Exclusion (being left out)</td>
</tr>
<tr>
<td>C. Electronic [phone messaging, emails, Facebook etc]</td>
<td>G. Graffiti/pinning up notes/passing written notes in class</td>
</tr>
<tr>
<td>D. Comments were sexual in nature</td>
<td>H. Other (specify)</td>
</tr>
</tbody>
</table>

22. What was the reason for the bullying? [Tick all that apply]

<table>
<thead>
<tr>
<th>A. Ethnicity</th>
<th>F. Physical appearance (clothes, glasses, weight etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Physical/Learning disability</td>
<td>G. Family Background</td>
</tr>
<tr>
<td>C. Religion</td>
<td>H. Seen not to conform to normal gender roles</td>
</tr>
<tr>
<td>D. Class performance</td>
<td>I. Jealousy</td>
</tr>
<tr>
<td>E. Teacher’s pet</td>
<td>J. Other (specify)</td>
</tr>
</tbody>
</table>
23. When you were bullied how did you feel? [Tick all that apply]

- Upset.......................................................... [ ]
- Afraid.......................................................... [ ]
- Angry.......................................................... [ ]
- Wanted to take revenge............................... [ ]
- Shrugged it off............................................ [ ]
- Isolated....................................................... [ ]
- Determined to do something about it............ [ ]
- Other [Please specify] ______________________ [ ]

24. Have you told anyone that you have been bullied? ............ Yes [ ] No [ ]

25. Who have you told you have been bullied? [Tick all that apply]

- Teacher...................................................... [ ]
- Parent(s) .................................................... [ ]
- Friend........................................................ [ ]
- No-one ....................................................... [ ]
- Other [Please specify] ______________________ [ ]

26. In the last 3 months have you bullied someone?

- Yes........................................ [ ]
- No ....................................................... [ ] – please go to Question 28

27. How often did you bully someone?

<table>
<thead>
<tr>
<th>In School</th>
<th>Outside School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never ................................</td>
<td>Never ........................</td>
</tr>
<tr>
<td>Only once or twice ..........</td>
<td>Only once or twice ......</td>
</tr>
<tr>
<td>2 or 3 times a month ......</td>
<td>2 or 3 times a month ...</td>
</tr>
<tr>
<td>About once a week ..........</td>
<td>About once a week ......</td>
</tr>
<tr>
<td>Several times a week ......</td>
<td>Several times a week ...</td>
</tr>
</tbody>
</table>

And now, some more questions about you……

28. How would you describe yourself?

- Very skinny........................................... [ ]
- A bit skinny......................................... [ ]
- Just the right size ............................. [ ]
- A bit overweight ................................. [ ]
- Very overweight ................................. [ ]

29. Have you ever exercised to lose weight or to keep from gaining weight?

- Yes........... [ ]
- No ............ [ ]

30. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

- Yes........... [ ]
- No ............ [ ]

31. Have you ever gone without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?

- Yes........... [ ]
- No ............ [ ]

32. Have you ever taken any diet pills, powders, or liquids without a doctor’s advice to lose weight or to keep from gaining weight
33. Have you ever vomited or taken laxatives to lose weight or to keep from gaining weight?

Yes........... F
No ............. F

34. How often do you weigh yourself?

Every day ............................................ F
Once a week ........................................ F
Once a month .................................... F
Less than once a month ....................... F
Never................................................. F

35. Which of the following are you trying to do about your weight?

Lose weight........................................ F
Gain weight......................................... F
Stay the same weight.......................... F
I am not trying to do anything about my weight .......... F

36. The next set of questions are about things that may have happened to you. For each question, please say whether or not this has happened to you in the last year:

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes, never</th>
<th>Yes, 1-2 times</th>
<th>Yes, 3-4 times</th>
<th>Yes, 5 times or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Been refused service at a store?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Been watched closely or followed around by security guards or store clerks at a store or shopping centre?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Been accused of something you didn’t do at school?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Been treated badly or unfairly by a teacher?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Had the feeling that someone was afraid of you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Had someone make a bad or insulting remark about you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Seen your parents or other family members treated unfairly?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36_2. Why do you think you (or your family) were treated this way. Was it because of:

Gender ........................................ F
Age............................................. F
Skin colour .................................. F
Nationality .................................. F
Ethnicity..................................... F
Where you live .............................. F

37. When you misbehave how often do your parents?

<table>
<thead>
<tr>
<th>Event</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain to you what you have done wrong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Ignore you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Slap or hit you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Shout at you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Send you out of the room or to your bedroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Stop your treats or pocket money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Give out to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Offer you treats to be good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Ground you</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C6  Child/Young Person Sensitive Questionnaire, Part 2
Once again, thank you for helping us with *Growing Up in Ireland*. Remember that 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.

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school?
   Yes ...................  No ...................

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?
   Yes ...................  No ...................

3. Have you ever discussed sex and/or relationship issues with your parent(s)?
   Yes ...................  No ...................

4. Where would you be MOST likely to go to get information or advice on sex or relationship issues (Tick one only)
   Nowhere....................................................
   Mum ........................................................
   Dad..........................................................
   Bother/sister ...........................................
   Aunts/ Uncles ...........................................
   Friends ..................................................
   Cousins ..................................................  
   Boyfriend/ Girlfriend .................................
   Teacher ..................................................
   Internet ..................................................
   Magazines ...............................................  
   Books ....................................................
   TV/ Films/ DVDs ........................................
   Other (please specify) ______________

5. Has your voice changed at all?
   No, it is the same ..................................
   Yes, occasionally it is a lot lower ...........
   Yes, it is now totally changed..................
   Not sure.................................................
6a. Girls can start their periods at different ages. Have you started your periods yet?

Yes ...........  \( \square \)  No ..............  \( \square \) – please go to Question 7

6b. What age were you when you had your first period? ______ years _______ months

ANTI-SOCIAL BEHAVIOUR

7. How often in the last year have you done any of the following? (Tick one box for each question)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Just once</th>
<th>2 to 5 times</th>
<th>6 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not paid the correct fare on a bus or train</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>2. Taken something from a shop or store without paying for it</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>3. Behaved badly in public so that people complained and you got into trouble</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>4. Stolen or ridden in a stolen car or a van or on a stolen motorbike</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>5. Taken money or something else that did not belong to you from school</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>6. Carried a knife or weapon with you in case it was needed in a fight</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>7. Deliberately damaged or destroyed property that did not belong to you (eg windows, cars, streetlights)</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>8. Broken into a house or building to steal something</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>10. Used force, threats or a weapon to get money or something else from somebody</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>11. Taken money or something else that did not belong to you from your home without permission</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>12. Broken into a car or van to steal something from it</td>
<td>( \square )</td>
<td>( \square )</td>
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</tr>
<tr>
<td>13. Deliberately set fire or tried to set fire to someone’s property or a building (e.g. school or shed)</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
<td>( \square )</td>
</tr>
<tr>
<td>14. Hit, kicked or punched someone on purpose in order to hurt or injure them</td>
<td>( \square )</td>
<td>( \square )</td>
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<td>( \square )</td>
</tr>
<tr>
<td>15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor</td>
<td>( \square )</td>
<td>( \square )</td>
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</tbody>
</table>

The people responsible for *Growing Up in Ireland* would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.

8. Have you ever been in trouble with the Gardai?

Yes........  \( \square \)  No ............  \( \square \)

9a. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)

Yes........  \( \square \)  No.........  \( \square \) – please go to Question 10a

9b. How old were you when you first smoked a cigarette?

8 years old or younger  \( \square \)  9 years old  \( \square \)  10 years old  \( \square \)  11 years old  \( \square \)  12 years old  \( \square \)  13 years old  \( \square \)

9c. How often do you smoke tobacco at present?

Everyday  \( \square \)  At least once a week but not every day  \( \square \)  Less than once a week  \( \square \)  I do not smoke  \( \square \)

9d. How many cigarettes do you usually smoke in a week? ________ cigarettes a week
10a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc…)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Please go to Question 11</th>
</tr>
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<tbody>
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</table>

10b. How old were you when you had your first drink of alcohol (other than just a few sips)?

<table>
<thead>
<tr>
<th>Age</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 years old or younger</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>9 years old</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>10 years old</td>
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<td>![ ]</td>
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<tr>
<td>11 years old</td>
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<tr>
<td>12 years old</td>
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<tr>
<td>13 years old</td>
<td>![ ]</td>
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</tbody>
</table>

10c. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc…)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Please go to Question 11</th>
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<tbody>
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</table>

10d. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Never</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Rarely</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Only on special occasions</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>At least once a month</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>At least once a week</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Every day</td>
<td>![ ]</td>
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</tbody>
</table>

10e. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, never</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Yes, once</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Yes, 2-3 times</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Yes, 4-10 times</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>Yes, more than 10 times</td>
<td>![ ]</td>
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</table>

11. Have you ever used marijuana? [Marijuana is also called ‘Cannabis’, ‘Grass’, ‘Weed’ or ‘Pot’]

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<tr>
<th>Yes</th>
<th>No</th>
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12. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays to get high?

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>![ ]</td>
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</table>

13. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?

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<tr>
<th>Yes</th>
<th>No</th>
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</table>

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.

If you would like to talk to someone about any of the activities mentioned in this questionnaire let the interviewer know. This may involve talking to your parents/guardians about the matter.
C7 Child/Young Person Questionnaire on Relationship with Mum/Dad/Mum’s Partner / Dad’s Partner
Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

We would now like to ask you some questions about your Mum

1. How well do you get on with your Mum?
   - Very well
   - Fairly well
   - You and your Mum do not get on

2. My Mum doesn’t really like me to tell her my troubles
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

3. My Mum hardly ever praises me for doing well
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

4. I can count on my Mum to help me out if I have a problem
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

5. My Mum spends time just talking to me
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

6. My Mum and I do things that are fun together
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

7. My Mum tells me that her ideas are correct and that I shouldn’t question them
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

8. My Mum respects my privacy
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

9. My Mum gives me a lot of freedom
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree
10. My Mum makes most of the decisions about what I should do  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>I'm in between</th>
<th>Agree</th>
<th>Strongly agree</th>
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11. My Mum believes I have a right to my own point of view  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>I'm in between</th>
<th>Agree</th>
<th>Strongly agree</th>
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12. My Mum really expects me to follow family rules  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>I'm in between</th>
<th>Agree</th>
<th>Strongly agree</th>
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13. My Mum really lets me get away with things  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>I'm in between</th>
<th>Agree</th>
<th>Strongly agree</th>
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14. If I don’t behave myself, my Mum will punish me  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>I'm in between</th>
<th>Agree</th>
<th>Strongly agree</th>
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15. My Mum points out ways I could do better  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>I'm in between</th>
<th>Agree</th>
<th>Strongly agree</th>
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16. When I do something wrong, my Mum does not punish me  

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>I'm in between</th>
<th>Agree</th>
<th>Strongly agree</th>
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</table>
Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

**We would now like to ask you some questions about your Dad**

1. **How well do you get on with your Dad?**
   - Very well
   - Fairly well
   - You and your Dad do not get on

2. **My Dad doesn’t really like me to tell him my troubles**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

3. **My Dad hardly ever praises me for doing well**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

4. **I can count on my Dad to help me out if I have a problem**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

5. **My Dad spends time just talking to me**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

6. **My Dad and I do things that are fun together**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

7. **My Dad tells me that his ideas are correct and that I shouldn’t question them**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

8. **My Dad respects my privacy**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

9. **My Dad gives me a lot of freedom**
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree
10. My Dad makes most of the decisions about what I should do

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

11. My Dad believes I have a right to my own point of view

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

12. My Dad really expects me to follow family rules

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

13. My Dad really lets me get away with things

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

14. If I don't behave myself, my Dad will punish me

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

15. My Dad points out ways I could do better

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

16. When I do something wrong, my Dad does not punish me

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

**We would now like to ask you some questions about your step Dad or your Mum's boyfriend who lives at home with you**

1. **How well do you get on with him?**
   - Very well
   - Fairly well
   - You and your Dad do not get on

2. **He doesn’t really like me to tell him my troubles**
   - Strongly disagree
   - Disagree
   - I'm in between
   - Agree
   - Strongly agree

3. **He hardly ever praises me for doing well**
   - Strongly disagree
   - Disagree
   - I'm in between
   - Agree
   - Strongly agree

4. **I can count on him to help me out if I have a problem**
   - Strongly disagree
   - Disagree
   - I'm in between
   - Agree
   - Strongly agree

5. **He spends time just talking to me**
   - Strongly disagree
   - Disagree
   - I'm in between
   - Agree
   - Strongly agree

6. **He and I do things that are fun together**
   - Strongly disagree
   - Disagree
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   - Agree
   - Strongly agree

7. **He tells me that his ideas are correct and that I shouldn’t question them**
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9. **He gives me a lot of freedom**
   - Strongly disagree
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10. He makes most of the decisions about what I should do

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

11. He believes I have a right to my own point of view

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

12. He really expects me to follow family rules

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

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15. He points out ways I could do better

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree

16. When I do something wrong, he does not punish me

Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

We would now like to ask you some questions about your step-Mum or your Dad’s girlfriend who lives at home with you.

1. **How well do you get on with her?**
   - Very well
   - Fairly well
   - You and your mum do not get on

2. **She doesn't really like me to tell her my troubles**
   - Strongly disagree
   - Disagree
   - I'm in between
   - Agree
   - Strongly agree

3. **She hardly ever praises me for doing well**
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11. She believes I have a right to my own point of view

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12. She really expects me to follow family rules

<table>
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C8 Early School-Leaver’s Questionnaire
Welcome to the Growing Up in Ireland study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13 year old in Ireland today. You are one of 8,500 13-year-olds who are taking part in this survey. Your answers will help 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.

Q1. Are you attending school?  
Yes.............................................. □  End Questionnaire  
No.............................................. □

Q2. When did you leave school?  
Month______ Year ________ [SCHOOL LEAVING DATE]

Q3. What year were you in when you left school?

<table>
<thead>
<tr>
<th>During primary school</th>
<th></th>
<th>Moving from primary to secondary</th>
<th></th>
<th>First year</th>
<th></th>
<th>Second year</th>
<th></th>
<th>Other (specify)</th>
<th></th>
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<tbody>
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</table>

Q4. What were the main factors influencing you to leave school before the Leaving Cert? [Tick all that apply]

<table>
<thead>
<tr>
<th>Found school work difficult</th>
<th>Other school related factors (specify)</th>
<th>Found school work boring/not interesting</th>
<th>Health factors (own illness/disability)</th>
<th>Didn’t get on with teachers</th>
<th>Other economic/job factors (specify)</th>
<th>Didn’t get on with other students</th>
<th>Other reasons (specify)</th>
<th>Suspended from school</th>
<th>Expelled from school</th>
</tr>
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<tbody>
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<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Q5. Thinking back to your last year of formal second level please say whether you agree or disagree with each of the following statements? [Show Card]

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
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<tr>
<td>5.</td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
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<tr>
<td>8.</td>
<td></td>
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<tr>
<td>9.</td>
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<tr>
<td>10.</td>
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<tr>
<td>11.</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
</tr>
</tbody>
</table>
Q6a. Again thinking back to your last year of formal school how often did you skip lessons (or ‘mitch’ or ‘go on the hop’)?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never</th>
<th>A lesson here and there</th>
<th>A day here and there</th>
<th>Several days at a time</th>
<th>Weeks at a time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Q6b. About how many days altogether would you have missed through skipping lessons (‘mitching’ or ‘going on the hop’) in your final year of school?

________________________ (days)

Q7a. Again thinking back to your last year of formal school, how often did you miss lessons for any other reason, such as illness, disability, extended holiday, etc.?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never</th>
<th>A lesson here and there</th>
<th>A day here and there</th>
<th>Several days at a time</th>
<th>Weeks at a time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Q7b. About how many days altogether would you have missed or any of these other reasons in your last year of school?

________________________ (days)

Q8. Did any of your friends leave school at around the same time?

Yes................................... ☐
No..................................... ☐

Q9. What might have helped you stay in school longer?

Better relationship with Teachers ................................................... ☐
Support from Parents ........................................................................ ☐
If my friends stayed............................................................................ ☐
Help with class work and homework.................................................. ☐
Nothing / I just didn’t want to stay in school..................................... ☐
Other .................................................................................................... ☐

Q10. Use the six-point scale to indicate how true (like you) or how false (unlike you), each statement is as a description of your.

<table>
<thead>
<tr>
<th>Statement</th>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mathematics was one of my best subjects.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. I was hopeless in English classes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. People came to me for help in most school subjects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. I often needed help in Mathematics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. I looked forward to English classes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. I was too stupid at school to get into a good university</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. I looked forward to Mathematics classes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. I did badly at tests that needed a lot of reading</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. If I worked really hard I could have been one of the best students in my school year.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. I had trouble understanding anything with Mathematics in it.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Work in English classes was easy for me.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. I got bad marks in most school subjects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. I enjoyed studying for Mathematics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. I was not very good at reading.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. I learned things quickly in most school subjects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. I did badly in tests of Mathematics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>17. English was one of my best subjects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>18. I was stupid at most school subjects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. I got good marks in Mathematics</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. I hated reading</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>21. I did well in most school subjects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. I never wanted to take another Mathematics course</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23. I got good marks in English</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
24. I had trouble with most school subjects

<table>
<thead>
<tr>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

25. I had always done well in Mathematics

<table>
<thead>
<tr>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

26. I was good at most school subjects

<table>
<thead>
<tr>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. I hated Mathematics

<table>
<thead>
<tr>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. I learned things quickly in English classes

<table>
<thead>
<tr>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. Most school subjects were just too hard for me

<table>
<thead>
<tr>
<th>False, not like me at all</th>
<th>Mostly false</th>
<th>More false than true</th>
<th>More true than false</th>
<th>Mostly true</th>
<th>True, it is very much like me</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Q11. Thinking back to when you were in school could you tell me whether or not you held a part-time job or jobs during term-time while you were still at school?

Yes, held a part-time job ..............................................

No .................................................................

Q12. Since leaving school, have you taken part in any form of education or training at a college or institution?

Yes, full-time .........................................................

Yes, part-time ..........................................................

No .................................................................

Q13a. Did you finish this course? (If you have done more than our course, please answer in terms of the last course you took.)

Yes .................................................................

No, I am still doing the course ..................................

No, I left without finishing it ..................................

Q13b. How long were you/have you been on this course? ________________

Q13c. Please give the name of the course

___________________________________________________________________________

___________________________________________________________________________

Q14. Which of the following would best describe your current situation?

- Working for payment ..................................................
- Working for family ....................................................
- Unemployed, having lost or given up previous job ..........
- Looking for first regular job since leaving school ...........
- Student/on a training course ........................................
- Engaged in home duties ..............................................
- Unable to work due to permanent disability or illness ....
- Other (please specify) ________________________________

Q15. What are your plans for the future?

- Continue as I am ....................................................
- Go back to second-level school ................................
- Get an apprenticeship ............................................
- Get on a training course ...........................................
- Get a paid job ......................................................
- Look after my family ..............................................
- Leave the country ..................................................
- Other (please specify) ________________________________

Q16. If you intend to return to school, what is the highest qualification you expect to get by the time you finish your education?

- Junior Cert ..........................................................
- Leaving Cert .......................................................}

Certificate or Diploma (including plc., apprenticeship) ......

Degree or higher degree ..........................................


Q17. Looking to the future when you have finished your education, what job would you like to have

(a) If you had your choice, what job would you really like to get?

(b) If you couldn’t get that job, what job do you think you will get?

(c) What do you see yourself doing in 15 years time when you are 28 years old?

Q18. And where you would like to be and what you would like to be doing when you are 21 years old?

<table>
<thead>
<tr>
<th>Would you like to</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live in this area...........................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Live abroad ..................................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Be married.....................................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Have children..................................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Be studying in university or college. ......................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Have a job......................................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
</tbody>
</table>

Thank you very much for having completed this part of *Growing Up In Ireland*
C9 Non-resident Parent Questionnaire
Growing Up in Ireland – national longitudinal study of children
Strictly Confidential

Non Resident Parent Questionnaire

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 a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child?  _____ days  _____ weeks  _____ months

Q2. How many nights do you and the study child spend together in a typical month?  _____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month?  _____ days

Q4. How long does a typical contact occasion last?  _____ days or  _____ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

Nowhere near enough  Not quite enough  About right  A little too much  Way too much

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments ........................................... 1  Other parent is uncooperative ............................. 4
Commitments to other family/new partner.............. 2  Court-imposed custody rules .............................. 5
Physical distance between self and child .............. 3  Other ............................................................. 8

Q7. When you are spending time with the study child, where do you tend to bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

<table>
<thead>
<tr>
<th>Location</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>At your home</td>
<td></td>
</tr>
<tr>
<td>At the other parent’s home</td>
<td></td>
</tr>
<tr>
<td>At another relative’s home (e.g. child’s grandparents)</td>
<td></td>
</tr>
<tr>
<td>Recreational/amenity area (e.g. park, swimming pool)</td>
<td></td>
</tr>
<tr>
<td>Shopping centre /cinema /McDonald’s etc</td>
<td></td>
</tr>
<tr>
<td>Specific events (e.g. football match)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child

Court-imposed arrangements .............................................
Formal, negotiated arrangements other than legal (e.g. counsellor) ....
Mutual arrangement with no third party negotiator ................................
No regular arrangements ..........................................................

Q9. Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please the rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

<table>
<thead>
<tr>
<th>Rank</th>
<th>Showing my child love and affection</th>
<th>Taking time to play with my child</th>
<th>Taking care of my child financially</th>
<th>Giving my child moral and ethical guidance</th>
<th>Making sure my child is safe and protected</th>
<th>Teaching my child and encouraging his or her curiosity</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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</tbody>
</table>

Q10. Do you use any of the following to communicate with the study child? Please tick all that apply

Landline phone .............................................................
Mobile phone ..............................................................
Internet chat-room ......................................................
MSN Messenger or similar .............................................
Email ............................................................................
Social networking sites (e.g., Facebook) ...........................
Other ...........................................................................

Q11. How many hours of communication, outside of personal visits, do you have with the study child in a typical month? (Your best estimate is fine) ______ number of hours

Q12. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please tick one box to indicate a rating of between 1 and 5, where ‘1’ is “excellent” and ‘5’ is “very poor”.

Excellent | Very Poor
1 | 2 | 3 | 4 | 5

Q13. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

<table>
<thead>
<tr>
<th>Task</th>
<th>Every day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Several times a year</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a meal for the child at home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put the child to bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help the child with his/her homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take the child to doctor /dentist /hairdresser etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take the child to or from school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q14. Do you pay anything directly towards the rent or mortgage due on the child’s home (i.e. the house or apartment where the child resides with his or her mother, NOT your own home)?

Yes, I pay the full amount due ........................................
Yes, I pay a contribution ................................................
No, I don’t pay towards the rent or mortgage directly ....
There is no rent or mortgage owing on the home ...........

Q15. If you pay all or part of the mortgage or rent, how much do you pay per month? €___________ per month
Q16. Do you provide financial support to the child’s mother (other than a direct rent or mortgage payment)?

Never … □₁
Yes........ □₂ REGULAR payment of €___________ per month (excluding direct rent/mortgage payment)
Yes........ □₃ an IRREGULAR payment, as required (e.g. back to school) to the approximate value of € _________ per year

Q17. If you give a regular payment as in Q16 above, how did you decide on the amount/schedule?

(please tick one box only)

Your decision ........................................ □₁
Mutual agreement with mother .................. □₂
Legally imposed arrangement .................. □₃

Q18. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never ........ □₁ Yes, occasionally ........ □₂ Yes, frequently ........ □₃

Q19. What was the status of your relationship with the study child’s mother when she became pregnant with the study child? (Please tick one box only).

Married and living together ......................... □₁ Go to Q20
Cohabiting/living as married ..................... □₂ Go to Q20
Separated ............................................... □₃ Go to Q20
Divorced ................................................ □₄ Go to Q20
Going out but not living together ............... □₅ Go to Q20
Just friends ............................................ □₆ Go to Q21
No relationship ....................................... □₇ Go to Q21

Q20. What age was the study child when you separated or split up with the study child’s mother for the first time?

AGE ________ years and ________ months OR Separated before birth ......................... □₁

Q21. Are you named on the study child’s birth certificate?

Yes...................................................... □₁ No ......................... □₂ Not sure ....................... □₃

Q22. If you have never been married to the Study Child’s mother have you ever applied for guardianship of Study Child? If you were married, please go to Q24

No ...... □₁ Yes, through mother only .... □₂ Yes, through court .... □₃

Q23. If yes, was this application successful? Yes...... □₁ No...... □₂ Ongoing...... □₃

Q24. How often do you talk about the Study Child with the Study Child’s mother?

Every day .............................................. □₁
Several times a week ............................. □₂
About once a week ............................... □₃
A few times a month ............................ □₄
Several times a year ............................. □₅
Not at all .............................................. □₆

Q25. How well do you get on with the Study Child’s mother? Would you say your relationship is . . .?

Very positive □₁ Somewhat positive □₂ Neutral □₃ Somewhat negative □₄ Very negative □₅
Q26. Often parents have to make major decisions concerning the child, such as about education. Please indicate the degree of influence you feel you have in major decisions concerning the study child’s:

- Discipline ..........................................
- Health care ........................................
- Education ...........................................
- Values and attitudes ................................

A lot of influence Some influence No influence

 Finally, we just have a few questions about you.

Q27. What is your date of birth?

Day [ ] Month [ ] Year [ ]

Q28. How old were you when your first ever child was born? _______ years

Q29. How would you describe your current employment status?

- Working for payment or profit ........................................
- Looking for first regular job ........................................
- Unemployed ........................................
- Student or pupil ........................................
- Looking after home/family ........................................
- Retired from employment ........................................
- Unable to work due to permanent sickness or disability ........................................
- Other (please specify) ........................................

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

___________________________________________________________________________________________________

Q31. What is the highest level of education that you have completed? (Please tick one box only)

- No formal education ........................................
- Primary ........................................
- Junior Cert. or equivalent ........................................
- Leaving Cert. or equivalent ........................................
- Trade Qualification ........................................
- Certificate ........................................
- Diploma ........................................
- Degree ........................................
- Postgraduate Degree ........................................

Q32. Which of the following best describes your current marital status?

- Single ........................................
- First marriage ........................................
- Remarried following divorce ........................................
- Separated ........................................
- Divorced ........................................
- Widowed ........................................
- Remarried following Widowhood ........................................

Q33. Are you currently living with a partner?

Yes ........................................
No ........................................ Go to Q35

Q34. If yes, how long have you been in this relationship? _______ years or _______ months

Q35. How many other children (not including the study child) do you have?

None ................. by same parent as Study Child by a different partner(s)

Q36. What is your nationality?

___________________________________________________________________________________________________

Q37. If you are NOT Irish, how long have you been living in Ireland? _______ years OR _______ months

Q38. How would you describe your general state of health?

Excellent ................. Very good ................. Good ................. Fair ................. Poor .................

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
Pilot Extension
Appendices D & E
Appendix D: Introductory letters, Information Sheets, Consent and Assent Forms
D1 Introductory Letter to Parents
Dear «PCG_title» «PCG_sn»,

We are writing to you about the Growing Up in Ireland study. As you may remember, your family participated in this study almost four years ago.

At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

Growing Up in Ireland is the first and most important study of its kind ever to take place in this country. As well as improving our understanding of children and their development it will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

As with your first interview, taking part in Growing Up in Ireland is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, to explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the Growing Up in Ireland team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

(Remark: Please note that the names «PCG_title», «PCG_fn» and «PCG_sn» are placeholders for actual names, and «ref» is a placeholder for the reference code.)

(Remark: The text is marked as 13-year, indicating it is aimed at children aged 13.)

(Remark: The text includes contact information and other relevant details, which are not shown here due to the nature of the placeholder names and reference code.)

(Remark: The text includes a signature and contact information, which are not shown here due to the nature of the placeholder names and reference code.)
D2 Information Sheet for Parents
Almost four years have now passed since you and your family kindly agreed to be part of the *Growing Up in Ireland* Study. As you know, *Growing Up in Ireland* is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

We would now like to re-interview you to find out how your child has grown and changed since our last visit, almost four years ago.

**A reminder about what *Growing Up in Ireland* is all about…**

*Growing Up in Ireland* is a national, Government funded study of children and is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

This information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

**What has been happening since our last visit?**

A total of 8,500 nine-year-old children and their families were interviewed for the first phase of *Growing Up in Ireland* and the first report on this part of the study was published in December 2009.

We have also been busy interviewing the families of 11,000 nine month old infants who are also taking part in the study and a report on that part of the study was published in November 2010.

Don’t forget that you can keep up-to-date with all of our publications on our website, [www.growingup.ie](http://www.growingup.ie)

**Why should my family take part in the follow-up interview?**

Your continued participation in the study is crucial to help get the most benefit from this research. The real value of this study will come in having more information on the same children as it will help us to better understand the changes which take place in children’s lives as they grow and, very importantly, why children grow and develop at different rates.

The information collected during the first round of interviews in the main study will be included in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.
Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview. An interviewer will contact you to arrange a visit to your home at a time which is convenient for you and your family. As with your first interview, this can be on a week day, in the evening time if that suits, or during the weekend.

When the interviewer visits your home, you, your child and your spouse/partner (if relevant) will each be asked to fill out separate questionnaires with the interviewer. With your consent we would also like to administer a short assessment test to your child. This is a standard assessment used very widely in research with children. It is very straightforward to complete. The results of this test will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or anyone outside the Study Team. The visit to your home will last about 2 ½ hours.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

Confidentiality

As with the previous interview, all the information given to the Growing Up in Ireland interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your child will not be seen by anyone else in your family – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.

The information you provide will have your name, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:
- your child’s health and education
- his/her emotional health and wellbeing
- your own health
- your family life and experiences as a parent

You child will be asked questions about:
- his/her home and school life
- interest and activities he/she enjoys
- his/her relationship with you, siblings and friends.

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family’s income, your relationship with your partner (if relevant) and so on. The interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years’ time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is 15 years old.

In the meantime we will keep you up to date on the progress of the study results and the possibility of a further interview through our newsletter *GUI News*.

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). S/he is an Officer of Statistics appointed by the Central Statistics Office and is similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Siochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the Growing Up in Ireland team at 01- 8632000.
What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.

- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Just as before, taking part in *Growing Up in Ireland* is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

**Phone:** Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the *Growing Up in Ireland* team

**Visit our website:** [www.growingup.ie](http://www.growingup.ie)
**Email:** Email us at growingup@esri.ie

**Post:**
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
D3  Child/Young Person’s Information Sheet
Hey there!

When you were nine years old you and your parents agreed to take part in a very important project called Growing Up in Ireland. You were one of 8,500 children from across Ireland picked to be part of the study.

You may remember an interviewer from the project calling to your home to ask you some questions about what your life was like and also speaking to your mum and dad about what life as a parent is like.

Now that you have turned 13 years old, we would like to talk to you and your parents again about how things have changed in the last four years – you are much older now, have changed schools and probably have some different interests and hobbies. We would like to find out all about these changes that have taken place.

This information leaflet will remind you about what Growing Up in Ireland is about and what will happen if you agree to take part again. When you have read it, chat to you parents about what you think!

What’s Growing Up in Ireland all about?

Growing Up in Ireland or ‘GUI’ is a very important study that aims to to find out lots of information about children and young people living in Ireland. The Government has asked us to carry out this exciting project to find out exactly what it is like to be a young person growing up in Ireland today. We think the best way to find this out is to ask young people just like you. So we have picked 8,500 young people from all over the country and are collecting lots of information from them.

Why does the Government need to find out about young people?

This project is really important as it will help the Government to make better decisions about things that affect young people and to make life better for all the young people and their families in the country.

Why was I picked?
All the young people picked to take part in Growing Up in Ireland were chosen at random. This was the best way to make sure we included young people from all different kinds of families and from all different parts of the country. That way we can get a complete picture of what it is like to be a young person from any part of Ireland today.

What will it tell us?
The study will provide us with lots of information about young people’s social and physical development, their education, their family, what they do with their friends, their health and so on.

The information collected will be used to advise the Government on future policies and services which will be of most benefit for young people and their families and which will help ensure that all families and young persons can have the best possible outcomes in life.
**Will this information be kept confidential?**
All the information provided by you will be treated as strictly confidential, and private and will not be seen by anyone else unless the information provided causes the people running the study to be concerned about you, when they might have to tell someone who can help.

**What are my rights if I take part?**
- You **may choose to withdraw from the study at any time, even after you have completed the questionnaire**.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

**Your participation counts.**
Taking part in *Growing Up in Ireland* is voluntary. The participation of young people like you will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand what it is like to be a young person in Ireland today.

We hope that you will be able to help us in our work and we would like to thank you for your time completing our questionnaires.

**Where can I find out more information?**

**Phone:** Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the *Growing Up in Ireland* team

**Visit our website:** [www.growingup.ie](http://www.growingup.ie)
**Email:** Email us at [growingup@esri.ie](mailto:growingup@esri.ie)

**Post:**
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
D4 Parent Consent Form
PARENT’S/GUARDIAN’S CONSENT FORM

Name of Child: ___________________________ Child’s Date of Birth: ___________________________

(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the Growing Up in Ireland study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child, my child’s other parent and my spouse or partner (where different) and my child’s school Principal.
- I understand that the information provided by me and my family will have our names, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my child on the questionnaires or in direct interview questions, by my spouse/partner (if relevant), by my child’s other parent (where different) or by my child’s school Principal or teacher.
- I understand that if the interviewer observes anything which causes the people running the study concern about the welfare of the Study Child they may have to tell someone who can help.
- I understand that the results of the child’s school tests and assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that, because this study looks at children’s development over time, I and my child may be asked to participate in a follow-up study in a few years time.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: ___________________________

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: ___________________________________________________________

(BLOCK CAPITALS PLEASE)___________________________________________________________

Signature of Parent / Guardian: ___________________________ Date: _______________________

Contact telephone: __________________

If relevant:
Name of parent/guardian not resident in your household: _______________________________

(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: ______________________________

(BLOCK CAPITALS PLEASE)___________________________________________________________

Signature of parent/guardian not resident in your household: ___________________________

Date: ___________________________ Contact telephone: ___________________________
D5  Child/Young Person’s Assent Form
YOUNG PERSON’S ASSENT FORM

Name: ____________________________________________

Date of Birth: _______________________________________

School Name: __________________________________________
(CAPITALS LETTERS PLEASE)

- I would like to take part in the Growing Up in Ireland study. I have been given and have read the information leaflet and have talked to my parents about taking part.

- I understand my parents (or whoever looks after me) will also be interviewed about themselves and me.

- I understand that all the information I give on the questionnaire in answer to direct interview questions is strictly confidential and private and will not be seen by anyone else.

- I understand that if the interviewer observes anything which causes the people running the study to have concern about my welfare they may have to tell someone who can help.

- I understand that I do not have to answer any questions that I do not want to.

- I understand that I can stop taking part in the study at any time.

Signature: ____________________________________________ Date: ____________________

AREA: ________  H’HOLD: ________
D6 Parental Consent Form for Young Person Sensitive
PARENT’S /GUARDIAN’S CONSENT FORM – Child Sensitive Questionnaire

Name of Child: ___________________________ Child’s Date of Birth: ___________________________
(BLOCK CAPITALS PLEASE)

In respect of the Child Sensitive Questionnaire:

- I consent to my child completing the questions in the Child Sensitive Questionnaire.
- I agree that the interviewer has provided me with a full and comprehensive explanation of the purpose and structure of the Child Sensitive Questionnaire and has shown me a copy of the blank questionnaire.
- I agree that I have been given an opportunity to ask any questions I may have in relation to the Child Sensitive Questionnaire, and that these questions have been answered to my satisfaction.
- I understand that neither I nor my spouse/partner (where relevant) will have access to the information given by my child in this questionnaire.
- I understand I will receive no feedback on the information which my child provides in answering this questionnaire unless my child specifically asks for help or assistance in regard to matters raised or the information provided by them causes the people running the study to be concerned.
- I understand that, as with all other parts of the Growing Up in Ireland study, the information collected as part of this questionnaire is strictly confidential and can be used only for research purposes.

Name of Parent/Guardian: ___________________________
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: ___________________________________________________________

(BLOCK CAPITALS PLEASE) ___________________________________________________________

Signature of Parent / Guardian: _________________ Date: ___________________________

Contact telephone: __________________

If relevant:
Name of parent/guardian not resident in your household: ___________________________
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _________________________________________

(BLOCK CAPITALS PLEASE) ___________________________________________________________

Signature of parent/guardian not resident in your household: ___________________________

Date: __________________ Contact telephone: __________________

GROUP: _______ HHOLD: _______
D7  Family Structure Prompt Card
<table>
<thead>
<tr>
<th>Family Situation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Mother and Father together (biological / adoptive)</td>
<td>M and D</td>
</tr>
<tr>
<td>B. Mother and her partner – where Study Child has had contact with biological Father within the last 12 months</td>
<td>M, MP and D</td>
</tr>
<tr>
<td>C. Mother and her partner – where Study Child has NOT had contact with biological Father within the last 12 months</td>
<td>M and MP</td>
</tr>
<tr>
<td>D. Mother with no partner – where Study Child has had contact with biological Father within the last 12 months</td>
<td>M and D</td>
</tr>
<tr>
<td>E. Father and his partner – where Study Child has NOT had contact with biological Mother within the last 12 months</td>
<td>M, DP and D</td>
</tr>
<tr>
<td>F. Father and his partner – where Study Child has had contact with biological Mother within the last 12 months</td>
<td>D, DP and M</td>
</tr>
<tr>
<td>G. Father and his partner – where Study Child has NOT had contact with biological Mother within the last 12 months</td>
<td>D and DP</td>
</tr>
<tr>
<td>H. Father with no partner – where Study Child has had contact with biological Mother within the last 12 months</td>
<td>D and M</td>
</tr>
<tr>
<td>I. Father with no partner – where Study Child has NOT had contact with biological Mother within the last 12 months</td>
<td>D</td>
</tr>
</tbody>
</table>

There are many different types of Family Situation. Could you please tell me which one best describes your Family Situation.
Appendix E: Questionnaires used in Home-based Fieldwork
E1  Primary Caregiver Main Questionnaire
We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

Section A – Household Composition

A1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at time 1>. Is <primary caregiver at time 1> still resident in the household?]

Yes ........................................  No.................................

A1b. Do you have a spouse/partner who lives here with you in the household?

Yes ........................................  No.................................

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

Go to A7a
A2. ***The name, sex, date of birth, and relationship of each person to the <primary respondent at time 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.***

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Still resident?</th>
<th>Relationship of each member to PCG and child</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R'SHIP TO: A2E1</th>
<th>R'SHIP TO: A2E2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Study Child</td>
</tr>
</tbody>
</table>

Interviewer: Primary Caregiver should be on line 1. Study Child should be on line 2. Secondary Caregiver on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 1 - ADD THEM TO THE NEW GRID BELOW]

A3. Has anyone else joined the household since we last spoke and is currently living with you?

Yes ...................... .. No.......................... Go to A4

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]
A4. So that's a total of _____ people who live here in the household at present. Is that correct?

Yes .................................................. No .................................................. → [INT: Check Household Grid]

[ASK ONLY IF <TIME 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.

A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes .................................................. No .................................................. → [BLAISE INSTRUCTION - END OF THE INTERVIEW]

A6a. Why is that?

A6b. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes .................................................. No .................................................. → [BLAISE INSTRUCTION - NO SECONDARY CARER QUESTIONNAIRE]

A6c. We would also like to interview you as the secondary caregiver of child on this occasion. Is that ok?

Yes .................................................. No .................................................. → [BLAISE INSTRUCTION - END OF THE INTERVIEW]

IF PRIMARY CAREGIVER FROM TIME 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:

A6d. [Card A6d] Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological mother/father</td>
<td>1</td>
</tr>
<tr>
<td>Adoptive mother/father</td>
<td>2</td>
</tr>
<tr>
<td>Step-mother/Step-father</td>
<td>3</td>
</tr>
<tr>
<td>Foster mother/father</td>
<td>4</td>
</tr>
<tr>
<td>Grand parent</td>
<td>5</td>
</tr>
<tr>
<td>Aunt/uncle</td>
<td>6</td>
</tr>
<tr>
<td>Other relative/in law</td>
<td>7</td>
</tr>
<tr>
<td>Unrelated guardian</td>
<td>8</td>
</tr>
</tbody>
</table>

Go to A9a

IF NEW HOUSEHOLD ENTRANT AT TIME 2 IDENTIFIES HIM/HERSELF AS THE PCG OF CHILD THEN ASK A6d

A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?

Yes .................................................. No .................................................. → [INT: Ask to speak to PCG]

A7b. [Card A7b] Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological mother/father</td>
<td>1</td>
</tr>
<tr>
<td>Adoptive mother/father</td>
<td>2</td>
</tr>
<tr>
<td>Step-mother/Step-father</td>
<td>3</td>
</tr>
<tr>
<td>Foster mother/father</td>
<td>4</td>
</tr>
<tr>
<td>Grand parent</td>
<td>5</td>
</tr>
<tr>
<td>Aunt/uncle</td>
<td>6</td>
</tr>
<tr>
<td>Other relative/in law</td>
<td>7</td>
</tr>
<tr>
<td>Unrelated guardian</td>
<td>8</td>
</tr>
</tbody>
</table>

A7c. Do you have a spouse/partner who lives here with you in the household?

Yes .................................................. No ..................................................
A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? _________ persons

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Was this Person Resident at time 1?</th>
<th>R'SHIP TO: Card A2E1</th>
<th>R'SHIP TO: Card A2E2</th>
<th>Relationship of each member to mother and child.</th>
<th>Not yet at school</th>
<th>School/Training</th>
<th>Unemployed</th>
<th>Retired</th>
<th>Home Duties</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td></td>
<td>M</td>
<td></td>
<td>Y</td>
<td>1</td>
<td></td>
<td></td>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td>Study Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A8b. Was that person born into the household or did they join for another reason?

- Born into the household ......................... [ ]
- Joined for another reason (specify) ........... [ ]

A8c. Since when has this person been living here in the household? ____ month ____ year

Go to A9a

A9a. Does the study child have any brother(s) or sister(s) who live outside the household? Please include full, half or step brothers or sisters?

- Yes ........................................... [ ]
- No ............................................ [ ]

A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? ____ n

A9c. For each full/half/step brother/sister who lives outside the household, can you tell me:

1) their gender
2) their Date of Birth (DOB)
3) their relationship to <child>

1. [ ] Male [ ] Female [ ] Date of Birth [ ]/ [ ]/ [ ] Relationship to <child> SHOW CARD A9c
2. [ ] Male [ ] Female [ ] Date of Birth [ ]/ [ ]/ [ ] Relationship to <child> SHOW CARD A9c
3. [ ] Male [ ] Female [ ] Date of Birth [ ]/ [ ]/ [ ] Relationship to <child> SHOW CARD A9c
Now I would like to ask you a few questions regarding the Study Child’s health.

B. CHILD’S HEALTH

B1. [Card B1] In general, how would you describe <child’s> health in the past year?

Very healthy, no problems .................................................................☐
Healthy, but a few minor problems ....................................................☐
Sometimes quite ill ............................................................................☐
Almost always unwell ......................................................................☐

B2. Does <child> have any on-going chronic physical or mental health problem, illness or disability?

Yes .................. ☐
No ...................... ☐

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[Int: Please record diagnosis, not symptoms of the problem]
___________________________________________________________________________
___________________________________________________________________________

B4. Has this problem, illness or disability been diagnosed by a medical professional?

Yes .................. ☐
No ...................... ☐

B5. Since when has <child> had this problem, illness or disability? ______(mth) _____(year)

B6. Is <child> hampered in his/her daily activities by this problem, illness or disability?

Yes, severely .............. ☐
Yes, to some extent ............ ☐
No ......................... ☐

B7. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes .................. ☐
No ...................... ☐

B8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? ______ N

B9. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes .................. ☐
No ...................... ☐

B10. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes .................. ☐
No ...................... ☐

B11. How many separate accidents has <child> ever had that required hospital treatment or admission?

________________________ accidents

B12. How many of these accidents involved bone fractures or breaks?

________________________

B13. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth) [INTERVIEWER: IF NONE, ENTER ‘0’ – DO NOT LEAVE BLANK] ________ nights

B14. In the last 12months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? [INTERVIEWER: IF ‘NONE’ ENTER ‘0’ DO NOT LEAVE BLANK] ________ visits

B15. [Card B15] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child’s> physical, emotional or mental health? [Int. if ‘none’ write ‘0’ do not leave blank] N times Don’t know Refused

A general practitioner (GP) ............................................................... ☐
Another medical doctor e.g. in a hospital ....................................... ☐
Other professional, psychologist, psychiatrist, counsellor etc. ....... ☐
A social worker ............................................................................. ☐
B17. [Card B17] Which of the following best describes how regularly <child> visits the dentist?

- At least once a year ........................................ 1
- Once every two years ........................................ 2
- Once every three years ....................................... 3
- Only when there is a problem ................................ 4
- Never/almost never ......................................... 5

B18. Has <child> ever had:

(a) Any teeth filled? ........................................... Yes 1  No 2
(b) Any teeth pulled? .......................................... Yes 1  No 2

B19. Does <child> usually have breakfast at home before going to school?

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

B20. [Card B20] Which of these best describes <child’s> weight?

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Very underweight ........................................... 1
- Moderately underweight .................................... 2
- Slightly underweight ........................................ 3
- About the right weight ..................................... 4
- Slightly overweight ......................................... 5
- Moderately overweight ..................................... 6
- Very overweight ............................................ 7

B21. [Card B21] How far away is the school from your home (one-way distance)?

- Less than ½ mile (1km) ...................................... 1
- ½ to less than 1 mile (1-2km) ............................. 2
- 1-5 miles (2-8km) ........................................... 3
- More than 5 miles away (8km) .......................... 4
- Attends boarding school .................................. 5

B22. [Card B22] How does <child> usually go to school?

1. He/she walks ............................................... 1
2. By public transport ........................................ 2
3. School bus/coach .......................................... 3
4. By car ....................................................... 4
5. Rides a bicycle ............................................ 5
6. Other (please describe) ................................. 6

C. RESPONDENT’S HEALTH

Now I’d like to ask you some questions about your own health.

C1. [Card C1] In general, how would you say your current health is?

- Excellent .................................................... 1
- Very Good .................................................. 2
- Good ......................................................... 3
- Fair ............................................................. 4
- Poor ........................................................... 5
C2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ............ No

C3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
[Int. please record diagnosis – not symptoms of the problem.]

____________________________________________________________________________________
____________________________________________________________________________________

C4. Since when have you had this problem, illness or disability? ________(mth) _____(year)

C5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely ....... Yes, to some extent .......... No

C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?

In the past ............ Currently ........ No

C7. Thinking about your free-time, in general would you say you are...

Very physically active ....................
Fairly physically active ...................
Not very physically active...............
Not at all physically active ............

C8. [Card C8] Do you think that you are:

Very underweight .................................................................
Moderately underweight ....................................................
Slightly underweight ...........................................................
About the right weight .......................................................
Slightly overweight ...........................................................
Moderately overweight ........................................................
Very overweight ............................................................... Don’t know .................................................................

C9. How often do you try to lose weight through dieting? Would you say...

 Very often ............ Often ....... Sometimes ..... Rarely ............ Never .......

C10. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card ............ Yes, doctor only card........ No

C11. Is Study Child covered by private medical insurance?

Yes ............ No

C12. Does that insurance include the cost of GP visits?

Yes, in full ...... Yes, partially............ No
D. CHILD’S EMOTIONAL HEALTH AND WELL-BEING

Now I’d like to ask some questions on the Study Child’s emotional health and well-being.

D1. [Card D1] Looking at Card D1, has the Young Person experienced any of the following since we last interviewed you when he/ she was nine:

[INT: ASK THE RESPONDENT TO USE CODES 1, 2, 3 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

A. Death of a parent ........................................... □ 1 □ 2 □ 3
B. Death of a close family member (other than a parent) .................. □ 1 □ 2 □ 3
C. Death of close friend ................................................ □ 1 □ 2 □ 3
D. Divorce/separation of parents ........................................... □ 1 □ 2 □ 3
E. Moving house within Ireland ............................................. □ 1 □ 2 □ 3
F. Moving country ............................................................. □ 1 □ 2 □ 3
G. Stay in foster home/residential care ..................................... □ 1 □ 2 □ 3
H. Serious illness/injury ......................................................... □ 1 □ 2 □ 3
I. Serious illness/injury of a family member .......................... □ 1 □ 2 □ 3
J. Drug taking/alcoholism in the immediate family ................. □ 1 □ 2 □ 3
K. Mental disorder in immediate family ................................ □ 1 □ 2 □ 3
L. Your house being broken into ......................................... □ 1 □ 2 □ 3
M. Conflict between parents ................................................ □ 1 □ 2 □ 3
N. Parent in prison ................................................................. □ 1 □ 2 □ 3
O. Other disturbing event (please specify) .......................... □ 1 □ 2 □ 3
P. None of the above ......................................................... □ 1 □ 2 □ 3

D2. [Card D2] Listed on Card D2, is a set of statements which could be used to describe the Study Child’s behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child’s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

A. Considerate of other people’s feelings .................................................. □ 1 □ 2 □ 3
B. Restless, overactive, cannot stay still for long ...................................... □ 1 □ 2 □ 3
C. Often complains of headaches, stomach aches or sickness ........ □ 1 □ 2 □ 3
D. Shares readily with other children (treats, toys, pencils etc.) ........□ 1 □ 2 □ 3
E. Often has temper tantrums or hot tempers ........................................ □ 1 □ 2 □ 3
F. Rather solitary, tends to play alone ..................................................... □ 1 □ 2 □ 3
G. Generally obedient, usually does what adults request ................. □ 1 □ 2 □ 3
H. Many worries, often seems worried ................................................ □ 1 □ 2 □ 3
I. Helpful if someone is hurt, upset or feeling ill ................................ □ 1 □ 2 □ 3
J. Constantly fidgeting or squirming ..................................................... □ 1 □ 2 □ 3
K. Has at least one good friend ......................................................... □ 1 □ 2 □ 3
L. Often fights with other children or bullies them ........................ □ 1 □ 2 □ 3
M. Often unhappy, down-hearted or tearful ................................ ...... □ 1 □ 2 □ 3
N. Generally liked by other children .................................................... □ 1 □ 2 □ 3
O. Easily distracted, concentration wanders ..................................... □ 1 □ 2 □ 3
P. Nervous or clingy in new situations, easily loses confidence .... □ 1 □ 2 □ 3
Q. Kind to younger children ............................................................... □ 1 □ 2 □ 3
R. Often lies or cheats .......................................................................... □ 1 □ 2 □ 3
S. Picked on or bullied by other children ............................................. □ 1 □ 2 □ 3
T. Often volunteers to help others (parents, teachers, other children) □ 1 □ 2 □ 3
U. Thinks things out before acting ...................................................... □ 1 □ 2 □ 3
V. Steals from home, school or elsewhere .......................................... □ 1 □ 2 □ 3
W. Gets on better with adults than with other children .................. □ 1 □ 2 □ 3
X. Many fears, easily scared ............................................................... □ 1 □ 2 □ 3
Y. Sees tasks through to the end, good attention span .................. □ 1 □ 2 □ 3
D3. [Card D3] Listed on card D3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

<table>
<thead>
<tr>
<th>Trait</th>
<th>Disagree strongly</th>
<th>Disagree moderately</th>
<th>Disagree a little</th>
<th>Neither agree or disagree</th>
<th>Agree a little</th>
<th>Agree moderately</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraverted, enthusiastic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical, quarrelsome</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependable, self-disciplined</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious, easily upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open to new experiences, complex</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserved, quiet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sympathetic, warm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorganized, careless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calm, emotionally stable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional, uncreative</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Now I’d like to ask you some questions about the Study Child’s education

E. CHILD’S EDUCATION – PAST AND CURRENT

E1a. What class is your child in now?

6th Class ........................................................... [ ] 1 Go to E4
First Year ............................................................ [ ] 2 Go to E3
Second Year .......................................................... [ ] 3 Go to E2
Child is being home schooled .................................. [ ] 4 Go to E7
Child attends a special school .................................. [ ] 5 Go to E7
Child no longer attends school .................................. [ ] 6 Go to E10

E1b. What school does your child attend?

Name of school: ______________________________________

Full address of school: _____________________________________________________________

E2. [Card E2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick (✓) ONE BOX ONLY to show whether you agree or disagree with these views.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Mostly agree</th>
<th>Mostly disagree</th>
<th>Strongly Disagree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child settled well into secondary school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child missed old friends from primary school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child was anxious about making new friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child coped well with the school work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child made new friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is involved in extra-curricular activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child gets too much homework at this school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E3. [Card E3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Mostly agree</th>
<th>Mostly disagree</th>
<th>Strongly Disagree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is settling in well into secondary school.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child misses old friends from primary school.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child is anxious about making new friends.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child is coping well with the school work.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child has made new friends.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child is involved in extra-curricular activities.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>My child gets too much homework at this school.</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

E4. [Card E4] If your child is still in sixth class for each statement please tick (✔) ONE BOX ONLY to show whether you agree or disagree with these views.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Mostly agree</th>
<th>Mostly disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child is excited about starting secondary school.</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>My child is looking forward to making new friends.</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>My child has attended an Open Day at their new school.</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>My child is nervous about moving to a new school.</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

E5. Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child’s current school or any other school the child attended in the last 12 months) [Please tick ‘Yes’ or ‘No’ to each.]

<table>
<thead>
<tr>
<th>A. You have attended a parent-teacher meeting</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. You have attended a school concert, play or other event (such as sports day)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. You have been to see the principal or another teacher about child’s behaviour or school performance</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D. You have spoken to the principal or another teacher on the phone about child’s behaviour or school performance</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

E6a. [Card E6a] Looking at Card E6a, during the last 12 months, about how many days was Young Person absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of the school being closed due to bad weather).

<table>
<thead>
<tr>
<th>0 days</th>
<th>11 to 20 days</th>
<th>More than 20 days</th>
<th>Not in school last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>5</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

E6b. [Card E6b] Looking at Card E6b, what was the main reason for Young Person being absent from school?

<table>
<thead>
<tr>
<th>Health reasons (illness or injuries)</th>
<th>A problem with a teacher</th>
<th>Problems with transportation</th>
<th>A problem with children at school</th>
<th>Problems with the weather</th>
<th>Difficulties with childcare arrangements</th>
<th>A family vacation</th>
<th>Family crisis</th>
<th>Refused to go to school</th>
<th>Child has left school</th>
<th>A fear of school (school phobia)</th>
<th>Other (specify)</th>
<th>Suspended from school</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>10</td>
<td>4</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>7</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

E7 [Card E7] Looking at Card E7, how much time does the young person usually spend doing homework on a weekday?

<table>
<thead>
<tr>
<th>0 to 30 minutes</th>
<th>2 to less than 3 hours</th>
<th>3 to less than 4 hours</th>
<th>4 hours or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>
E8a. How often do you or your spouse/partner provide help with the Young Person’s homework? Would you say...[INT: READ OUT]

<table>
<thead>
<tr>
<th>Always/ Nearly Always</th>
<th>Regularly</th>
<th>Now and Again</th>
<th>Rarely</th>
<th>Never</th>
<th>Never gets homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

E8b. Why is that?

<table>
<thead>
<tr>
<th>Child doesn’t need help</th>
<th>I don’t have time</th>
<th>I am not able to help</th>
<th>Child doesn’t want help</th>
<th>Someone else helps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

E9. [Card E9] Looking at Card E9, taking everything into account, how far do you expect the Young Person will go in his/her education or training?

- Junior Certificate or equivalent ........................................ 1
- Leaving Certificate or equivalent ........................................ 2
- An apprenticeship or trade .................................................. 3
- A Diploma/Certificate ......................................................... 4
- A Degree .................................................................................. 5
- A Postgraduate/higher degree ............................................... 6
- Don’t know ............................................................................... 7

E10. About how many close friends does the Young Person have?

None...... 1 1 2 or 3...... 4 or 5 ...... 6 or more ...... 5

E11. To your knowledge, has the Young Person been a victim of bullying in the last 3 months?

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

E12. [Card E12] Looking at Card E12, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying .......................................................... 1
B. Verbal bullying (name calling, hurtful slagging) ............ 2
C. Electronic (phone messaging, emails, Facebook, etc) ...... 3
D. Graffiti/pinning up notes/passing notes in class .......... 4
E. Taking /damaging personal possessions ...................... 5
F. Sexual comments ........................................................... 6
G. Exclusion (being left out) ............................................. 7
H. Gossip, spreading rumours ........................................... 8
I. Threatened or forced to do things s/he didn’t want to ... 9
J. Other (specify) _________________________________________ 10

E13. [Card E13] How often did the bullying take place?

A. Once or twice................................................................. 1
B. 2 or 3 times a month ..................................................... 2
C. About once a week ....................................................... 3
D. Several times a week ..................................................... 4

E14. Did this upset your child?

A. A lot.................................................................................. 1
B. A little.............................................................................. 2
C. Not at all........................................................................... 3

E15. [Card E15] Does <name> have any of the following conditions or disabilities? [Tick all that apply]

a. Physical disability or visual or hearing impairment ......... 1
b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia) ......................... 2
c. General learning disabilities (Mild, Moderate, Severe/Profound) ......................... 3
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome) ...................... 4
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD .... 5
f. Mental health difficulty .................................................... 6
  g. Speech or language difficulty (including speech impediment) ............................. 7
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome) ....................... 8
i. Slow progress (reasons unclear) ........................................................................... 9
j. Other (please specify) ....................................................................................... 10
k. None of the above ......................................................................................... 11
E16. Has this condition or disability been diagnosed by a medical professional?

Yes ...........[ □ ] No ..........[ □ ] Awaiting Consultation ..........[ □ ]

E17. What age was <child> when this condition or disability was first diagnosed? ____________ years

[INT: If condition or disability was diagnosed at time of birth, code as ‘0’]

Ask E18 only of respondents who ticked yes at E15e

E18. Has <child> been prescribed any medication for this condition (e.g. Ritalin, Abilify etc...)?

Yes ...........[ □ ] No ..........[ □ ]

Ask E19 only of respondents who ticked yes at E15f

E19. Has <child> been prescribed any medication for this condition?

Yes ...........[ □ ] No ..........[ □ ]

Ask E20 only of respondents who ticked yes at E15G

E20. [Card E20] In which areas does <name> have difficulties? What speech problems does <name> have? [TICK ALL THAT APPLY]

A. Reluctant to speak ........................................................[ □ ]
B. Speech not clear to the family ........................................[ □ ]
C. Speech not clear to others ..............................................[ □ ]
D. Speech is developing slowly ...........................................[ □ ]
E. Difficulty finding words ..................................................[ □ ]
F. Difficulty putting words together ....................................[ □ ]
G. Voice sounds unusual ...................................................[ □ ]
H. Stutters, stammers .......................................................[ □ ]
I. Lisp or difficulty pronouncing certain letter combinations ....[ □ ]
J. Other (please specify) ....................................................[ □ ]
K. Don't know .....................................................................[ □ ]

E21. [Card E21] Please indicate if <name> receives support from any of the following [Tick all that apply]

In School
Resource Teaching/ Learning Support .................[ □ ] Special Needs Assistant .........................[ □ ]
Technical Assistance .............................................[ □ ] School psychologist ..............................[ □ ]
Visiting Teacher ....................................................[ □ ] National Educational Psychological Service ....[ □ ]
Transport Service ...............................................[ □ ] Doesn’t receive any supports .........................[ □ ]
Speech and Language Therapy .........................[ □ ]

E22. [Card E22] Please indicate if <name> receives support from any of the following [Tick all that apply]

Outside School
Speech and Language Therapy .........................[ □ ] Psychiatrist .................................................[ □ ]
Occupational Therapy ..........................................[ □ ] Extra tuition/private tuition .........................[ □ ]
Physiotherapy .....................................................[ □ ] Other (please specify) .................................[ □ ]
Psychologist ......................................................[ □ ] Doesn’t receive any supports .........................[ □ ]

E23. In general, how adequate are the supports <name> receives for this/these condition(s) or disability(ies)

 Barely adequate ...........................................[ □ ] Adequate ................................................[ □ ]
 Excellent ...................................................[ □ ]

E24. How many books does the young person have access to in the home? Would you say...

None ..............................................................[ □ ] 31 to 50 ......................................................[ □ ]
Less than 10 .....................................................[ □ ] 51 to 100 ................................................[ □ ]
11 to 30 ..........................................................[ □ ] More than 100 ..........................................[ □ ]
E25. [Card E25] On a typical weekday, who, if anyone, minds the <young person> between the time they finish school and 6pm in the evening? (Tick one only; if more than one indicate the type of care where the child spends most time or is the most frequently used)

a. They come home and take care of themselves ........................................... [ ] 1
b. Minded at home by an older sibling ......................................................... [ ] 2
c. Minded at home by you or your spouse/partner .................................... [ ] 3
d. Minded at home by a relative ................................................................. [ ] 4
e. Minded at home by another adult (not a relative) ................................. [ ] 5
f. Attend an after-school program/club .................................................... [ ] 6
g. Hang out with friends ......................................................................... [ ] 7
h. Other (please specify) ....................................................................... [ ] 8

F: FAMILY CONTEXT

Now some questions about your relationship with <Young Person>.

F1. [Show Card F1] Looking at Card F1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I share an affectionate, warm relationship with my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. My child and I always seem to be struggling with each other.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. If upset, my child will seek comfort from me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. My child is uncomfortable with physical affection or touch from me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. My child values his/her relationship with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. When I praise my child, he/she beams with pride.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child spontaneously shares information about himself/herself .</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. My child easily becomes angry at me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. It is easy to be in tune with what my child is feeling.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. My child remains angry or is resistant after being disciplined .</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Dealing with my child drains my energy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. When my child is in a bad mood, I know we're in for a long and difficult day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. My child's feelings toward me can be unpredictable or can change suddenly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. My child is sneaky or manipulative with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. My child openly shares his/her feelings and experiences with me...</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

F2. [Show Card F2] The following are some questions on your knowledge of what the Young Person does in his/her free time, where he/she goes, and who he/she has as friends.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Do you know what Young Person does with his/her free time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. Do you know who he/she has as friends during he/she free time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Do you usually know what type of homework he/she has.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Do you know what he/she spends he/she money on.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Do you know when he/she has a test or homework due at school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. Do you know how he/she does in different subjects at school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. Do you know where he/she goes when out at night with friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Do you know where he/she goes and what he/she does after school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. How often in the last month have you had no idea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Disclosure subscale

F3. [Show Card F3] The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

<table>
<thead>
<tr>
<th>Question</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Does he/she spontaneously tell you about his/her friends?</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc)?</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Does he/she keep a lot of secrets from you about what he/she is doing during nights and weekends?</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Does he/she hide a lot from you about what he/she was doing during nights and weekends?</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening?</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F4. [Show Card F4] Looking at Card F4, now I’d like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day / 7 days per week</th>
<th>3 to 6 days per week</th>
<th>1 to 2 days per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sit down to eat together</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Play sports, cards or games together</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Talk about things together</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Do household activities together</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F5. [Show Card F5] Looking at Card F5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Quite a lot</th>
<th>Now and again</th>
<th>Rarely</th>
<th>Live Abroad</th>
<th>Doesn’t have</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Grandparents</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Uncles/Aunts</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Cousins</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Other family members/ close family friends</td>
<td>□1 □2 □3 □4 □5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F6. [Show Card F6] Please tell me how strongly you agree or disagree with the following.

**Because of your work responsibilities:**

A. You have missed out on home or family activities that you would have liked to have taken part in. □1 □2 □3 □4 □5 □6

B. Your family time is less enjoyable and more pressured. □1 □2 □3 □4 □5 □6

**Because of your family responsibilities:**

C. You have to turn down work activities or opportunities you would prefer to take on. □1 □2 □3 □4 □5 □6

D. The time you spend working is less enjoyable and more pressured. □1 □2 □3 □4 □5 □6

F7. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]

Very unfairly □1 Quite unfairly □2 Fairly □3 Don’t have partner. □4
F8. [Show Card F8] I would now like to ask some questions about the Study Child’s behaviour over the last 12 months. Please tell me to the extent to which the following statements apply:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Once</th>
<th>2-5 times</th>
<th>6 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Often started fights or bullies, threatens or intimidates others</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Has used a weapon that could cause serious physical harm to others (eg, a bat, brick, broken bottle, knife)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Has been physically cruel to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Has been physically cruel to animals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E. Deliberately destroyed or damaged property</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>F. Has broken into someone else’s house, building or car</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>G. Has lied to obtain goods or favours (i.e., ‘cons’ others)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>H. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I. Has stayed out at night despite parental prohibitions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>J. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>K. Has truanted from school</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Time Section Ended [_______] (24 hour clock)

G: SOCIO-DEMOGRAPHICS

Time Section Started [_______] (24 hour clock)

Now some questions about the circumstances of your household.

G1. Does your accommodation have access to a garden or common space (either private or shared)?

Yes ........................................ [1] No ........................................ [2]

G2. [Card G2] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

1. Owner occupied (with or without a mortgage) .................................................. [1]
2. Being purchased from a Local Authority under a Tenant Purchase Scheme ........................................ [2]
3. Rented from a Local Authority ........................................................................ [3]
5. Rented from a Private Landlord ..................................................................... [5]
6. Living with and paying rent to your (or your partner’s) parent(s) .................. [6]
7. Occupied free of rent with your (or your partner’s) parent(s) ...................... [7]
8. Occupied free of rent from your (or your partner’s) job ................................... [8]

G3. [Card G3] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as ‘O’]

0. Currently on maternity leave, but have a job to return to ................................ [0]
1. Employee (incl. apprenticeship or Community Employment) ..................... [1]
2. Self employed outside farming ..................................................................... [2]
3. Farmer ........................................................................................................... [3]
5. On State training scheme (FAS, Failte Ireland etc.) ..................................... [5]
6. Unemployed, actively looking for a job ..................................................... [6]
7. Long-term sickness or disability .................................................................. [7]
8. Home duties / looking after home or family ................................................ [8]
9. Retired ........................................................................................................... [9]
10. Other (please specify) .................................................................................. [10]

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 ASK G4a]

G4a. When did you return to work? ______ mth _______ year

G5. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. ________________ hours

G6. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)? ________________ minutes [Int. if respondent works at home enter ‘0’ for minutes]
G7. [Card G7] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

______________________________________________________________________________

G8. Do you supervise or manage any personnel in your job?

Yes .......[1] No ........[2]

G9. How many? __________________

G10. How many employees (if any) do you have?_________ employees  N A .... [99]

G11. [Ask only if Farmer at G3.] How many acres do you farm? ______________ acres

Go to G23

G12. Apart from holiday or casual work, have you ever had a full-time job? Yes ..........[1] No ..[2] Go to G19

G13. In what year did you last work in that full-time job? _______ year

G14. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) .................[1] Self-employed outside farming .....[2] Farmer ........[3]

G15. [Card G15] What (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

______________________________________________________________________________

G16a. Did you supervise or manage any personnel in your job?

Yes .......[1] No ........[2]

G16b. How many? ______________

G17. How many employees (if any) do you have?_________ employees  N A .... [99]

G18. [Ask only if Farmer at G14] How many acres do you farm? ______________ acres

Go to G23
G19. Do you currently have a part time job outside the home? Yes ☐ No ☐  Go to G22

G20. On average, how many hours per week do you work in that part-time job? ________ hours

G21. [Card G21] What is your occupation in that job?
In all cases describe the occupation fully and precisely giving the full job title.
Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER
Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION
______________________________________________________________________________

If a farmer or a farm worker, write in the SIZE of the farm _______ acres

Go to G23

G22. [Card G22] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.
A. I can't find a job ................................................... ___  F. I cannot find suitable childcare ....................... ___
B. I chose not to work .............................................. ___  G. There are no suitable jobs available for me... ___
C. I am caring for an elderly or ill relative or friend .. ___  H. My family would lose Social Welfare or medical benefits if I was earning ................. ___
D. I prefer be at home to look after my children myself     ___  I. Other reason (specify)___________________ ___
E. I cannot earn enough to pay for childcare ............ ___

Go to G23

G23. [Card G23] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]
In all cases describe the occupation fully and precisely giving the full job title.
Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER
Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION [If a farmer or a farm worker, how many acres do you farm? _______ acres]
______________________________________________________________________________

HOUSEHOLD INCOME

Now I would like you ask you a few questions about household income. Once again I would like to assure you that all information will be treated in the strictest confidence.

G24. [Card G24] Looking at Card G24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner’s income. [INT. Tick ‘Yes’ or ‘No’ for each in Col. A]

A. Wages or Salaries ................................................................. ☐  B. Income from Self-Employment ......................................... ☐  C. Income from Farming ....................................................... ☐  D. Children’s Allowance/ Child Benefit ................................. ☐  E. Other Social Welfare Payments ........................................... ☐  F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) ........................................... ☐

G25. [Card G24] And of these sources of income which is the largest source of income at present?[INT Tick one box only in Col. B]

A B
Yes No Largest Source

A. Wages or Salaries ................................................................. ☐  B. Income from Self-Employment ......................................... ☐  C. Income from Farming ....................................................... ☐  D. Children’s Allowance/ Child Benefit ................................. ☐  E. Other Social Welfare Payments ........................................... ☐  F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) ........................................... ☐

179 of 234
G26. [Card G26] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. afer deductions for tax and PRSI as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G27. IF EXACT FIGURE GIVEN GO TO G29]

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €230</td>
<td>€1,000</td>
<td>€12,000</td>
<td>A → Section A, Card G27</td>
</tr>
<tr>
<td>€231 to under €350</td>
<td>€1,001 to under €1,500</td>
<td>€12,001 to under €18,000</td>
<td>B → Section B, Card G27</td>
</tr>
<tr>
<td>€351 to under €460</td>
<td>€1,501 to under €2,000</td>
<td>€18,001 to under €24,000</td>
<td>C → Section C, Card G27</td>
</tr>
<tr>
<td>€461 to under €575</td>
<td>€2,001 to under €2,500</td>
<td>€24,001 to under €30,000</td>
<td>D → Section D, Card G27</td>
</tr>
<tr>
<td>€576 to under €800</td>
<td>€2,501 to under €3,500</td>
<td>€30,001 to under €42,000</td>
<td>E → Section E, Card G27</td>
</tr>
<tr>
<td>€801 to under €925</td>
<td>€3,501 to under €4,000</td>
<td>€42,001 to under €48,000</td>
<td>F → Section F, Card G27</td>
</tr>
<tr>
<td>€926 to under €1,150</td>
<td>€4,001 to under €4,500</td>
<td>€48,001 to under €60,000</td>
<td>G → Section G, Card G27</td>
</tr>
<tr>
<td>€1,151 to under €1,350</td>
<td>€4,501 to €5,000</td>
<td>€60,001 to under €72,000</td>
<td>H → Section H, Card G27</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
<td>€6,001 to under €8,000</td>
<td>€72,001 to under €96,000</td>
<td>I → Section I, Card G27</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€96,001 or more</td>
<td>J → Section J, Card G27</td>
</tr>
</tbody>
</table>

Refused…………………………………... GO TO G29

Dont' Know………………………………... GO TO G28

G27. [Card G27] I know that it is difficult to give an exact figure for household income but on Card G27 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [INT: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

<table>
<thead>
<tr>
<th>HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €75</td>
</tr>
<tr>
<td>€0 to €300</td>
</tr>
<tr>
<td>€0 to €6,000</td>
</tr>
<tr>
<td>€231 to under €270</td>
</tr>
<tr>
<td>€1,001 to €1,150</td>
</tr>
<tr>
<td>€12,001 to €14,000</td>
</tr>
<tr>
<td>€351 to €390</td>
</tr>
<tr>
<td>€1,501 to €1,700</td>
</tr>
<tr>
<td>€18,001 to €20,000</td>
</tr>
<tr>
<td>€461 to €500</td>
</tr>
<tr>
<td>€2,001 to €2,150</td>
</tr>
<tr>
<td>€24,001 to €26,000</td>
</tr>
<tr>
<td>€576 to €650</td>
</tr>
<tr>
<td>€2,501 to €2,800</td>
</tr>
<tr>
<td>€30,001 to €34,000</td>
</tr>
<tr>
<td>€801 to €850</td>
</tr>
<tr>
<td>€3,501 to €3,650</td>
</tr>
<tr>
<td>€42,001 to €44,000</td>
</tr>
<tr>
<td>€926 to €1,000</td>
</tr>
<tr>
<td>€4,001 to €4,300</td>
</tr>
<tr>
<td>€48,001 to €52,000</td>
</tr>
<tr>
<td>€1,151 to €1,250</td>
</tr>
<tr>
<td>€5,001 to €6,000</td>
</tr>
<tr>
<td>€60,001 to €66,000</td>
</tr>
<tr>
<td>€1,501 to €1,600</td>
</tr>
<tr>
<td>€6,501 to €7,000</td>
</tr>
<tr>
<td>€78,001 to €84,000</td>
</tr>
<tr>
<td>€1,851 to €2,100</td>
</tr>
<tr>
<td>€8,001 to €9,250</td>
</tr>
<tr>
<td>€96,000 to €110,000</td>
</tr>
</tbody>
</table>
G29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ... [ ]  
No ... [ ]

G30. Now I’d like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G30, could you tell me whether or not ANYONE in the household currently receives any of these Social Welfare payments?

[Int Tick payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Jobseeker's Benefit</td>
<td>Jobseeker's Allowance or Unemployment Assistance</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td></td>
</tr>
<tr>
<td>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td>Rural Social Scheme</td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Widow's or Widower's (Contributory) Pension</td>
<td>Deserted Wife’s Allowance</td>
</tr>
<tr>
<td>Deserted Wife's Benefit</td>
<td>Prisoner's Wife’s Allowance</td>
</tr>
<tr>
<td>Widowed Parent Grant</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Widow's or Widower's (Non-Contrib) Pension</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Guardian’s Payment (Contributory)</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>Guardian’s Payment (Non-Contributory)</td>
</tr>
<tr>
<td>Health &amp; Safety Benefit</td>
<td>Guardian/Orphan’s pension</td>
</tr>
<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Illness Benefit</td>
<td>Prescribed Relative’s Allowance</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>Injury Benefit</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>Incapacity Supplement</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Disablement Benefit</td>
</tr>
<tr>
<td>Carer’s Benefit</td>
<td>Medical Care Scheme</td>
</tr>
<tr>
<td>Domiciliary Care Allowance</td>
<td>Constant Attendance Allowance</td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>Death Benefits (Survivor’s Benefits)</td>
</tr>
<tr>
<td>Half-rate Carer’s Allowance</td>
<td></td>
</tr>
<tr>
<td><strong>RETIREMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>State Pension (Transition)</td>
<td>State Pension Non-Contributory</td>
</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>Pre-Retirement Allowance</td>
</tr>
<tr>
<td><strong>OTHER PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Fuel/Smokeless Fuel Allowance</td>
<td>Diet/heating supplements</td>
</tr>
<tr>
<td>Household Benefits Package</td>
<td></td>
</tr>
<tr>
<td>(electricity/gas/phone)</td>
<td></td>
</tr>
</tbody>
</table>

G31. Does anyone in your household currently receive rent or mortgage supplement? Yes ... [ ]  
No ... [ ]

G32. How much does the household receive PER WEEK in rent or mortgage supplement? €-----------------------

G33. Do you receive or have you received in the last 12 months, any of the following payments? [Tick all that apply]

(a) Back to school clothing and footwear allowance ........................................................ [ ]
(b) Exceptional and urgent needs payments (from Community Welfare Officer) ................ [ ]
(c) Foster Care Allowance ............................................................................................... [ ]
G34. [Card G34] Looking at Card G 34 and thinking of your household’s total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children’s Allowance /Child Benefit?

- None  
- Less than 5%  
- 5% to less than 20%  
- 20% to less than 50%  
- 50% to less than 75%  
- 75% to less than 100%  
- 100%  

G35. [Card G35] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn’t afford it or for another reason?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Does your household have a roast joint (or its equivalent) at least once a week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Do household members buy new rather than second-hand clothes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Does each household member possess a warm waterproof coat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Does each household member possess two pairs of strong shoes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Does the household replace any worn out furniture?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Does the household keep the home adequately warm?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Does the household have family or friends for a drink or meal once a month?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Does the household buy presents for family or friends at least once a year?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G36. [Card G36] A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

- With great difficulty  
- With difficulty  
- With some difficulty  
- Fairly easily  
- Easily  
- Very easily  

G37. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

- Yes  
- No  

G38a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes  
- No  

G38b. [Card G38b] Why was that?

- Didn’t want to  
- Couldn’t leave the children  
- Have a full social life in other ways  
- Illness  
- Couldn’t afford to  
- Other (specify)  

G39a. Does your family have a car?

- Yes  
- No  

G39b. Would your family like to have a car but you cannot afford it?

- Yes  
- No
G40. Since our last interview when <child> was 9 years old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:

<table>
<thead>
<tr>
<th>Effect on Your Family</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A very significant effect</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A significant effect</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>A small effect</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>No effect at all</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

G41. [Card G41] How has it affected your family? [Int: tick all that apply]

1. You were made redundant / lost your job .......................................................... 1
2. Your spouse/partner were made redundant / lost their job ........................................ 2
3. Your or your spouse/partner's working hours were reduced ........................................ 3
4. Your or your spouse/partner's wages were reduced .................................................. 4
5. Your or your spouse/partner's social welfare benefits were reduced ....................... 5
6. Your family can't afford luxuries (holidays, meals out etc) ...................................... 6
7. Your family can't afford / had to cut back on basics (food, clothes) ......................... 7
8. You are behind with rent / mortgage payments ....................................................... 8
9. You are behind with utility bills (e.g. electricity, gas bills etc) ................................. 9
10. Other (please specify) ............................................................................................ 10

Section H – About You

Now some more questions about yourself

H1. [Card H1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education .................................................................................................. 1
2. Primary education ..................................................................................................... 2

Second Level

3. Lower Secondary ...................................................................................................... 3
4. Upper Secondary ...................................................................................................... 4
(Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification ........................................................................ 5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification ............................. 6

Third Level

7. Non Degree ............................................................................................................. 7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree ........................................................................................................ 8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) .................................................. 9
10. Both a Degree and a Professional qualification ....................................................... 10
11. Postgraduate Certificate or Diploma ........................................................................ 11
12. Postgraduate Degree (Masters) ................................................................................ 12
13. Doctorate (Ph.D) ................................................................................................. 13

H2. At what age did you leave full-time education for the first time? _______ years
[INTERVIEWER: Code as ‘0’ if respondent never undertook full-time education]

H3. What is <child’s> first language?

English ........................................... 1
Irish........................................... 2
Other (please specify) .................. 3

[BLAISE CONDITION: ASK H4 – H6 IF NEW RESPONDENT AT TIME 2, NON-RESPONDENT AT TIME 1 OR OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1]

H4. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s story book written in your native language?

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

H5. Can I just check, can you read aloud to a child from a children’s story book written in English?

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

H6. Can you usually read and fill out forms you might have to deal with in English?

Yes ...................................... 1
No ..................................... 2
H7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

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

H8. Do you belong to any religion?

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

H9. Which religion?
1. Christian – no denomination ..........................................................□ 1
2. Roman Catholic ........................................................................□ 2
3. Anglican/Church of Ireland/Episcopalian ........................................□ 3
4. Other Protestant ........................................................................□ 4
5. Jewish ......................................................................................□ 5
6. Muslim ......................................................................................□ 6
7. Other (please specify) ................................................................□ 7

H10. Are you a citizen of Ireland?  Yes ..........□ 1  No .......□ 2

H11. What citizenship do you hold? ______________________________________

H12. Were you born in Ireland?  Yes .............□ 1  No ........□ 2

H13. In which country were you born? ______________________________________

H14. How long ago did you first come to live in Ireland?

Within the last year ........................................................................□ 1
1-5 years ago ................................................................................□ 2
6-10 years ago ............................................................................□ 3
11-20 years ago .........................................................................□ 4
More than 20 years ago ..............................................................□ 5
Don’t Know .................................................................................□ 8

H15. Looking at card H15, can you tell me, what is your ethnic or cultural background?
Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
   Irish ..................................................................................□ 3
   Irish Traveller .................................................................□ 4
   Any other White background ..............................................□ 8

2. Black or Black Irish
   African ................................................................................□ 4
   Any other Black background .............................................□ 5

3. Asian or Asian Irish
   Chinese .............................................................................□ 6
   Any other Asian background .............................................□ 7

4. Other, including mixed background .......................................□ 8

J. Neighbourhood / Community

Time Section Started  ___________ (24 hour clock)

Finally, we would like to ask you some questions about your local area.

J1. How long have you lived in your local area? ________ years OR ________ months

J2. Do you intend to continue living in Ireland?

Yes .........................□ 1  No .........................□ 2
J3. 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.

<table>
<thead>
<tr>
<th>Commonness</th>
<th>Very</th>
<th>Fairly</th>
<th>Not very</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubbish and litter lying about</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Homes and gardens in bad condition</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Vandalism and deliberate damage to property</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>People being drunk or taking drugs in public</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

J4. [Card J4] To what extent do you agree or disagree with these statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a safe area for my 13 year old.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>It is safe for me to walk alone in this area after dark</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>As a family we are happy living in this area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>We as a family intend to continue living in this area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>There are places in this area where teenagers can safely hang out</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>There are facilities such as youth clubs, swimming clubs, for teenagers in this area.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
E2 Primary Caregiver Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

Primary Caregiver – SUPPLEMENTARY SECTION, 13-Year

AREA                HHOLD

Interviewer Name_________________________ Interviewer Number________

Time Section Started ___________(24 hour clock) Date _______ _______ _______

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male.............[ ] Female ............[ ]

X2. What is your date of birth? __________/________/________

DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

He/she is deceased ..........................................[ ]
We separated/divorced .....................................[ ]
He/she moved out to set up own household.. [ ]
Long-term absence (e.g. hospital, prison, military service abroad) ........................................[ ]
Other (please specify).........................................[ ]

AS2. When did <Person from Wave 1> stop living with you: Since what year? [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? ______ mth

S1. Are you the biological parent of <child>?

Yes.............[ ] → Go to S12 No.............[ ] → Go to S2

S2. Are you the adoptive parent of <child>?

Yes.............[ ] No.............[ ] → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic.............[ ] Inter-country .................[ ]

S4. Was this a within family adoption?

Yes ........[ ] No .......[ ]

S5. From which country?

______________________________

S6. What age was <child> when you adopted him/ her? ______ years

NOW PLEASE GO TO S12
S7. Are you the foster parent of <child>?  
Yes ........... [ ] No ............. [ ]  Go to S12

S8. How long has <child> been with your family? ________ months

S9. Do you anticipate that this will be a long-term foster placement? Yes ........... [ ] No ............. [ ]

S10. How many previous foster placements has <child> been in? ________ previous placements DK ... [ ]

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care? 
Another foster family ....... [ ] Own family.......... [ ] Institutional care ...... [ ]

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status? 
Married and living with husband / wife .................................. [ ] Go to S16
Married and separated from husband / wife .................................. [ ] Go to S13
Divorced ........................................................................ [ ] Go to S13
Widowed ........................................................................ [ ] Go to S13
Never married ........................................................................ [ ] Go to S15

S13. In what year did you marry your (former) spouse? ________ (year)

S14. Since when have you been living apart / spouse deceased? ________ (year)

S15. May I just check whether you are currently living with someone in the household as a couple? 
Yes ............ [ ] No .................. [ ]  Go to S21

S16. Since when have you and your spouse or partner been living together? ________ (mth) ________ (year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? 
Most days .................................................. [ ] Go to S18
At least once a week .................................. [ ] Go to S18
Less than once a week .............................. [ ] Go to S18
Hardly ever .................................................. [ ] Go to S19
Never ......................................................... [ ] Go to S19

S18. When you and your partner argue, how often do you ....

Shout or yell at each other ................................................................. [ ]
Throw something at each other ............................................................ [ ]
Push, hit or slap each other ................................................................. [ ]

S19. How often would you say the following happen in your relationship?

You discuss or have considered divorce, separation, or terminating your relationship ........ [ ]
You think that things between you and your partner are going well ........................................... [ ]
You confide in your mate ..................................................................... [ ]

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Unhappy</td>
<td>Fairly Unhappy</td>
<td>A little unhappy</td>
<td>Happy</td>
<td>Very Happy</td>
<td>Extremely Happy</td>
<td>Perfect</td>
</tr>
</tbody>
</table>
S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caring for my child sometimes takes more time and energy than I have to give.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I sometimes worry whether I am doing enough for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. The major source of stress in my life is my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Having child leaves little time and flexibility in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Having child has been financial burden</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. It is difficult to balance different responsibilities because of my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

[BLAISE CONDITION: ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant? Yes.........□1 No.............□2

S23. Which of the following best describes how often you usually drink alcohol?

1. Never.............................................................................................. □1
2. Less than once a month................................................................. □2
3. 1-2 times a month ........................................................................ □3
4. 1-2 times a week ......................................................................... □4
5. 3-4 times a week ......................................................................... □5
6. 5-6 times a week ......................................................................... □6
7. Every day ..................................................................................... □7

If currently drink alcohol between everyday and 1-2 times a week ask:

S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____
(c) Measures of Spirits ____ (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]

S25a. How often do you have 6 or more alcoholic drinks on one occasion?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
</tbody>
</table>

[ASK S25b ONLY OF MALE RESPONDENTS]

S25b. How often do you have 8 or more alcoholic drinks on one occasion?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
</tbody>
</table>

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
</tbody>
</table>

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
</tbody>
</table>

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No .................. □1 Yes, on one occasion............ □2 Yes on more than one occasion .......... □3
S26. Do you currently smoke daily, occasionally or not at all?

Daily ........................................... [ ]
Occasionally .................................. [ ]
Not at all ....................................... [ ]

S27. About how many cigarettes or cigars do/did you smoke on average each day?

[ ] [ ] [ ]

27. About how many cigarettes or cigars do/did you smoke on average each day?

[ ] [ ] [ ]

[Int. enter ‘0’ if less than 1 on average]

S28. Including yourself, how many members of the household smoke? ______ N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly ................... [ ]
Occasionally .................. [ ]
Not at all ....................... [ ]

S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

Yes........ [ ]
No........ [ ]

S30b. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

Yes...... [ ]
No...... [ ]

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

Role [ ] [ ] [ ] [ ]

a. I felt I could not shake off the blues even with help from my family or friends............................................................... [ ] [ ] [ ] [ ]

b. I felt depressed ................................................................................................................................................................................... [ ] [ ] [ ] [ ]

c. I thought my life had been a failure ................................................................................................................................................................. [ ] [ ] [ ] [ ]

d. I felt fearful ................................................................................................................................................................................................. [ ] [ ] [ ] [ ]

e. My sleep was restless ................................................................................................................................................................................................................................................................. [ ] [ ] [ ] [ ]

f. I felt lonely ................................................................................................................................................................................................................................................................. [ ] [ ] [ ] [ ]

g. I had crying spells ................................................................................................................................................................................................................................................................. [ ] [ ] [ ] [ ]

h. I felt sad................................................................................................................................................................................................................................................................. [ ] [ ] [ ] [ ]

Table: Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of the time (3-4 days) | Most or all of the time (5-7 days)
--- | --- | --- | ---
1 | 2 | 3 | 4

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes........ [ ]
No........ [ ]

Go to S34

S33. Have you ever been to prison?

Yes ........ [ ]
No ...... [ ]

S34. To the best of your knowledge, has <child> ever tried?

Yes, and I know about it | Probably | Possibly | I don’t think so
--- | --- | --- | ---
A. Alcohol ........................................... [ ] [ ] [ ] [ ]
B. Cigarettes ........................................... [ ] [ ] [ ] [ ]
C. Cannabis/Marijuana ................................. [ ] [ ] [ ] [ ]

S35. Have you spoken to your child personally about the following sexual health issues?

Yes | No
--- | ---
1. Sex and sexual intercourse ........................................... [ ] [ ]
2. Sexual feelings, relationships and emotions ........................................... [ ] [ ]
3. Contraception ................................................................................. [ ] [ ]
4. Safer sex/sexually transmitted infections/ venereal diseases ................................. [ ] [ ]
5. Sexual orientation (eg. Homosexuality, heterosexuality etc) ................................. [ ] [ ]
S36. Can we check, does <child’s> biological father/ mother live here with you or elsewhere?
- Lives here .................................................. □ 1 → Go to S48
- Deceased .................................................. □ 2 → Go to S48
- Temporarily lives elsewhere .......................... □ 3 → Go to S48
- Lives elsewhere ...................................... . □ 4 → Go to S37

S37. Were you ever married to or did you ever live with <child’s> biological father / mother?
- Yes, married to .......................... □ 1
- Yes, lived with .......................... □ 2
- No □ 3 Go to S39
- Adoptive / Foster parent □ 4 Go to S48

S38. What age was the Study Child when you split or separated from their biological father / mother?

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?
- Formal .................................................. □ 1
- Informal ............................................... □ 2
- No parenting arrangement ..................... □ 3

S40. Briefly describe that arrangement
_______________________________________________________________________________________
____________________________________________________________ __________________________

S41. How did you arrive at that arrangement?
- Court imposed arrangements ............................................................ □ 1
- Formal negotiated arrangements other than legal (e.g. counsellor) .... □ 2
- Mutual agreement with no third party negotiator ............................. □ 3

S42. How far does <child’s> biological father / mother live from here?
- Within ½ hour’s drive from here ................ □ 1
- More than 1 hour’s drive from here ............. □ 2
- Between ½ and 1 hour’s drive from here .. □ 3
- Outside the country ........................................ □ 4

S43. How often does <child> have contact with his / her biological father / mother?
- Daily .......................................................... □ 1
- Monthly .......................................................... □ 2
- Once or twice a week ................................ □ 3
- Less than once a month ................................ □ 4
- Weekly ...................................................... □ 5
- No contact ...................................................... □ 6
- Every second week / weekend .................. □ 7

S44. Does <child’s> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.
- No, he/she never makes any payment .............. □ 1
- Yes, he/she makes a regular payment .............. □ 2
- Yes, he/she makes payments from time to time ...... □ 3

S45. How often do you talk to <child’s> biological father/ mother about <child>?
- Every day .......................................... □ 1
- Several times a week ............................. □ 2
- About once a week ................................ □ 3
- A few times a month ............................. □ 4
- Several times a year ............................... □ 5
- Never ................................................... □ 6

S46. How well do you get on with <child’s> biological father/ mother? Would you say your relationship is?
- Very positive ...................................... □ 1
- Positive ................................................ □ 2
- Neither positive nor negative .................. □ 3
- Somewhat negative ............................... □ 4
- Very negative ...................................... □ 5

S47. We would like to send a short questionnaire to <child’s> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child’s> biological father/ mother?
- Yes ...................................................... □ 1
- No, I do not wish other parent to be contacted .... □ 2
- No, I do not have contact details for other parent ...... □ 3

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
E3 Secondary Caregiver Main Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children

SECONDARY CAREGIVER QUESTIONNAIRE – 13YR

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTNER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>? [Interviewer use codes only]

1. Biological mother/ father ........................................... 5. Grand parent .......................................................5
3. Step-mother / Step-father / Partner of child’s parent ...... 7. Other relative/ in law .............................................7
4. Foster mother / father ............................................. 8. Unrelated guardian...............................................8

Section B - Parental Health

Now I’d like to ask you a few questions about your own health.

B1. [CARD B1] In general, how would you say your current health is?

Excellent.................. 1
Very good............... 2
Good .......................3
Fair ....................... 4
Poor...................... 5
B2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes .............................................. □  No .............................................. □

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
[Int. please record diagnosis – not symptoms of the problem.]

B4. Since when have you had this problem, illness or disability? __________ (year) ______(month)

B5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely ...... □   Yes, to some extent □   No □

B6. Thinking about your free-time, in general would you say you are...

Very physically active .............................................. □
Fairly physically active .............................................. □
Not very physically active ........................................... □
Not at all physically active ......................................... □

C: FAMILY CONTEXT

Now I’d like to ask you some general questions about your family as a whole.

C1. [Card C1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I share an affectionate, warm relationship with my child.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. My child and I always seem to be struggling with each other.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. If upset, my child will seek comfort from me.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. My child is uncomfortable with physical affection or touch from me</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. My child values his/her relationship with me.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. When I praise my child, he/she beams with pride.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child spontaneously shares information about himself/herself</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. My child easily becomes angry at me.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. It is easy to be in tune with what my child is feeling.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. My child remains angry or is resistant after being disciplined</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Dealing with my child drains my energy.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. When my child is in a bad mood, I know we’re in for a long and difficult day.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. My child’s feelings toward me can be unpredictable or can change suddenly.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. My child is sneaky or manipulative with me.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. My child openly shares his/her feelings and experiences with me.</td>
<td>□ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
**Disclosure subscale**

C3. [CARD C3] The following are some questions about how much Young Person actually tells you about what he/she is doing, without being asked.

<table>
<thead>
<tr>
<th>A. Does he/she spontaneously tell you about his/her friends.</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Does he/she hide a lot from you about what he/she is doing during nights and weekends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Does he/she like to tell you what he/she has been doing and where they went when out for the evening.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

C4. [CARD C4] Please tell me how strongly you agree or disagree with the following.

**Because of your work responsibilities:**

| A. You have missed out on home or family activities that you would have liked to have taken part in | 1 | 2 | 3 | 4 | 5 |
| B. Your family time is less enjoyable and more pressured | 1 | 2 | 3 | 4 | 5 |

**Because of your family responsibilities:**

| C. Does he/she keep a lot of secrets from you about what he/she is doing | 1 | 2 | 3 | 4 | 5 |
| D. Does he/she hide a lot from you about what he/she is doing | 1 | 2 | 3 | 4 | 5 |

C5. How fairly or unfairly would you say the household tasks are distributed between you and your partner? Would you say...[INT: READ OUT]

<table>
<thead>
<tr>
<th>Very unfairly</th>
<th>Quite unfairly</th>
<th>Fairly</th>
<th>Don't have partner</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C6. [Show Card C6] I’d like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>Every day / 7 days per week</th>
<th>3 to 6 days per week</th>
<th>1 to 2 days per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sit down to eat together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Play sports, cards or games together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Talk about things together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>D. Do household activities together (e.g. gardening, cooking, cleaning, etc)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

C7. In general, would you describe yourself as a religious or spiritual person?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A little</th>
<th>Quite</th>
<th>Very much so</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C8. Thinking of an average school day, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

_______ hours ______ minutes
C7b. And thinking of an average weekend, what amount of time in total would you say you spend with the Study Child either alone or with others (this could be watching TV, going shopping etc)

______ hours ______ minutes

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

D: SOCIO-DEMOGRAPHICS

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

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

0. Currently on maternity leave, but have a job to return to .............................................

1. Employee (incl. apprenticeship or Community Employment) ..............................................

2. Self employed outside farming ...................................................................................................

3. Farmer ...........................................................................................................................

4. Student full-time .....................................................................................................................

5. On State training scheme (FAS, Failte Ireland etc.) .................................................................

6. Unemployed, actively looking for a job ...................................................................................

7. Long-term sickness or disability ............................................................................................

8. Home duties / looking after home or family ...........................................................................

9. Retired ...................................................................................................................................

10. Other (specify) ......................................................................................................................

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 OR RESPONDENT ON MATERNITY LEAVE AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK D2a:]

D2a. When did you return to work? ______ mth ______ year

D3. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. ____________ hours

D4. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?

_________ minutes [Int. if respondent works at home enter ‘0’ for minutes]

D5. [Card D5] What is your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as: Do not use general terms such as:

RETAIL STORE MANAGER MANAGER

SECONDARY TEACHER TEACHER

ELECTRICAL ENGINEER ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

______________________________________________________________________________

D6. Do you supervise or manage any personnel in your job?

Yes \[ ] No \[ ]

D7. How many? __________________________

D8. How many employees (if any) do you have? ________ employees N A .... \[ ]

D9. [Ask only if Farmer at D1.] What is the acreage of the farm? ________ acres
D10. Apart from holiday or casual work, have you ever had a full-time job? Yes...  No...  Go to D15

D11. In what year did you last work in that full-time job? _______ year

D12. When you last worked in that full-time job were you?
Employee (incl. apprenticeship or Community Employment) .................  Self-employed outside farming .....  Farmer .......  

D13. [Card D13] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible
In all cases please describe the occupation fully and precisely giving the full job title.
Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION
______________________________________________________________________________

D14a. Did you supervise or manage any personnel in your job?
Yes ......  No ........  

D14b. How many? __________________

D15. How many employees (if any) did you have? _______ employees  N A ....  

D16. [Ask only if Farmer at D12] What was the acreage of the farm? ______________ acres

D17. Do you currently have a part time job outside the home? Yes ......  No ........  Go to D20

D18. On average, how many hours per week do you work in that part-time job? ___________ hours

D19. [Card D19] What is your occupation in that job?
In all cases describe the occupation fully and precisely giving the full job title.
Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION
______________________________________________________________________________

If a farmer or a farm worker, write in the SIZE of the farm   ________ acres

D20. [Card D20] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.
a. I can't find a job...............................................____  f. I cannot find suitable childcare ......................____
b. I chose not to work........................................____  g. There are no suitable jobs available for me ..____
c. I am caring for an elderly or ill relative or friend.......____  h. My family would lose Social Welfare or
  medical benefits if I was earning.......................____
d. I prefer to be at home to look after my children myself..____  i. Other reason (specify)________________     ____

197 of 234
E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ................................................................................................... 1
2. Primary education ...................................................................................................... 2

Second Level

3. Lower Secondary ..................................................................................................... 3
4. Upper Secondary ..................................................................................................... 4
(Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification ....................................................................... 5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification ......................... 6

Third Level

7. Non Degree .............................................................................................................. 7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree ....................................................................................................... 8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) ............................................... 9
10. Both a Degree and a Professional qualification ..................................................... 10
11. Postgraduate Certificate or Diploma ..................................................................... 11
12. Postgraduate Degree (Masters) ........................................................................... 12
13. Doctorate (Ph.D) .................................................................................................... 13

E2. At what age did you leave full-time education for the first time? ______ years

[INTERVIEWER: Code as ‘0’ if respondent never undertook full-time education]

E3. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s story book written in your native language?

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

E4. Can I just check, can you read aloud to a child from a children’s story book written in English?

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

E5. Can you usually read and fill out forms you might have to deal with in English?

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

E6. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

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

E7. Do you belong to any religion?

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

E8. [Card E8] Which religion?

Christian – no denomination ................................................................. 1
Roman Catholic ................................................................................. 2
Anglican/Church of Ireland/Episcopalian ........................................ 3
Other Protestant .............................................................................. 4
Jewish ............................................................................................ 5
Muslim .......................................................................................... 6
Other (please specify) ....................................................................... 7
E9. Are you a citizen of Ireland? ☐ Yes........ ☐ No ..........

E10. What citizenship do you hold? ____________________________________________

E11. Were you born in Ireland? ☐ Yes......... ☐ No ...........

E12. In which country were you born? __________________________________________

E13. How long ago did you first come to live in Ireland?

<table>
<thead>
<tr>
<th>Time Period</th>
<th>☐ 1</th>
<th>☐ 2</th>
<th>☐ 3</th>
<th>☐ 4</th>
<th>☐ 5</th>
<th>☐ 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within the last year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 years ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-10 years ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-20 years ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More than 20 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ago</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E14. [Card E14] What is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
   - Irish............................................................ ☐ 1
   - Irish Traveller............................................. ☐ 2
   - Any other White background.......................... ☐ 3

2. Black or Black Irish
   - African ..................................................... ☐ 4
   - Any other Black background.......................... ☐ 5

3. Asian or Asian Irish
   - Chinese ...................................................... ☐ 6
   - Any other Asian background.......................... ☐ 7

4. Other, including mixed background.................... ☐ 8
E4  Secondary Caregiver Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICKLY CONFIDENTIAL

Secondary Caregiver – SUPPLEMENTARY SECTION, 13-Year

AREA _______ HHOLD _______

Interviewer Name__________________ Interviewer Number ____________

Time Section Started _______ (24 hour clock) Date ______ ______ ______

day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male__________[ ] Female _____________[ ]

X2. What is your date of birth? ______ / ______ / ______

DD / MM / YYYY

S1. Are you the biological parent of <child>?

Yes__________[ ] Go to S12 No__________[ ]

S2. Are you the adoptive parent of <child>?

Yes__________[ ] No__________[ ] Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic__________[ ] Inter-country __________[ ]

S4. Was this a within family adoption?

Yes _______[ ] No _______ [ ]

S5. From which country?

______________________________

S6. What age was <child> when you adopted him/her? ________ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes__________[ ] No__________[ ] Go to S12

S8. How long has <child> been with your family? ________ months

S9. Do you anticipate that this will be a long-term foster placement?

Yes _______[ ] No _______ [ ]

S10. How many previous foster placements has <child> been in?

_________ previous placements DK_________[ ]

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family ______[ ] Own family ______[ ] Institutional care ______[ ]

NOW PLEASE GO TO S12
Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?
- Married and living with husband / wife .......................................... [ ] Go to S16
- Married and separated from husband / wife ................................... [ ] Go to S13
- Divorced ....................................................................................... [ ] Go to S13
- Widowed ....................................................................................... [ ] Go to S13
- Never married ............................................................................... [ ] Go to S15

S13. In what year did you marry your (former) spouse? __________ (year)

S14. Since when have you been living apart / spouse deceased? __________ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?
- Yes ................................................................................ [ ]
- No ....................................................................................... [ ] Go to S21

S16. Since when have you and your spouse or partner been living together? __________ (mth) __________ (year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
- Most days ................................................................. [ ] Go to S18
- At least once a week ................................................. [ ] Go to S18
- Less than once a week ............................................. [ ] Go to S18
- Hardly ever ........................................................................ [ ] Go to S19
- Never ................................................................................ [ ]

S18. When you and your partner argue, how often do you ....
- Shout or yell at each other .................................................. [ ]
- Throw something at each other ............................................. [ ]
- Push, hit or slap each other ................................................ [ ]

S19. How often would you say the following happen in your relationship?
- You discuss or have considered divorce, separation, or terminating your relationship .......................................................... [ ]
- You think that things between you and your partner are going well ................................................................................ [ ]
- You confide in your mate ............................................................................................................................ [ ]

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairly Unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A little unhappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely Happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perfect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S21a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Study Child right now. Remember, there no right or wrong answers, just try to be as honest as possible

1. Caring for my child sometimes takes more time and energy than I have to give .......................................................... [ ] Strongly Disagree [ ] Disagree [ ] Not Sure [ ] Agree [ ] Strongly Agree
2. I sometimes worry whether I am doing enough for my child ................................................................................ [ ]
3. The major source of stress in my life is my child ...................................................................................................... [ ]
4. Having child leaves little time and flexibility in my life ............................................................................................ [ ]
5. Having child has been a financial burden .................................................................................................................. [ ]
6. It is difficult to balance different responsibilities because of my child .................................................................... [ ]
[BLAISE CONDITION: ASK S22 ONLY OF FEMALE RESPONDENTS]

S22. Are you currently pregnant?  Yes............  No.............

S23. Which of the following best describes how often you usually drink alcohol?
1. Never..............................  
2. Less than once a month.........................  
3. 1-2 times a month..............................  
4. 1-2 times a week..................................  
5. 3-4 times a week..................................  
6. 5-6 times a week..................................  
7. Every day

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?
(a) Pints of Beer/Cider  (b) Glasses of Wine  (c) Measures of Spirits  (d) Bottles of alcopops

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S25a ONLY OF FEMALE RESPONDENTS]
S25a. How often do you have 6 or more alcoholic drinks on one occasion?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

[ASK S25b ONLY OF MALE RESPONDENTS]
S25b. How often do you have 8 or more alcoholic drinks on one occasion?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

Never  Less than monthly  Monthly  Weekly  Daily or almost daily

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No .................  Yes, on one occasion...........  Yes on more than one occasion ................

S26. Do you currently smoke daily, occasionally or not at all?
Daily  Occasionally  Not at all

S27. About how many cigarettes or cigars do/did you smoke on average each day?

[Int. enter ‘0’ if less than 1 on average]

S28. Including yourself, how many members of the household smoke? ____N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly  Occasionally  Not at all
S30a. Since the time of the last interview when <child> was 9 years of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

<table>
<thead>
<tr>
<th>Yes.......</th>
<th>No.......</th>
</tr>
</thead>
</table>

S30b. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

<table>
<thead>
<tr>
<th>Yes.......</th>
<th>No.......</th>
</tr>
</thead>
</table>

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th>a. I felt I could not shake off the blues even with help from my family or friends.</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. I felt depressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. I thought my life had been a failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
d. I felt fearful | 1 | 2 | 3 | 4 |
e. My sleep was restless | 1 | 2 | 3 | 4 |
f. I felt lonely | 1 | 2 | 3 | 4 |
g. I had crying spells | 1 | 2 | 3 | 4 |
h. I felt sad | 1 | 2 | 3 | 4 |

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

<table>
<thead>
<tr>
<th>Yes.......</th>
<th>No.......</th>
</tr>
</thead>
</table>

S33. Have you ever been to prison?

<table>
<thead>
<tr>
<th>Yes.......</th>
<th>No.......</th>
</tr>
</thead>
</table>

S34. To the best of your knowledge, has <child> ever tried?

<table>
<thead>
<tr>
<th>Yes, and I know about it</th>
<th>Probably</th>
<th>Possibly</th>
<th>I don’t think so</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Alcohol</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Cigarettes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Cannabis/Marijuana</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

S35. Have you spoken to your child personally about the following sexual health issues?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sex and sexual intercourse</td>
<td>1 2</td>
</tr>
<tr>
<td>2. Sexual feelings, relationships and emotions</td>
<td>1 2</td>
</tr>
<tr>
<td>3. Contraception</td>
<td>1 2</td>
</tr>
<tr>
<td>4. Safer sex/sexually transmitted infections/ venereal diseases</td>
<td>1 2</td>
</tr>
<tr>
<td>5. Sexual orientation (eg. Homosexuality, heterosexuality etc)</td>
<td>1 2</td>
</tr>
</tbody>
</table>

S36. Can we check, does <child’s> biological father/ mother live here with you or elsewhere?

<table>
<thead>
<tr>
<th>Lives here</th>
<th>Deceased</th>
<th>Temporarily lives elsewhere</th>
<th>Lives elsewhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

S37. Were you ever married to or did you ever live with <child’s> biological father / mother?

<table>
<thead>
<tr>
<th>Yes, married to</th>
<th>Yes, lived with</th>
<th>No</th>
<th>Adoptive / Foster parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

S38. What age was the Study Child when you split or separated from their biological father / mother?
S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal .......... [ ]
Informal ........ .... [ ]
No parenting arrangement ... [ ]

S40. Briefly describe that arrangement
_______________________________________________________________________________________
_______________________________________________________________________________________

S41. How did you arrive at that arrangement?

Court imposed arrangements .......................................................... [ ]
Formal negotiated arrangements other than legal (e.g. counsellor) .......... [ ]
Mutual agreement with no third party negotiator ................................ [ ]

S42. How far does <child>'s) biological father / mother live from here?

Within ½ hour’s drive from here .......... [ ]
Between ½ and 1 hour’s drive from here .......... [ ]
Outside the country ........................................[ ]

S43. How often does <child> have contact with his / her biological father / mother?

Daily ..........................................................[ ]
Once or twice a week ................................ .... [ ]
Weekly ...................................................... .. [ ]
Every second week / weekend ................ [ ]
Monthly .......................................................... [ ]
Less than once a month ................................. [ ]
No contact ......................................................[ ]

S44. Does <child> make ANY financial contribution to your household and the maintenance of <child>?

No, he/she never makes any payment .......... [ ]
Yes, he/she makes a regular payment ............ [ ]
Yes, he/she makes payments from time to time ... [ ]

S45. How often do you talk to <child>'s) biological father/ mother about <child>?

Every day .......................................................... [ ]
Several times a week ................................ .... [ ]
About once a week ......................................... [ ]
A few times a month ..................................... [ ]
Several times a year ...................................... [ ]
Never ..........................................................[ ]

S46. How well do you get on with <child>'s) biological father/ mother? Would you say your relationship is?

Very positive .................................................. [ ]
Positive ........................................................ [ ]
Neither positive nor negative .......................... [ ]
Somewhat negative ....................................... [ ]
Very negative ................................................ [ ]

S47. We would like to send a short questionnaire to <child>’s) biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child>’s) biological father/ mother?

Yes .................................................................... [ ]
No, I do not wish other parent to be contacted ....... [ ]
No, I do not have contact details for other parent..... [ ]

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
E5  Child/Young Person Main Questionnaire including Piers Harris
Welcome to the Growing Up in Ireland study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 13 year old in Ireland today. Your answers will help to plan things for young people like yourself.

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.

Q1. How do you feel about school? [Tick one]

I like it very much .......................
I like it quite a bit ........................
I like it a bit .................................
I don’t like it very much ..............
I hate it .....................................

Q2a. Please tick the subjects you are studying in school at the moment: For Irish, English and Maths please tick which level you are studying.

Irish ....................................... Higher ..........
Ordinary ................ Foundation ....
Not sure yet........

English .................................. Higher ..........
Ordinary ................ Foundation ....
Not sure yet........

Mathematics ......................... Higher ..........
Ordinary ................ Foundation ....
Not sure yet........

History ........................................
Geography ..............................
French ......................................
German ....................................
Spanish ....................................
Italian .....................................
Art, Craft & Design......................
Music Science (with Local Studies) ...........
Home Economics .......................
Materials Technology (Wood) .........
Metalwork ...............................
Technical Graphics ....................
Business Studies ........................
Typewriting ............................
Environmental and Social Studies (ESS) ......
Q6. How much time do you spend doing homework each evening?

- 0 to 30 minutes ...........................................
- 31 minutes to less than one hour ....................
- 1 to less than 1.5 hours ................................
- 1.5 to less than 2 hours ............................... 
- 2 to less than 3 hours ...................................
- 3 to less than 4 hours ...................................
- 4 hours or more ...........................................
- Don’t do homework .....................................

Q7. For each of these subjects, please say if you find the subject Difficult, Ok or Not Difficult. Please tick ONE box on each line.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Difficult</th>
<th>OK</th>
<th>Not difficult</th>
<th>Don’t take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q8. For each of these subjects, please tick one box to indicate if you find it interesting, it is OK or you find it not interesting.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Interesting</th>
<th>OK</th>
<th>Not interesting</th>
<th>Don't take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maths</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q9a. Some students get extra help at school in some subjects (such as English or Maths). Have you received any extra help within school since September?

Yes ........................................... □ 1
No .......................................... □ 2 If No, got to Q10

Q9b. If Yes, what subjects did you get extra help in? Please tick ALL that apply.

English/reading .... □ 1  Maths ........ □ 2  Irish .... □ 3  Other (please specify) _________________

Q10. Over the last year, how often have the following things happened to you? Please tick ONE box on each line.

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Now &amp; Again</th>
<th>Quite Often</th>
<th>All the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was late for school.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>I got into trouble for not following school rules.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>I skipped classes or mitched.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>I 'messed' in class.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>I had to do extra work as punishment (including lines).</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>I had to do detention (after school or at lunch-time).</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>I was suspended from school.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

Q11. How many days were you absent from school in the last 12 months (when the school was open) _____

Q12. What is the highest qualification you expect to get by the time you finish your education?

Junior Cert.......................... □ 1
Leaving Cert.......................... □ 2
Certificate or Diploma (including plc., apprenticeship) ... □ 3
Degree or higher degree........... □ 4

Q13. On a normal weekday during term time, how many hours do you spend watching television, videos or DVDs? Please remember to include time before school as well as time after school? [IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes

Q14. On a normal weekday during term time, about how many hours do you spend reading for pleasure (books, magazines, newspapers, novels, comics)? [DO NOT INCLUDE TIME SPENT READING AT SCHOOL OR DOING HOMEWORK] [IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes

Q15. On a normal weekday, during term-time, about how much time do you spend using the computer. Please include time before school as well as time after school. [DO NOT INCLUDE TIME SPENT USING COMPUTERS IN SCHOOL] [IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes

Q16. On a normal weekday, during term-time, about how much time do you spend playing video games such as, Playstation, X-box, Nintendo etc? [IF NONE – PLEASE ENTER 0]

_____ hours _____ minutes
Q17. Are any of the following in your bedroom?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer or laptop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video/DVD player</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games console (playstation etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q18. Do you have your own mobile phone?

- Yes
- No

Q19. Do you have a computer at home?

- Yes
- No

Q20. Do you have access to the internet?

- Yes
- No

Q21a. Where/how do you access it (tick all that apply)

<table>
<thead>
<tr>
<th>Access Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>At school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At home on a PC or laptop in a family room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At home on a PC or laptop (in your bedroom)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Via a games console</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet TV/cable in a family room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Via mobile phone/ipad or other mobile device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q21b. What do you use it for? (tick ‘Yes’ or ‘No’ in respect of each)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playing games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal web page (Facebook, Beebo, Twitter, etc)/instant messaging/emailing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching movies/downloading music</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surfing the internet for fun</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surfing the internet for school projects</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q22. Are you allowed to use the internet without your parents or another adult checking what you are doing?

- Yes always
- Yes sometimes
- No

Q23. On an average school day, how much time in a day do you spend alone at home while nobody else is home?

<table>
<thead>
<tr>
<th>Time Spent Alone</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to less than 2 hours a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 to less than 3 hours a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 to less than 4 hours a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 to less than 6 hours a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 or more hours a day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q24. The following questions refer to the rules and limits your parents may place on your activities

A. Do you need your parents' permission before going out on week nights?

<table>
<thead>
<tr>
<th>Permission Needed</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
<th>Not applicable / don’t do it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going

<table>
<thead>
<tr>
<th>Information Required</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
<th>Not applicable / don’t do it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. If you have been out very late one night, do your parents make you explain why and tell them who you were with.

<table>
<thead>
<tr>
<th>Explanation Provided</th>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
<th>Not applicable / don’t do it</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
D. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing

<table>
<thead>
<tr>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
<th>Not applicable / don’t do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

E. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night?

<table>
<thead>
<tr>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

F. Do your parents make you tell them how you spend your money?

<table>
<thead>
<tr>
<th>Almost never or never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always or always</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

Q25. How much spending money, if any, do you have to spend each week? If you don’t receive any, write 00.

<table>
<thead>
<tr>
<th>Euro</th>
<th>Cent</th>
</tr>
</thead>
</table>

Q26. Where do you get this money from? (Tick all that apply)

- Regular pocket money ................................................................. 1
- Doing chores (or babysitting) in the home .................................. 2
- Given money by parents when I need it ....................................... 3
- Doing occasional jobs (e.g. babysitting) outside the home .......... 4
- Have a regular part-time job ......................................................... 5

Now some questions about exercise and sport.

Q27. How many times in the past 14 days have you done at least 20 minutes of exercise hard enough to make you breathe fast and make your heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

None ........... 1 1 to 2 days ........ 2 3 to 5 days ........ 3 6 to 8 days ...... 4 9 or more days .... 5

Q28. How many times in the past 14 days have you done at least 20 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

None ........... 1 1 to 2 days ........ 2 3 to 5 days ........ 3 6 to 8 days ...... 4 9 or more days .... 5

Q29. Outside of your physical education classes, how many team or individual based sports or activities did you participate in during the past 12 months (for example, a school or local football/netball team, athletics, tennis etc.)

None ........... 1 1 activity ...... 2 2 activities ........... 3 3 activities ...... 4 4 or more activities . 5

Q30. Please tell us the reasons why you choose not to participate in sporting activities? [Tick All That Apply]

- I do not like team games ................................................................. 1
- I am no good at games ......................................................................... 2
- I have no opportunities to play .......................................................... 3
- I feel people laugh at you because of your size .................................... 4
- I have a disability or health problem which prevents you from playing .............................................. 5
- I prefer to watch sports on TV ............................................................ 6
- I do not fit in with the sporty crowd ..................................................... 7
- I do not like to get dirty or sweaty ...................................................... 8
- I am not competitive ........................................................................... 9
- I prefer to play computer games ......................................................... 10
- Other reason [please specify] ............................................................. 11
Q31a. Please tick to indicate (a) how often do you do each of these activities and, (b) if you do them, whether or not they are paid for by your parents or by you yourself.

<table>
<thead>
<tr>
<th>(a) How often do you do each of these activities?</th>
<th>(b) If you do the activity, does it have to be paid for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity is not paid for</td>
<td>Activity paid for by my parents</td>
</tr>
<tr>
<td>A. Play sports or undertake physical activities without a coach or instructor (e.g. biking, skateboarding etc)?</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>Less than once a week</td>
</tr>
<tr>
<td>B. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, hockey etc)?</td>
<td></td>
</tr>
<tr>
<td>C. Take part in dance, drama or music lessons</td>
<td></td>
</tr>
<tr>
<td>D. Take part in a homework club (either in school or elsewhere)</td>
<td></td>
</tr>
<tr>
<td>E. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups</td>
<td></td>
</tr>
</tbody>
</table>

Q31b. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary etc?

Yes ............... 1 No ............... 2 Don’t do any of the activities.............. 3

We would now like to ask some questions about the things that you eat.

Q32. Do you usually have something to eat at home before going to school?

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

Q33. We would like you to think back to what you ate yesterday. Did you eat each of these foods once, more than once, or not at all?

Not at All | Once | More than once
---|---|---
A. Fresh fruit | 1 | 2 | 3
B. Cooked vegetables | 1 | 2 | 3
C. Raw vegetables or salad | 1 | 2 | 3
D. Hamburger, hot dog, sausage or sausage roll, meat pie | 1 | 2 | 3
E. Hot chips or French fries | 1 | 2 | 3
F. Crisps or savoury snacks | 1 | 2 | 3
G. Biscuits, doughnuts, cake, pie or chocolate | 1 | 2 | 3
H. Sweets | 1 | 2 | 3
I. Full fat cheese/yoghurt/fromage frais | 1 | 2 | 3
J. Low fat Cheese/low fat yoghurt | 1 | 2 | 3
K. Water (tap water/still water) | 1 | 2 | 3
L. Fizzy drinks/minerals/cordial/squash (diet) | 1 | 2 | 3
M. Fizzy drinks/minerals/cordial/squash (not diet) | 1 | 2 | 3
N. Full cream milk | 1 | 2 | 3
O. Skimmed/Semi-skimmed milk | 1 | 2 | 3

Q34. How often do you brush your teeth?

More than twice a day ............... 1
Twice a day ............................................. 2
Once a day ............................................. 3
Less often than once a day ........... 4
Rarely ............................................. 5
Not at all ............................................. 6
Q35. Do you do any of these chores at home?

<table>
<thead>
<tr>
<th>Chores</th>
<th>Everyday</th>
<th>4/5 times a week</th>
<th>2/3 times a week</th>
<th>Less often</th>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help with cooking for the family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Hoovering / cleaning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Helping in the garden</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Washing the dishes / Emptying the dishwasher</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Putting out the bin / recycling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Cleaning the car</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Helping with your younger brothers or sisters</td>
<td></td>
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</tr>
<tr>
<td>h. Helping an elderly or sick relative in the family</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Q36. How many friends do you normally hang around with? (tick ONE box only)

A. None ............................................................................ [ ] Go to Q40
B. One or two ................................................................... [ ] Go to Q37
C. Between 3 and 5 ................................................................ [ ] Go to Q37
D. More than two years older ........................................ D. More than two years older ...........................................
E. Between 6 and 10 ................................................................ [ ] Go to Q37
F. More than 10 .................................................................... [ ] Go to Q37

Q37. How many of these would you describe as CLOSE friends? ____________

Q38. How old are the friends you usually go about with? (tick ONE box on each line)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>None</th>
<th>Some</th>
<th>Most or all</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. A year or more younger</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. About the same age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. A year or two older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. More than two years older</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q39. How many of your friends have your parents met? (tick ONE box only)

None of them. .................................................. [ ]
Some of them. .................................................. [ ]
Most of all of them ........................................ [ ]

Q40. This part asks about your feelings about your relationships with your close friends. Please read each statement and tick the ONE number that tells how true the statement is for you now.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost never or never true</th>
<th>Not very often true</th>
<th>Sometimes true</th>
<th>Often true</th>
<th>Almost always true</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Talking over my problems with friends makes me feel ashamed or foolish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I wish I had different friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. My friends understand me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. My friends accept me as I am</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. I feel the need to be in touch with my friends more often</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My friends don’t understand what I’m going through these days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I feel alone or apart when I am with my friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>h. My friends listen to what I have to say</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I feel my friends are good friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. My friends are fairly easy to talk to</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>k. When I am angry about something, my friends try to be understanding.</td>
<td></td>
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<tr>
<td>l. I feel angry with my friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. I can count on my friends when I need to get something off my chest</td>
<td></td>
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<tr>
<td>n. I trust my friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>o. My friends respect my feelings</td>
<td></td>
<td></td>
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<tr>
<td>p. I get upset a lot more than my friends know about</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>q. It seems as if my friends are irritated with me for no reason.</td>
<td></td>
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</tr>
</tbody>
</table>
Q42. Have you been bullied in the last 3 months?
- Yes ............... 1
- No .............. 2 – please go to Question 49

Q43. How often did this bullying take place?
- Once or twice ............ 1
- 2 or 3 times a month ...... 2
- About once a week .......... 3
- Several times a week ........ 4

Q44. What form did the bullying take? [Tick all that apply]
A. Physical bullying ........................................................... 1
B. Verbal bullying (name calling, hurtful slagging) ............ 2
C. Electronic [phone messaging, emails, Facebook etc] .. 3
D. Graffiti/pinning up notes/passing notes in class ........... 4
E. Taking/damaging personal possessions ...................... 5
F. Exclusion (being left out) .............................................. 6
G. Gossip, spreading rumours ........................................... 7
H. Threatened / forced to do things you didn’t want to do 8
I. Other (specify) .............................................................. 9

Q45. What was the reason for the bullying? [Tick all that apply]
A. Ethnicity / Race / Nationality / Skin colour....... 1
B. Physical disability .................................................... 2
C. Learning difficulty / disability............................ 3
D. Religion............................................................ 4
E. Class performance / star pupil ............................. 5
F. Teacher’s pet .......................................................... 6
G. Physical appearance (clothes, glasses, weight, height etc) .. 8
H. Family background ............................................. 7
I. Seen not to conform to gender roles ............................ 8
J. Jealousy .................................................................................. 9
K. Other (specify) ___________________________________ 10

Q46. When you were bullied how did this make you feel? [Please tick one box on each line]
- Upset. ............................................................ 1
- Afraid .............................................................. 2
- Angry .............................................................. 3
- Wanted to take revenge ........................................ 4
- Shrugged it off .................................................. 5
- Determined to do something about it ............ 6
- Other [Please specify] ............................ 7

Q47. Have you told anyone that you have been bullied? Yes ............... 1
- No .............. 2

Q48. Who have you told you have been bullied? [Tick all that apply]
- Teacher .......................................................... 1
- Parent(s) .......................................................... 2
- Friend ............................................................ 3
- No-one .......................................................... 4
- Other [Please specify] .............................. 5
Q49. In the last 3 months have you bullied someone?

Yes ........... [ ]
No ............. [ ] – please go to Question 54

Q50. How often did you bully someone?

Once or twice ...................... [ ]
2 or 3 times a month ............ [ ]
About once a week ............. [ ]
Several times a week .......... [ ]

Q51. What form did the bullying take? [Tick all that apply]

A. Physical bullying ........................................................... [ ]
B. Verbal bullying (name calling, hurtful slagging)........... [ ]
C. Electronic [phone messaging, emails, Facebook etc] .. [ ]
D. Graffiti/pinning up notes/passing notes in class .......... [ ]
E. Taking/damaging personal possessions .................... [ ]
F. Exclusion (being left out) .............................................. [ ]
G. Gossip, spreading rumours ........................................ [ ]
H. Threatened / forced to do things they didn’t want to do [ ]
I. Other (specify) .............................................................. [ ]

Q52. What was the reason for the bullying? [Tick all that apply]

A. Ethnicity / Race / Nationality / Skin colour...... [ ]
B. Physical disability ................................................. [ ]
C. Learning difficulty / disability.......................... [ ]
D. Religion............................................................ [ ]
E. Class performance / star pupil ......................... [ ]
F. Teacher’s pet .................................................... [ ]
G. Physical appearance (clothes, glasses, weight, height etc) [ ]
H. Family background ............................................ [ ]
I. Seen not to conform to gender roles ....................... [ ]
J. Jealousy ................................................................ [ ]
K. Other (specify) ___________________________________ [ ]

Q53. What was the reason you bullied someone? [Tick all that apply]

A. Having a bad day .......................................................... [ ]
B. Dislike of the person ................................................... [ ]
C. Jealousy of the person ............................................... [ ]
D. To impress friends ..................................................... [ ]
E. To be feared ................................................................ [ ]
F. Enjoy hurting people .................................................. [ ]
G. To be accepted by the group/gang ............................... [ ]
H. To get someone back/get revenge .............................. [ ]
I. Other ........................................................................... [ ]

And now, some more questions about you......

Q54. How would you describe yourself?

Very skinny........................................... [ ]
A bit skinny ............................................ [ ]
Just the right size ................................ [ ]
A bit overweight .................................... [ ]
Very overweight ................................... [ ]

Q55. Have you ever exercised to lose weight or to keep from gaining weight?

Yes ........... [ ]
No ............. [ ]

Q56. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?

Yes ........... [ ]
No ............. [ ]

Q57. How often do you weigh yourself?

More than once a day ..................... [ ]
Every day .............................................. [ ]
Once a week .................................... [ ]
Once a month................................. [ ]
Less than once a month................ [ ]
Never.............................................. [ ]
Q58. Which of the following are you trying to do about your weight?

Lose weight ................................................................. 1
Gain weight ................................................................. 2
Stay the same weight .................................................. 3
I am not trying to do anything about my weight ........... 4

Q59. When you misbehave how often do your parents?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain to you what you have done wrong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Ignore you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Slap or hit you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Shout at you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Send you out of the room or to your bedroom</td>
<td></td>
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<tr>
<td>f. Stop your treats or pocket money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Give out to you</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Offer you treats to be good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Ground you</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q60.

   Question 60 Redacted
Q61. Question 61 Redacted

Q62. Looking to the future when you have finished your education, what job would you like to have? If you had your choice, what job would you really like to get?

______________________________________________________________________________________

________________________________________________________________________________________________

TIME QUESTIONNAIRE WAS COMPLETED       _____ _____
                                          (hour) (mins)
E6 Child/Young Person Questionnaire (Boy and Girl)
5. How often in the last year have you done any of the following? (Tick one box for each question)

1. Not paid the correct fare on a bus or train ................................................................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
2. Taken something from a shop or store without paying for it ................................ [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
3. Behaved badly in public so that people complained and you got into trouble .... [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
4. Stolen or ridden in a stolen car or a van or on a stolen motorbike ..................... [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
5. Taken money or something else that did not belong to you in school ................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
6. Carried a knife or weapon with you in case it was needed in a fight .................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
7. Deliberately damaged or destroyed property that did not belong to you (eg windows, cars, streetlights) ................................................................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
8. Broken into a house or building to steal something .............................................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter) ........................................... [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
10. Used force, threats or a weapon to get money or something else from somebody [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
11. Taken money or something else that did not belong to you from your home without permission ................................................................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
12. Broken into a car or van to steal something from it ............................................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
13. Deliberately set fire or tried to set fire to someone’s property or a building (e.g. school or shed) ................................................................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
14. Hit, kicked or punched someone on purpose in order to hurt or injure them .... [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6
15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor ................................................................. [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.
5b. Can I ask:

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Never</th>
<th>Maybe</th>
<th>Yes, definitely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever heard voices or sounds that no one else can hear?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever seen things that other people could not see?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever thought that people are following you or spying on you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some people believe that their thoughts can be read by another person.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever felt that you were under the control of some special power?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever felt that you have extra-special powers?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. Have you ever been in trouble with the Gardai?

Yes........ [ ]
No ........... [ ]

7a. Have you ever smoked tobacco? (At least one cigarette)

Yes........ [ ]
No........... [ ] – please go to Question 8a

7b. How often do you smoke tobacco at present?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>At least once a week but not every day</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Less than once a week</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>I do not smoke at present</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

7c. How many cigarettes do you usually smoke in a week? ________ cigarettes a week

8a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc…)

Yes........ [ ]
No........... [ ] – please go to Question 9

8b. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc…)

Yes........ [ ]
No........... [ ] – please go to Question 9

8c. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Only on special occasions</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>At least once a month</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>At least once a week</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Every day</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

8d. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, never</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Yes, once</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Yes, 2-3 times</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Yes, 4-10 times</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Yes, more than 10 times</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>

9. Have you ever used cannabis? [Also called ‘Hash’, ‘Grass’, ‘Weed’ or ‘Pot’]

Yes........ [ ]
No ........... [ ]

10. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?

Yes........ [ ]
No ........... [ ]

11. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?

Yes........ [ ]
No ........... [ ]

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.

If you would like to talk to someone about any of the activities mentioned in this questionnaire let the interviewer know. This may involve talking to your parents/guardians about the matter.
Once again, thank you for helping us with Growing Up in Ireland. Remember that 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.

**TIME QUESTIONNAIRE BEGAN**  
_____ _____  
(hour) (mins)

1. Are you currently taught Relationships and Sexuality Education (RSE) in your school?  
Yes ................... No ...................

2. Were you taught Relationships and Sexuality Education (RSE) in primary school?  
Yes ................... No ...................

3. Have you ever discussed sex and/or relationship issues with your parent(s)?  
Yes ................... No ...................

Boys’ bodies develop at different rates. We would like to ask you a few questions about your stage of development at the moment.

4. Has your voice changed at all?  
No, it is the same …  Yes, occasionally it is a lot lower ..  Yes, it is now totally changed ....  Not sure ..... 

5. How often in the last year have you done any of the following? (Tick one box for each question)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Once</th>
<th>2 to 5 times</th>
<th>6 or more times</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not paid the correct fare on a bus or train</td>
<td></td>
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<td>2. Taken something from a shop or store without paying for it</td>
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<tr>
<td>5. Taken money or something else that did not belong to you from school</td>
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<tr>
<td>6. Carried a knife or weapon with you in case it was needed in a fight</td>
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<td>7. Deliberately damaged or destroyed property that did not belong to you (eg windows, cars, streetlights)</td>
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<td>8. Broken into a house or building to steal something</td>
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<td>9. Written things or sprayed paint on things that do not belong to you</td>
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<tr>
<td>(for example, a phone box, car, building, bus shelter)</td>
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<tr>
<td>10. Used force, threats or a weapon to get money or something else from somebody without permission</td>
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<tr>
<td>11. Taken money or something else that did not belong to you from your home</td>
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<td></td>
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</tr>
<tr>
<td>12. Broken into a car or van to steal something from it</td>
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<td></td>
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<tr>
<td>13. Deliberately set fire or tried to set fire to someone’s property or a building (e.g. school or shed)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Hit, kicked or punched someone on purpose in order to hurt or injure them</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor</td>
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</tr>
</tbody>
</table>

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal.
5b. Can I ask: 

- Have you ever heard voices or sounds that no one else can hear?  
  - No, Never  
  - Maybe  
  - Yes, definitely  

- Have you ever seen things that other people could not see?  
  - No, Never  
  - Maybe  
  - Yes, definitely  

- Have you ever thought that people are following you or spying on you?  
  - No, Never  
  - Maybe  
  - Yes, definitely  

- Some people believe that their thoughts can be read by another person. Have other people ever read your mind?  
  - No, Never  
  - Maybe  
  - Yes, definitely  

- Have you ever felt that you were under the control of some special power?  
  - No, Never  
  - Maybe  
  - Yes, definitely  

- Have you ever felt that you have extra-special powers?  
  - No, Never  
  - Maybe  
  - Yes, definitely  

6. Have you ever been in trouble with the Gardaí?  

- Yes...........  
- No ............

7a. Have you ever smoked tobacco? (At least one cigarette)  

- Yes...........  
- No ...........

7b. How often do you smoke tobacco at present?  

- Everyday ...........................................................  
- At least once a week but not every day ............  
- Less than once a week ....................................  
- I do not smoke at present .................................

7c. How many cigarettes do you usually smoke in a week? ________ cigarettes a week  

8a. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc…)  

- Yes...........  
- No ...........

8b. During the last year did you have a whole alcoholic drink? (That means beer, wine, cider or spirits like vodka, whiskey, etc…)  

- Yes………  
- No ..........

8c. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.  

- Never..............................................................  
- Rarely ..............................................................  
- Only on special occasions ...............................  
- At least once a month ....................................  
- At least once a week .......................................  
- Every day .......................................................  

8d. Have you ever had so much alcohol that you were really drunk (or felt sick or dizzy)?  

- No, never ...........................................................  
- Yes, once ..........................................................  
- Yes, 2-3 times ...................................................  
- Yes, 4-10 times ................................................  
- Yes, more than 10 times ...................................  

9. Have you ever used cannabis? [Also called ‘Hash’, ‘Grass’, ‘Weed’ or ‘Pot’]  

- Yes.........  
- No ..........

10. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?  

- Yes.........  
- No ..........

11. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?  

- Yes.........  
- No ..........

The people responsible for Growing Up in Ireland would like to make it clear that a lot of the activities mentioned in this questionnaire are very dangerous and undesirable (especially for a young person like you) and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved. If you would like to talk to someone about any of the activities mentioned in this questionnaire let the interviewer know. This may involve talking to your parents/guardians about the matter.
E7 Child/Young Person Parenting Style Inventory
Once again, thank you for helping us with Growing Up in Ireland. Remember that this is not a test and there are no right or wrong answers. 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.

**TIME QUESTIONNAIRE BEGAN**

___ ___

(hour) (mins)

We would now like to ask you some questions about your Mum

1. How well do you get on with your Mum?
   - Very well
   - Fairly well
   - You and your Mum do not get on

2. My Mum doesn’t really like me to tell her my troubles
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

3. My Mum hardly ever praises me for doing well
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

4. I can count on my Mum to help me out if I have a problem
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

5. My Mum spends time just talking to me
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

6. My Mum and I do things that are fun together
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

7. My Mum tells me that her ideas are correct and that I shouldn’t question them
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

8. My Mum respects my privacy
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree
9. My Mum gives me a lot of freedom
   Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
   □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

10. My Mum makes most of the decisions about what I should do
    Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
    □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

11. My Mum believes I have a right to my own point of view
    Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
    □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

12. My Mum really expects me to follow family rules
    Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
    □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

13. My Mum really lets me get away with things
    Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
    □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

14. If I don’t behave myself, my Mum will punish me
    Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
    □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

15. My Mum points out ways I could do better
    Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
    □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

16. When I do something wrong, my Mum does not punish me
    Strongly disagree  Disagree  I'm in between  Agree  Strongly agree
    □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□

TIME QUESTIONNAIRE WAS COMPLETED   ____  ____   ____  ____  
     (hour)       (mins)
Once again, thank you for helping us with *Growing Up in Ireland*. Remember that this is not a test and there are no right or wrong answers. 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.

**TIME QUESTIONNAIRE BEGAN**

____  ____        ____ ______
(hour)               (mins)

We would now like to ask you some questions about your Dad

1. How well do you get on with your Dad?
   - Very well
   - Fairly well
   - You and your Dad do not get on

2. My Dad doesn’t really like me to tell him my troubles
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

3. My Dad hardly ever praises me for doing well
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

4. I can count on my Dad to help me out if I have a problem
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

5. My Dad spends time just talking to me
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

6. My Dad and I do things that are fun together
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

7. My Dad tells me that his ideas are correct and that I shouldn’t question them
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

8. My Dad respects my privacy
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree
9. My Dad gives me a lot of freedom
   | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
   | □ | □ | □ | □ | □ |

10. My Dad makes most of the decisions about what I should do
    | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
    | □ | □ | □ | □ | □ |

11. My Dad believes I have a right to my own point of view
    | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
    | □ | □ | □ | □ | □ |

12. My Dad really expects me to follow family rules
    | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
    | □ | □ | □ | □ | □ |

13. My Dad really lets me get away with things
    | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
    | □ | □ | □ | □ | □ |

14. If I don’t behave myself, my Dad will punish me
    | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
    | □ | □ | □ | □ | □ |

15. My Dad points out ways I could do better
    | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
    | □ | □ | □ | □ | □ |

16. When I do something wrong, my Dad does not punish me
    | Strongly disagree | Disagree | I'm in between | Agree | Strongly agree |
    | □ | □ | □ | □ | □ |

TIME QUESTIONNAIRE WAS COMPLETED _____ _____ (hour) (mins)
Once again, thank you for helping us with Grown Up in Ireland. Remember that this is not a test and there are no right or wrong answers. 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.

We would now like to ask you some questions about your step Dad or your Mum’s boyfriend who lives at home with you.

1. How well do you get on with him?
   - Very well
   - Fairly well
   - You and your Dad do not get on

2. He doesn’t really like me to tell him my troubles
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

3. He hardly ever praises me for doing well
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

4. I can count on him to help me out if I have a problem
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

5. He spends time just talking to me
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

6. He and I do things that are fun together
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

7. He tells me that his ideas are correct and that I shouldn’t question them
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

8. He respects my privacy
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree
9. He gives me a lot of freedom
   - Strongly disagree
   - Disagree
   - I'm in between
   - Agree
   - Strongly agree

10. He makes most of the decisions about what I should do
    - Strongly disagree
    - Disagree
    - I'm in between
    - Agree
    - Strongly agree

11. He believes I have a right to my own point of view
    - Strongly disagree
    - Disagree
    - I'm in between
    - Agree
    - Strongly agree

12. He really expects me to follow family rules
    - Strongly disagree
    - Disagree
    - I'm in between
    - Agree
    - Strongly agree

13. He really lets me get away with things
    - Strongly disagree
    - Disagree
    - I'm in between
    - Agree
    - Strongly agree

14. If I don’t behave myself, he will punish me
    - Strongly disagree
    - Disagree
    - I'm in between
    - Agree
    - Strongly agree

15. He points out ways I could do better
    - Strongly disagree
    - Disagree
    - I'm in between
    - Agree
    - Strongly agree

16. When I do something wrong, he does not punish me
    - Strongly disagree
    - Disagree
    - I'm in between
    - Agree
    - Strongly agree

TIME QUESTIONNAIRE WAS COMPLETED
   ____  ____  ____  ____
   (hour) (mins)
Once again, thank you for helping us with Growing Up in Ireland. Remember that this is not a test and there are no right or wrong answers. 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.

**TIME QUESTIONNAIRE BEGAN**

____  ____        ____ ____
(hour)               (mins)

We would now like to ask you some questions about your step-Mum or your Dad’s girlfriend who lives at home with you.

1. How well do you get on with her?
   - Very well
   - Fairly well
   - You and your mum do not get on

   □ 1 .......................................□ 2 .......................................□ 3 .......................................□ 4 .......................................□ 5

2. She doesn’t really like me to tell her my troubles
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

   □ 1 .................□ 2 ........................□ 3 .................□ 4 ........................□ 5

3. She hardly ever praises me for doing well
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

   □ 1 .................□ 2 ........................□ 3 .................□ 4 ........................□ 5

4. I can count on her to help me out if I have a problem
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

   □ 1 .................□ 2 ........................□ 3 .................□ 4 ........................□ 5

5. She spends time just talking to me
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

   □ 1 .................□ 2 ........................□ 3 .................□ 4 ........................□ 5

6. She and I do things that are fun together
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

   □ 1 .................□ 2 ........................□ 3 .................□ 4 ........................□ 5

7. She tells me that her ideas are correct and that I shouldn’t question them
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

   □ 1 .................□ 2 ........................□ 3 .................□ 4 ........................□ 5

8. She respects my privacy
   - Strongly disagree
   - Disagree
   - I’m in between
   - Agree
   - Strongly agree

   □ 1 .................□ 2 ........................□ 3 .................□ 4 ........................□ 5
9. She gives me a lot of freedom

10. She makes most of the decisions about what I should do

11. She believes I have a right to my own point of view

12. She really expects me to follow family rules

13. She really lets me get away with things

14. If I don’t behave myself, she will punish me

15. She points out ways I could do better

16. When I do something wrong, she does not punish me

TIME QUESTIONNAIRE WAS COMPLETED

(hour) (mins)
E8 Time Use Diary
T1. Please record the day and date of the Diary Day, i.e. the day the activities relate to:

Day _____________________  Date _______ (dd)  _______ (mm)

T2. Was this:

Yes  No

A school day ....................................................................................

A holiday or family celebration .........................................................

A day when something special was happening in your home
(someone was sick, someone was visiting, a family crisis)...............

T3. When did you fill in the diary? Please tick (√) one box.

Now and then during the diary day ....................
At the end of the diary day ...............
The day after the diary day ...............
Later ...........................................

T4. About how many days after? _______ days after

T5. Did you (the Young Person) complete the diary (please tick one):

By yourself ............................................................
With Mum / Dad .......................................................
With other adult / older brother or sister ..............

Please return this completed timeuse diary 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 young people in Ireland over the coming years.

As part of the Growing Up in Ireland project we would like to record details on how 13-year-olds in Ireland spend their time.

We would like you to complete the enclosed time-use diary as shown by the interviewer – your Mum or Dad can help you if you like. Simply mark the booklet to indicate what you were doing for each quarter hour in the day. To do this draw an arrow through the relevant 15 minute slots to indicate what you were doing.

If you were engaged in a number of activities in any given 15-minute time period we would like you to record your MAIN activity – for example if at some time in the course of the day you were watching TV and also eating a snack and if you considered your main activity to have been watching the TV at that time then record this in Line 15 – Watching TV, Films, Videos or DVDs rather than in Line 3 on Eating.

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 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 – the national longitudinal study of children

Time Use Diary

STRICTLY CONFIDENTIAL

Area Code □□□□  Household Code □□□□  Respondent Code □□
### AM

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>06.00 am</td>
<td>1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)</td>
</tr>
<tr>
<td>07.00 am</td>
<td>2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for school, for training, for going out or for going to bed)</td>
</tr>
<tr>
<td>07.00 am</td>
<td>3. EATING (breakfast, lunch, dinner, tea)</td>
</tr>
<tr>
<td>07.00 am</td>
<td>4. TRAVELLING (to or from school or elsewhere)</td>
</tr>
<tr>
<td>08.00 am</td>
<td>5. AT SCHOOL</td>
</tr>
<tr>
<td>09.00 am</td>
<td>6. DOING HOMEWORK OR STUDY</td>
</tr>
<tr>
<td>09.00 am</td>
<td>7. JUST HANGING AROUND WITH FRIENDS (outside or inside)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>8. SPENDING TIME WITH FAMILY</td>
</tr>
<tr>
<td>09.00 am</td>
<td>9. PLAYING WITH OR EXERCISING A PET</td>
</tr>
<tr>
<td>09.00 am</td>
<td>10. PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches, or with friends)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>11. USING THE INTERNET / EMAILING (including social networking, browsing etc)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>12. PLAYING COMPUTER GAMES (e.g. PlayStation, PSP, X-box or Wii)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>13. TALKING ON THE PHONE OR TEXTING</td>
</tr>
<tr>
<td>09.00 am</td>
<td>14. MUSIC LESSONS (OR PRACTICING MUSIC, DRAMA, OTHER HOBBIES ETC)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>15. WATCHING TV, FILMS, VIDEOS OR DVDS</td>
</tr>
<tr>
<td>09.00 am</td>
<td>16. LISTENING TO MUSIC</td>
</tr>
<tr>
<td>09.00 am</td>
<td>17. READING FOR PLEASURE OR INTEREST (NOT FOR SCHOOL)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>18. HOUSEWORK (preparing food, tidying bedroom, feeding pets)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>19. HOBBIES AND OTHER LEISURE ACTIVITIES</td>
</tr>
<tr>
<td>09.00 am</td>
<td>20. ON AN OUTING (e.g. to the beach, to the mountains, to a shopping centre, to the theatre, to a match etc)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc.)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>22. OTHER 1(SPECIFY)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>23. OTHER 2(SPECIFY)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>24. OTHER 3(SPECIFY)</td>
</tr>
<tr>
<td>09.00 am</td>
<td>25. OTHER 4(SPECIFY)</td>
</tr>
</tbody>
</table>

### PM

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.00 noon</td>
<td>1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>2. PERSONAL CARE OR GETTING READY (showering, washing, dressing, brushing teeth or hair, doing make-up, getting changed or ready for school, for training, for going out or for going to bed)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>3. EATING (breakfast, lunch, dinner, tea)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>4. TRAVELLING (to or from school or elsewhere)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>5. AT SCHOOL</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>6. DOING HOMEWORK OR STUDY</td>
</tr>
<tr>
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<td>7. JUST HANGING AROUND WITH FRIENDS (outside or inside)</td>
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<tr>
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<td>9. PLAYING WITH OR EXERCISING A PET</td>
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<td>20. ON AN OUTING (e.g. to the beach, to the mountains, to a shopping centre, to the theatre, to a match etc)</td>
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<td>21. OUT SHOPPING TO BUY THINGS (groceries, clothes etc.)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>22. OTHER 1(SPECIFY)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>23. OTHER 2(SPECIFY)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>24. OTHER 3(SPECIFY)</td>
</tr>
<tr>
<td>01.00 pm</td>
<td>25. OTHER 4(SPECIFY)</td>
</tr>
</tbody>
</table>