Appendix to
*Growing Up in Ireland* Cohort ’98 at 17/18 Years
Report Number 2019-7
The Pilot Phase of the Child Cohort at 17/18 years of age

APPENDIX A

Questionnaires and related documents used in the pilot phase of fieldwork with the Child Cohort at 17/18 years (Appendices A1-A15)

June 2019
### Appendix A

**Questionnaires and related documents used in pilot phase of Child Cohort at 17 years**

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Household letter</td>
<td>05</td>
</tr>
<tr>
<td>A2</td>
<td>Information Sheet</td>
<td>09</td>
</tr>
<tr>
<td>A3</td>
<td>Consent form – Parent /Guardian One [YP less than 18 years]</td>
<td>15</td>
</tr>
<tr>
<td>A4</td>
<td>Consent form – Parent /Guardian One [YP more than 18 years]</td>
<td>19</td>
</tr>
<tr>
<td>A5</td>
<td>Consent form – Young Person [YP less than 18 years]</td>
<td>23</td>
</tr>
<tr>
<td>A6</td>
<td>Consent form – Young Person [YP more than 18 years]</td>
<td>27</td>
</tr>
<tr>
<td>A7</td>
<td>Household Composition</td>
<td>31</td>
</tr>
<tr>
<td>A8</td>
<td>Young Person Main Questionnaire</td>
<td>39</td>
</tr>
<tr>
<td>A9</td>
<td>Young Person Sensitive Questionnaire</td>
<td>65</td>
</tr>
<tr>
<td>A10</td>
<td>Young Person Cognitive Tests</td>
<td>87</td>
</tr>
<tr>
<td>A11</td>
<td>Parent / Guardian One Main Questionnaire</td>
<td>93</td>
</tr>
<tr>
<td>A12</td>
<td>Parent / Guardian One Sensitive Questionnaire</td>
<td>113</td>
</tr>
<tr>
<td>A13</td>
<td>Parent / Guardian Two Main Questionnaire</td>
<td>121</td>
</tr>
<tr>
<td>A14</td>
<td>Parent / Guardian Two Sensitive Questionnaire</td>
<td>133</td>
</tr>
<tr>
<td>A15</td>
<td>Time-use / Food frequency diary</td>
<td>141</td>
</tr>
</tbody>
</table>
Appendix A1: Household letter
Dear «PCG_title» «PCG_sn»,

We are writing to you about the Growing Up in Ireland study. As you may remember, your family, especially <childname>, was part of the 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 things have changed for <childname> since our last visit - <he/she> will be 17 or 18 years old now. The next round of interviews in the study is 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. It is helping us to understand the main issues facing young in Ireland today and helping to provide advice to the Government on key decisions about future policies and services for young people and their families.

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

As the earlier interviews, 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.

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 about it. 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 Ms Fiona Burke on 01-8632050 or contact us on the Freephone number at 1800 200 434.

Thanking you in anticipation,

Yours sincerely,

James Williams
Research Professor, ESRI
Principal Investigator, Growing Up in Ireland
Appendix A2: Information Sheet
Almost four years have passed since your family kindly agreed to be part of the *Growing Up in Ireland* study. This is a unique study which follows the progress of the same group of children and young people over time to help improve our understanding of all aspects of their development. We are now interviewing the young people when they are 17-18 years of age, along with their parent(s) and guardian(s).

We would like to carry out a number of interviews at this time 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 young people. It 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 young people and their development. The Study:

- tells us how children and young people develop over time
- helps us to find out what factors affect their development
- investigates what makes for a healthy and happy childhood or adolescence and what might lead to a less happy one
- helps 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, young people 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* in 2007. We re-interviewed your family when the young person was 13 years of age.

We have also been busy interviewing the families of 11,000 nine-month-old infants who are also taking part in the study. The younger children in the study were initially interviewed at 9 months of age, at 3 years of age and then at 5 years of age.

The information collected during the earlier rounds of interviews in the main study was included in a series of reports. Information from the study has informed discussion on topics such as: infant and child health, including overweight and obesity; the role of families in a child’s development and the supports necessary for families; school performance and factors which assist in a positive experience for children and young people in school; and lots more.

You can get more information on the study on our website: [www.growingup.ie](http://www.growingup.ie)

The Government is using this information to help make improvements and bring real benefits to children, young people and families for many years to come. The information collected in the study was used extensively in the government’s plan for improving and supporting the lives of children and young people in Ireland - *Better Outcomes Brighter Futures: The national policy framework for children & young people, 2014 – 2020* (Department of Children and Youth Affairs, 2014).

---

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

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

Who is running the study?

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

The Department of 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 similar to the previous interviews. An interviewer will contact you to arrange a visit to your home at a time that is convenient for you and your family. As before, this can be on a weekday, in the evening, or during the weekend.

When the interviewer visits your home, he/she will ask to interview the 17/18-year-old in the study along with his/her parent(s) / guardian(s). The visit to your home will last about 1½ to 2 hours.

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

Confidentiality

As with the previous interviews, all the information given to the Growing Up in Ireland interviewer is treated in the strictest confidence. By this we mean that it could not be associated with you or your family by anyone other than a very small number of the people who are running the project. It will be used exclusively for research purposes.

The information given by the 17/18-year-old and any member of his/her family in direct answer to the questions on the survey is strictly confidential. That information cannot be used by anyone for any purpose, other than for statistical analysis. No-one will receive any feedback on answers given in the surveys to the questions which our interviewer asks directly in the course of the interview, regardless of what those answers might be. However, if the interviewer observes something or is told something outside the answers given to the survey questions which causes him/her or the people running the Study to have serious concerns for the welfare of the Young Person at the centre of the study or any other person, they may have to tell someone who can help.

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. This will help to ensure that your information is kept anonymous.

The information your family will provide will have your name, 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.
What kind of questions will my family be asked?

Similar to our last interview, the Young Person and his/her parent(s)/guardian(s) will be asked questions about:

- health and education
- emotional health and wellbeing
- family life and experiences as a parent

The Young Person will be asked some sensitive questions about:

- home life
- smoking; drinking alcohol; drug-taking;
- sexuality, sexual behaviour and sexual activity;
- mental health and self harm;
- anti-social behaviour (some of which may be illegal).

All the questions are very straightforward, though some are quite detailed and, as we said, will address relatively sensitive issues. The more sensitive questions are contained in a questionnaire which is filled out by the Young Person him/herself and is not administered by the interviewer. The interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

None of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with your child or your family and information collected in the study cannot be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).

Parent/Guardian Consent for Young Person less than 18 years of age?

Almost all of the Young People being interviewed in this phase of the study are 17 years old. It is a legal requirement that we ask their parent/Guardian to sign a consent form before they participate in the study.

Interviewing the Young Person alone, provided someone over 18 years of age is in the home

The protocol for this round of the Growing Up in Ireland study is that the interviewer who administers the surveys may interview the Young Person in a room alone, provided someone aged 18 years or over is also in the accommodation. The door of the room in which the interview takes place should be left open during the interview.

Following up in a few years’ time:

Because this study looks at the development of young people over time we would like to return in about three years time to carry out a follow-up survey.
Who are the interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). The interviewer is an Officer of Statistics appointed by the Central Statistics Office – 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 her/his identity, please contact the Growing Up in Ireland team at 01- 8632000.

What are my rights if we take part?

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

You and your family may choose to withdraw from the study, even after the interviewer has called to your home.

Your participation counts …

Just as in the previous rounds of the study, 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 young person and find out how we can improve the future for all children, young people 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 Ms Fiona Burke, on 01 863 2000

or call 01 8632000 and ask for the Growing Up in Ireland team

Visit our website: www.growingup.ie

Email us at growingup@esri.ie

Post to:
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
Appendix A3:  Consent form
Parent /Guardian One [YP less than 18 years]
INTERVIEWER: COMPLETE THIS CONSENT FORM BEFORE THE YOUNG PERSON'S CONSENT FORM

Name of Young Person: ___________________________ Young Person’s Date of Birth: ________________

(BLOCK CAPITALS PLEASE) DD/MM/YYYY

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have about the Growing Up in Ireland study.
- I consent to participating in the Growing Up in Ireland study.
- I consent to my 17-year-old participating in the Growing Up in Ireland study.
- I understand that my child’s other parent, my spouse or partner (where different) will also be interviewed as part of this study.
- I understand that the protocol for interviewing my 17-year-old allows the interviewer to be alone in a room with my 17-year-old to administer the questionnaire, provided the door of the room is open and someone aged 18 years or more is also in the accommodation throughout the interview.
- I understand that the questionnaire completed by my 17-year-old contains information on sensitive topics including the following: smoking; drinking alcohol; drug-taking; sexuality, sexual behaviour and sexual activity; self-esteem; mental health; self-harm and anti-social behaviour (some of which may be illegal).
- I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with my child or my family and that no information collected in the study could be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).
- I have been asked by the interviewer if I want to see a blank copy of the questionnaire containing these sensitive questions, before my 17-year-old completes it.
- I understand that the names, address and other identifying information relating to my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) 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 on the questionnaires completed by my 17-year-old; by my spouse/partner (if relevant); or by my 17-year-old’s other parent (where different).
- I understand that, as with all other parts of the Growing Up in Ireland study, neither I nor anyone else will receive any feedback about the answers given by my 17-year-old to the questions which the interviewer asks him/her or which he/she gives in the self-completion questionnaire, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something other than in answer to direct survey questions, which causes him/her or the people running the study to have serious concerns for the welfare of my 17-year-old, or any other vulnerable person, they may have to tell someone who can help.
- I understand that because this study looks at the development of Young People over time, I and my 17-year-old will be asked to participate in a follow-up study in a few years time.
- I understand that my 17-year-old may be asked to take part in a focus group in the ESRI’s offices in Dublin in the weeks following this survey.

Name of Parent/Guardian: ___________________________________________________________

Address of Parent/Guardian: _______________________________________________________

(BLOCK CAPITALS PLEASE)

Signature of Parent/Guardian: ___________________________ Date: ______________ Phone: ______________

If relevant: Name of Parent/Guardian not resident in your household:

Address of Parent/Guardian not resident in your household: _____________________________

(BLOCK CAPITALS PLEASE)

Signature of Parent/Guardian not resident in household: ___________________________ Date: ______________ Phone: ______________

AREA: ______ H’HOLD: ______
Appendix A4: Consent form
Parent/Guardian One [YP more than 18 years]
INTERVIEWER: COMPLETE THIS CONSENT FORM BEFORE THE YOUNG PERSON'S CONSENT FORM

Name of Young Person: _______________________________ Young Person'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 about the Growing Up in Ireland study.

I consent to participating in the Growing Up in Ireland study.

I understand that my 18-year-old will also be interviewed as part of the Growing Up in Ireland study.

I understand that my 18-year-old's other parent, my spouse or partner (where different) will also be interviewed as part of this study.

I understand that the questionnaire completed by my 18-year-old contains information on sensitive topics including the following: smoking, drinking alcohol, drug-taking, sexuality, sexual behaviour and sexual activity; self-esteem; mental health; self-harm and anti-social behaviour (some of which may be illegal).

I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with my child or my family and that no information collected in the study could be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).

I have been asked by the interviewer if I want to see a blank copy of the questionnaire containing these sensitive questions, before my 18-year-old completes it.

I understand that the names, address and other identifying information relating to my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) 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 purpose.

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 on the questionnaires completed by my 18-year-old; by my spouse/partner (if relevant); or by my 18-year-old’s other parent (where different).

I understand that, as with all other parts of the Growing Up in Ireland study, neither I nor anyone else will receive any feedback about the answers given by my 18-year-old to the questions which the interviewer asks him/her or which he/she gives in the self-completion questionnaire, regardless of what those answers might be.

I understand, however, that if the interviewer observes something or is told something other than in answer to direct survey questions, which causes him/her or the people running the study to have serious concerns for the welfare of my 18-year-old, or any other vulnerable person, they may have to tell someone who can help.

I understand that because this study looks at the development of Young People over time, I and my 18-year-old will be asked to participate in a follow-up study in a few years time.

I understand that my 18-year-old may be asked to take part in a focus group in the ESRI’s offices in Dublin in the weeks following this survey.

Name of Parent/Guardian: ____________________________________________

Address of Parent/Guardian: __________________________________________

______________________________________________________________

Signature of Parent/Guardian: ____________________________ Date: __________ Phone: ______________

If relevant: Name of Parent/Guardian not resident in your household:

______________________________________________________________

Address of Parent/Guardian not resident in your household:

______________________________________________________________

Signature of Parent/Guardian not resident in household: ____________________________ Date: ________ Phone: ______________
Appendix A5: Consent form
Young Person [YP less than 18 years]
YOUNG PERSON’S CONSENT FORM—(Young Person less than 18 years)

Name: ____________________________________________________________
(BLOCK CAPITALS PLEASE)

Date of Birth: ________________________________

- 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 Growing Up in Ireland study.
- I consent to participating in the Growing Up in Ireland study.
- I understand that my parent(s) / guardian(s) will also be interviewed, about themselves and me.
- I understand that my parent/guardian has already signed a consent form regarding my participation in the Growing Up in Ireland study, as this is a legal requirement for anyone under 18 years of age.
- I understand that the protocol for interviewing 17-year-olds allows the interviewer to be alone in a room with me to administer the questionnaire, provided the door of the room is open and someone aged 18 years or more is also in the accommodation throughout the interview.
- I understand that the questionnaire completed by me contains information on sensitive topics including the following: smoking; drinking alcohol; drug-taking; sexuality, sexual behaviour and sexual activity; self-esteem; mental health; self-harm and anti-social behaviour (some of which may be illegal).
- I understand that none of the information recorded in the survey may be given to any person, government body or agency in a way which could be identified with me or my family and that no information collected in the study could be used for any purpose other than statistical analysis. This includes the answers to questions on anti-social behaviour (some of which may be illegal).
- I understand that the names, address and other identifying information on my family will be removed from the details provided by me and my family in the course of our interviews. The survey information (without identifying details) will then be stored on a computer so that it will be available to researchers. The information can be used only for statistical analysis and 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 questionnaires which I complete, I will not have access to the information given on the questionnaires completed by my parent(s) / guardian(s).
- I understand that, as with all other parts of the Growing Up in Ireland study, neither I nor anyone else will receive any feedback about the answers given by me or anyone else in the questionnaires, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something, outside the answers given to the survey questions, which causes him/her or the people running the study to have serious concerns for my welfare, or the welfare of any other person, they may have to tell someone who can help.
- I understand that, because this study looks at the development of Young People over time, I will be asked to participate in a follow-up study in a few years time.

Signature: ___________________________________ Date: ________________

AREA: [ ] [ ] [ ] [ ] HHOLD: [ ] [ ] [ ]
Appendix A6: Consent form
Young Person [YP more than 18 years]
YOUNG PERSON’S CONSENT FORM – (Young Person 18 years or more)

Name: ________________________________________________
(BLOCK CAPITALS PLEASE)

Date of Birth: _________________________________________

- 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 Growing Up in Ireland study.
- I consent to participating in the Growing Up in Ireland study.
- I understand that my parent(s) / guardian(s) will also be interviewed, about themselves and me.
- I understand that the questionnaire completed by me contains information on sensitive topics
  including the following: smoking; drinking alcohol; drug-taking; sexuality, sexual behaviour and
  sexual activity; self-esteem; mental health; self-harm and anti-social behaviour (some of which
  may be illegal).
- I understand that none of the information recorded in the survey may be given to any person,
  government body or agency in a way which could be identified with me or my family and that no
  information collected in the study could be used for any purpose other than statistical analysis.
  This includes the answers to questions on anti-social behaviour (some of which may be illegal).
- I understand that the names, address and other identifying information on my family will be
  removed from the details provided by me and my family in the course of our interviews. The
  survey information (without identifying details) will then be stored on a computer so that it will be
  available to researchers. The information can be used only for statistical analysis and 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
  questionnaires which I complete, I will not have access to the information given on the
  questionnaires completed by my parent(s) / guardian(s).
- I understand that, as with all other parts of the Growing Up in Ireland study, neither I nor anyone
  else will receive any feedback about the answers given by me or anyone else in the
  questionnaires, regardless of what those answers might be.
- I understand, however, that if the interviewer observes something or is told something, outside
  the answers given to the survey questions, which causes him/her or the people running the study
  to have serious concerns for my welfare, or the welfare of any other person, they may have to tell
  someone who can help.
- I understand that, because this study looks at the development of Young People over time, I will
  be asked to participate in a follow-up study in a few years time.

Signature: ____________________________________________ Date: ____________________

AREA: [ ] [ ] [ ] [ ] [ ] [ ] [ ]
HIHOLD: [ ] [ ] [ ] [ ] [ ] [ ]
Appendix A7: Household Composition
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

HOUSEHOLD COMPOSITION – 17-year-old Cohort

AREA [ ] [ ] [ ] HOUSEHOLD [ ] [ ] [ ]

Interviewer Name ___________________________   Interviewer Number [ ] [ ] [ ] [ ]

Date [ ] [ ] [ ]

Day month year

Almost five years have passed since you and your family were interviewed as part of Growing Up in Ireland. At that time we explained that we would like to make a return visit for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <young person> and <his/her> parents who live here. The whole interview with <young person> and <his/her> parents will take about 1½ - 2 hours 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 Children and Youth Affairs is funding the study 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.

A1a. Last time we spoke <young person> lived at this address. Does he/she still live at this address, even if only some of the time?

Yes [ ] No [ ] [INT: Go to A1d]

A1b. Will we be able to interview the young person at this address?

Yes [ ] [INT: Go to A1c] No [ ] [INT: Go to A1d]

A1c. Just to check, this is what <young person> would consider to be <his/her> main address?

Yes [ ] [INT: Go to A1h] No [ ]

A1d. Is <young person> living elsewhere in Ireland where we might be able to interview him/her?

Yes [ ] [INT: Go to A1e] No, emigrated/living abroad [ ] [INT: Go to A1f] No, other (specify) [ ] [INT: Finish]

A1e. [if yes] Can you give me <young person>’s full other/new address where we can attempt to interview him/her?

Add: ____________________________________________
A1f. Which country did <young person> emigrate to? ______________________ (country)

A1g. Why did he/she emigrate? (tick one for main reason)
   a. Further education/training .................................................. □ 1
   b. To get a job ........................................................................□ 2
   c. Travel/gap year .....................................................................□ 3
   d. Voluntary/charity work ..........................................................□ 4
   e. Something else (please specify) _____________________________ □ 5

A1h. [if parental home is main address] Does <young person> have any other addresses – for example, student or work address during the week or during term-time?
   Yes .................... □ 1
   No ..................... □ 2

A1i. [if has other address] How would you describe <young person’s> household at this second address?
   a. lives alone in a house/flat .......................................................... □ 1
   b. lives in a house/flat with another relative .................................. □ 2
   c. lives with a spouse/partner in a house/flat of their own ............ □ 3
   d. lives with a spouse/partner and other adults ......................... □ 4
   e. lives in a house/flat-sharing arrangement with other adult(s) ...... □ 5
   f. campus accommodation ...................................................... □ 6

A1j. [if has other address] Record address __________________________________________

A1k. [if has other address] How many nights per month does <young person> sleep in the parental home?
   _____ (no.of nights per month) OR □ 1 Young person spends less than one night per month in the parental home

Section A1 – Household Composition

YOUNG PERSON STILL PRINCIPALLY RESIDENT IN PARENTAL HOME

A1a. [INTERVIEWER: I’d like to begin by speaking to <primary caregiver at 13 years>. Is <primary caregiver at 13 years> still resident in the household?]
   Yes .................................................. □ 1
   No ................................................. □ 2  → Go to A7a

A1b. Do you have a spouse/partner who lives here with you in the household?
   Yes .................................................. □ 1
   No ................................................. □ 2

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at 13 years] people 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 13 years> and <young person> will be checked and edited where necessary and their residency in the household at 17 years confirmed.***

<table>
<thead>
<tr>
<th>No.</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Age</th>
<th>DOB not available</th>
<th>Still resident?</th>
<th>Relationship of each member to Parent 1 and Young Person.</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>
<td></td>
</tr>
</tbody>
</table>

**R'SHIP TO:**
- CARD A2E1
- CARD A2E2

**R'SHIP TO:**
- Young Person

<table>
<thead>
<tr>
<th>No.</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Age</th>
<th>DOB not available</th>
<th>Still resident?</th>
<th>Relationship of each member to Parent 1 and Young Person.</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Parent One should be on line 1. Young Person should be on line 2. Parent Two on line 3 (if relevant).

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 YEARS: 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 13 YEARS - ADD THEM TO THE NEW GRID BELOW]**

A3. Has anyone else joined the household since we last spoke, when <young person> was 13 years of age, 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>Age</th>
<th>DOB not available</th>
<th>Relationship of each member to Parent One and Young Person</th>
<th>Since when have they been living with you</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Show Card A2F**

<table>
<thead>
<tr>
<th>No.</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Age</th>
<th>DOB not available</th>
<th>Parent One (Card A2E1)</th>
<th>Young Person (Card A2E2)</th>
<th>Mont</th>
<th>YEAR</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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 <PRIMARY CARER AT 13 YEARS> IS STILL RESIDENT IN THE HOUSEHOLD AT 17 YEARS.

A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <young person>. We would like you to complete the Parent One questionnaire with us on this occasion as well. Can I just check, are you still the main caregiver of <young person>?

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

Go to A8a

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

-------------------

IF PRIMARY CAREGIVER FROM 13 YEARS 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 main caregiver of <young person> on this occasion. Is that correct?

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

[BLAISE INSTRUCTION: END OF THE INTERVIEW]

Go to A9a

IF RESPONDENT TO HOUSEHOLD SECTION AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 YEARS ASK A7a – A9.

A7a. Are you the head of the household?

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 <young person>?

[Interviewer use codes only]

Biological mother/ father ......................................................... □1  Grand parent ......................................................... □3
Adoptive mother/ father ......................................................... □2  Aunt/uncle ............................................................... □3
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 <young person>) 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>Age if DOB not available</th>
<th>Was this Person Resident at time 1?</th>
<th>Relationship of each member to Parent One and Young Person</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td></td>
<td>Y N</td>
<td></td>
<td></td>
<td>Show Card A2F</td>
</tr>
<tr>
<td>51</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Show Card A2F</td>
</tr>
<tr>
<td>52</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Show Card A2F</td>
</tr>
<tr>
<td>53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Show Card A2F</td>
</tr>
<tr>
<td>54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Show Card A2F</td>
</tr>
<tr>
<td>55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Show Card A2F</td>
</tr>
</tbody>
</table>

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

Born into the household .........................□ 1
Joined for another reason (specify) ______□ 2

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

Go to A9a

A9a. Does <young person> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes ....... .□ 1 No ............□ 2

A9b. How many full / half / step / adoptive brother(s) or sister(s) does <young person> 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 sex
2) their Date of Birth (DOB)
3) their relationship to <young person>

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>SHOW CARD A9c</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>SHOW CARD A9c</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>SHOW CARD A9c</td>
</tr>
</tbody>
</table>
A2-1. First I would like to ask you a few details about yourself and the others in your household. For everyone living with you at this address, could you tell me:

a) their first name  
b) their sex  
c) their Date of Birth (DOB)  
d) if DOB not available - their age last birthday  
e) their relationship to you  
f) their current situation regarding school or work.

<table>
<thead>
<tr>
<th>No.</th>
<th>Person No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Age last birthday</th>
<th>Relationship of each member to mother and child.</th>
<th>R'SHIP TO: CARD A5D1 Young Person</th>
<th>Pre-school</th>
<th>School</th>
<th>Education</th>
<th>At Work / Training</th>
<th>Unemployed</th>
<th>Retired</th>
<th>Home Duties</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td></td>
<td>M</td>
<td></td>
<td>yrs 1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td></td>
<td>F</td>
<td></td>
<td>yrs 2</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td></td>
<td>M</td>
<td></td>
<td>yrs 3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td></td>
<td>F</td>
<td></td>
<td>yrs 4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5</td>
<td></td>
<td>M</td>
<td></td>
<td>yrs 5</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td></td>
<td>F</td>
<td></td>
<td>yrs 6</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td></td>
<td>M</td>
<td></td>
<td>yrs 7</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td></td>
<td>F</td>
<td></td>
<td>yrs 8</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td></td>
<td>M</td>
<td></td>
<td>yrs 9</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Young Person should be on line 1.
Appendix A8: Young Person
Main Questionnaire
GROWING UP IN IRELAND
– the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON MAIN QUESTIONNAIRE – 17-year-olds

Area ____________________________ H’Hold ____________________________

Interviewer Name ____________________________ Interviewer Number __________

Date _______ _______ _______
day month year

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 17-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 education, your family and 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.

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.

X1. Are you: Male ____________ Female ____________

X2. What is your date of birth? ____________ day ____________ month ____________ year

SECTION A1: CURRENT PES AND JUNIOR CERT

1. [show card A1] What is your main status now? (Please tick one box only)

Still in School ________________________________________________ 1 Go to A1,Q2

Studying Higher Education course __________________________________ 2 Go to A1,Q3

Studying Further Education course eg. PLC __________________________________ 3 Go to A1,Q4

In paid employment ____________________________________________ 4 Go to A1,1b

Apprenticeship ________________________________________________ 5 Go to A1,Q3

Unemployed ________________________________________________ 6 Go to A1,1c

On a Solas (FÁS), Fáilte Ireland, Teagasc etc. course ________________________ 7 Go to A1,Q3

On a Private Training Scheme ________________________________________ 8 Go to A1,Q3

Youth Reach ________________________________________________ 9 Go to A1,Q3

Engaged in home duties __________________________________________ 10 Go to A1,1c

Unable to work or study due to permanent disability or illness ________________________ 11 Go to A1,Q3

Taking a year out or travelling __________________________________________ 12 Go to A1,1c

Other, please specify ____________________________________________ 13 Go to A1,Q3

1b. [If not currently in education] Do you intend to return to full-time education in the next year?

Yes ____________ 1 Go to A1,Q3

No ____________ 2 Go to A1,Q3
1c. [If not ill, but not in education or employment] [show card A1_1c] What is your main reason for not working or continuing in education at the present time? [all then go to A1, Q3]

- Own illness or injury ........................................................................................................... 1
- Pregnancy .......................................................................................................................... 2
- Looking after own children or other family member(s) ................................................ 3
- Arranged a job or course that starts later ....................................................................... 4
- Made arrangements for self-employment but haven’t started yet ............................... 5
- Awaiting call to work (e.g. zero hours contract) ............................................................... 6
- Cannot find suitable work or course ............................................................................... 7
- Don’t have necessary qualifications for preferred job or course .................................... 8
- Don’t know how to go about getting a job or finding a course .................................... 9
- Don’t have own transport ................................................................................................ 10
- Cannot afford alternative accommodation close to job/course ..................................... 11
- Don’t want to move home or be separated from loved ones ....................................... 12
- Cannot find suitable childcare ....................................................................................... 13
- Prefer not to work or continue in education .................................................................. 14
- Other (please specify) _______________________________ .............................................. 15

2. [If still in school] Which year are you in?

- Fourth Year/Transition Year ................................................................. 1 Go to A1,Q5.
- Fifth Year/Pre-Leaving .............................................................................. 2 Go to A1,Q5.
- Sixth Year/Leaving Cert. .............................................................................. 3 Go to A1,Q5.
- Sixth Year/Leaving Cert (Repeat). ............................................................ 4 Go to A1,Q5.
- Other (please specify) .................................................................................... 5 Go to A1,Q5.

3. [If not still in school] When did you leave school? _____ Month _____ Year ................................. Go to A1,Q4.

4. [If not still in school] What was the last year you completed/attended school?

- 1st Year ................................................................................................. 1 Go to A2
- 2nd Year ................................................................................................. 2 Go to A2
- 3rd Year ................................................................................................. 3 Go to A1,Q5.
- Fourth Year/Transition Year ................................................................. 4 Go to A1,Q5.
- Fifth Year/Pre-Leaving .............................................................................. 5 Go to A1,Q5.
- Sixth Year/Leaving Cert. .............................................................................. 6 Go to A1,Q5.
- Sixth Year/Leaving Cert (Repeat). ............................................................ 7 Go to A1,Q5.
- Other (please specify) .................................................................................... 8 Go to A1,Q5.

5. Did you sit the Junior Certificate?

- Yes ........................................................................................................... 1 Go to A1,Q6.
- No ............................................................................................................ 2 Go to A2

6. [If sat Junior Cert]. Do we have your permission to link to your results?

- Yes ........................................................................................................... 1 Go to A2
- No ............................................................................................................ 2 Go to A1,Q7.

7. Please list the subjects, level and grades achieved in your Junior Certificate.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Level</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION A2: PROGRAMS TAKEN

1a. What school are you currently attending/did you last attend? Please give the full name and address of the school.

_________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________ (OPEN ENDED)

1b. Is/was your school a boarding school?
No ............................................................
Yes and you are/were a boarder ........ 2
Yes and you are/were not a boarder ........ 3

2. [If still in school or left after 4th year] What programme are you taking at the moment/did you take in senior cycle?
- Regular (Established) Leaving Certificate ........................................ 1
- Leaving Certificate Applied (LCA) ..................................................... 2
- Leaving Certificate Vocational (LCVP) .................................................. 3
- Transition Year .................................................................................. 4
- Something else (please specify) .......................................................... 5

3. [If still in school or left after 4th year] Did you have a choice over which programme you took this year/most recent year?
- No, I had no choice – school only offers one program ......................... 1
- No, I had no choice – parents/teachers made me take this program .......... 2
- Yes, I decided to take (program at Q2) ................................................. 3

4. [If still in school or left after 4th year] Thinking about this year/most recent year in general, how satisfied are you with the programme you are taking (for example, the regular Leaving Cert, LCA, LCVP or TY)?

- Very satisfied ........................................ 1
- Satisfied ........................................... 2
- Dissatisfied ........................................ 3

5a. [If still in school or left after 4th year] Did you take Transition Year?
Yes ......................................................... 1
No ................................................................. 2

5b. Overall, are you happy that you took Transition Year?
- Very happy ........................................... 1
- Quite happy .......................................... 2
- Neutral ................................................. 3
- Somewhat unhappy ........................................ 4
- Very unhappy ........................................ 5

SECTION A3: EXPERIENCE OF SCHOOL AND TEACHERS

1. Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views [show card A3_1]

**Attitudes to school**
a. I find/found school-work in this school really boring. .................................................. 1
b. I am/was excited about being at this school. ............................................................ 1
c. I dislike(d) being at this school. ........................................................................ 1
d. I usually feel/felt relaxed about school. ............................................................... 1
e. I look(ed) forward to coming to school most days. ........................................... 1
f. I like(d) school better than most other students in this school. ............ 1

**Attitudes to teachers**
g. I think/thought most of my teachers are/were unfriendly. .................. 1
h. My teachers would help me if I had a problem with my schoolwork. ......... 1
i. I couldn’t talk to any of my teachers if I had a problem. .......................... 1
j. Most of the time there is/was a good working atmosphere in the class. .......... 1
k. I like(d) most of my teachers. ................................................................. 1
2. [If still in school, or left school within the last year] In this/most recent school year, how often have the following things happened to you? Please tick ONE box on every line. [show card A3_2]

<table>
<thead>
<tr>
<th></th>
<th>Very often</th>
<th>Often</th>
<th>A few times</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You have been told that your work is good by a teacher.</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. You have asked questions in class.</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. A teacher has praised you for answering a question.</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. You have been given out to by a teacher because your work is untidy or not done on time.</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. You have been asked questions in class by the teacher.</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. You have been given out to by a teacher for misbehaving in class.</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. You have been praised by a teacher because your written work is well done.</td>
<td>1</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

3. In general, do you think that your second-level education has benefited you in the following ways? (Please tick one box on each line.) [show card A3_3]

<table>
<thead>
<tr>
<th></th>
<th>Yes, a lot</th>
<th>Yes, some</th>
<th>No help</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. In increasing your self-confidence</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>b. In helping you develop into a well-balanced person</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>c. In building good relations with friends of the opposite sex</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>d. In being able to talk and communicate well with others</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>e. In knowing how to go out about finding things out for yourself</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>f. In helping you to make new friends</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>g. In knowing how to acquire a new skill</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>h. In getting involved in sports</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>i. In giving you reading and writing skills</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>j. In appreciating reading for pleasure</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>k. In preparing you for the world of work</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>l. In giving you computer skills</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>m. In preparing you for adult life</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>n. In helping you to think for yourself</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>o. In appreciating art or music</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>p. In helping you to decide what to do after you leave school</td>
<td>1</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

4. How well would you say you do at tests or exams compared with other people your age? [show card A3_4]

<table>
<thead>
<tr>
<th></th>
<th>Above average</th>
<th>Just above average</th>
<th>Average</th>
<th>Just below average</th>
<th>Below average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Just above average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Just below average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Below average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

5. How well would you say you do at sports compared with other people your age? [also show card A3_4]

<table>
<thead>
<tr>
<th></th>
<th>Above average</th>
<th>Just above average</th>
<th>Average</th>
<th>Just below average</th>
<th>Below average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Above average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Just above average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Just below average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Below average</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SECTION A4: SUBJECT CHOICE AND OPINIONS

1. Did you, or do you plan, to sit the Leaving Certificate?
   Yes, have sat it.............................................. [1]
   Yes will sit it................................................ [2]
   Yes sat it in previous year and now repeating ...... [3]

2. [If sat or plans to sit Leaving Cert]. Are you doing/did you do Maths, English and Irish for the Leaving Cert?
   Please also rate whether you find/found that subject (a) useful for everyday life (b) interesting (c) how difficult they are/were (1=easy, 2 = moderate, 3 = difficult)

<table>
<thead>
<tr>
<th>Subject</th>
<th>Useful (Yes or No)</th>
<th>Interesting (Yes or No)</th>
<th>Difficult? (1 -3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mathematics</td>
<td>[1]</td>
<td>[2]</td>
<td>[1] [2] [3]</td>
</tr>
<tr>
<td>English</td>
<td>[1]</td>
<td>[2]</td>
<td>[1] [2] [3]</td>
</tr>
<tr>
<td>Irish/Gaelge</td>
<td>[1]</td>
<td>[2]</td>
<td>[1] [2] [3]</td>
</tr>
</tbody>
</table>

3. [If sat or plans to sit Leaving Cert]. do we have your permission to link to your results?
   Yes................................................. [1] Go to A4, 5a
   No................................................. [2] Go to A4, 4a
4a. [If no permission to access Leaving Cert results and doing Regular Leaving Cert or Leaving Cert Vocational]. Please indicate which subjects you are doing/did for the Leaving Cert, at what level (foundation, ordinary or higher) and if completed the grade you achieved. [show card A4_4a]

<table>
<thead>
<tr>
<th>Subject</th>
<th>Doing subject</th>
<th>Foundation</th>
<th>Ordinary</th>
<th>Higher</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agricultural Economics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agricultural Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ancient Greek</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied Mathematics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arabic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemistry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classical Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Construction Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design and Communication Graphics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Engineering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>French</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geography</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>German</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hebrew Studies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Economics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japanese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physics and Chemistry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Russian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4b. [If no permission to access Leaving Cert results and doing Leaving Cert Applied]. Please indicate which vocational specialisms/elective modules you take or will take in Leaving Cert Applied Course. [show card A4_4b]

**Vocational Specialisms**
- Agriculture/Horticulture
- Childcare/Community Care
- Graphics and Construction Studies
- Craft and Design
- Engineering
- Hair and Beauty
- Hotel, Catering and Tourism
- Office Administration and Customer Care
- Technology
- Information and Communication Technology (follow-on to Introduction to ICT)
- Active Leisure Studies (follow-on to Leisure and Recreation)

**Elective Modules (in addition to required modules only)**
- Vocational Preparation & Guidance
- Arts Education
- Modern Language
- Sign Language

---

5
1. Some students get extra help at school in some subjects (such as English or Maths). Have you received/did you receive any extra help within school this/most recent year?

2. What subjects did you get extra help in? Please tick ALL that apply.
   - English/reading ................ [1]
   - Maths ................................ [1]
   - Irish .................................. [3]
   - Other (specify) .................. [3]

3. Was this extra help:
   - Peer-mentoring scheme ..................... [1]
   - Individual (one-to-one) tuition .................. [1]
   - In a small group ............................... [1]
   - In a large group outside your regular class ............. [1]
   - Other, please describe ........................... [3]

4. Did you find this help useful?
   - Yes, a lot ................ [1]
   - Yes, a little .......... [1]
   - Not really ............. [3]

5a. Looking back, do you have any regrets about your subject choice for the Leaving Cert?
   Yes ................. [1] No ................. [3]

5b. If yes, what regrets do you have?

6. [If going to sit the Leaving Cert] How important is it to you to do well in your Leaving Cert exam?

SECTION A5: CAREER GUIDANCE/ROLE OF INDIVIDUALS IN CAREER PLANNING

1. [FOR ALL]: Looking at each of the following people [show card A5_1], whom did you consult to help you decide what to do after you leave/left school? And how important has each of them been in helping you decide?

   - The Guidance Counsellor ........................................ [1]
   - Your class tutor/year head .................................. [1]
   - Your subject teacher(s) ........................................ [1]
   - Your friend(s) ..................................................... [1]
   - Your mother ...................................................... [1]
   - Your father ....................................................... [1]
   - Older brother or sister ....................................... [1]
   - Other family member(s) ..................................... [1]
   - Someone else .................................................. [1]

2. [If still in school or left later than Junior Cert] In thinking about what you will (would) do after you leave school, have you done any of the following? Tick all that apply. [show card A5_2]

   - Had a class session with the guidance counsellor in your school ........................................ [1]
   - Had an individual appointment with the guidance counsellor in your school ........................................ [1]
   - Talked to another teacher ........................................ [1]
   - Talked to a private guidance counsellor outside school ......................................................... [1]
   - Had career talks at your school ........................................ [1]
   - Used a specialist guidance website (such as Qualifax) ................................................................. [1]
   - Looked at university/institute of technology/college websites .................................................. [1]
   - Looked at other internet sites ........................................ [1]
   - Gone to a university/institute of technology/college open day ................................................... [1]
   - Talked to someone you know working in the area ................................................................. [1]
   - Had a work experience placement in the area you’re interested in pursuing .................................. [1]
   - Other (please specify) ........................................... [3]

SECTION A6: ADDITIONALSUPPORTS/SPECIAL EDUCATIONAL NEEDS

1. Some students get extra help at school in some subjects (such as English or Maths). Have you received/did you receive any extra help within school this/most recent year?

2. What subjects did you get extra help in? Please tick ALL that apply.
   - English/reading ................ [1]
   - Maths .................................. [1]
   - Irish .................................. [3]
   - Other (specify) .................. [3]

3. Was this extra help:
   - Peer-mentoring scheme ..................... [1]
   - Individual (one-to-one) tuition .................. [1]
   - In a small group ............................... [1]
   - In a large group outside your regular class ............. [1]
   - Other, please describe ........................... [3]

4. Did you find this help useful?
   - Yes, a lot ................ [1]
   - Yes, a little .......... [1]
   - Not really ............. [3]
5. If YOU DID NOT GET ANY EXTRA HELP, would you have liked extra help within school with any subjects?

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

6. [All] Do you have any particular special educational need or disability that affected/affects your learning while at school or college (other than 'exceptionally able' or 'gifted')?

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

7. [If yes to special educational needs at A6, Q6 and now in further/higher education] Do you receive any extra educational supports in your further/higher education course?

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

8. What form does this support take?

_______________________________________ (OPEN ENDED)

9. Do you find this support useful?

Yes, a lot ...................... □ 1
Yes, a little .................... □ 2
Not really .............. □ 3

10. If you do not get any extra support, would you like to?

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

SECTION A7: PARENTAL/FAMILIAL ENGAGEMENT

1. [All] In this/most recent school or college year, how often have/did your parent(s):

(Please tick ONE box on each line.) [show card A7_1]

Never or hardly ever  A few times a year  About once a month  Several times a month  Several times a week

a. Discussed how you are getting on with different subjects at school/college? .......................................................... □ 1  □ 2  □ 3  □ 4  □ 5
b. Asked how you are/were coping with the amount of work (course-work etc) for your courses? .......................................................... □ 1  □ 2  □ 3  □ 4  □ 5
c. Asked how you are/were getting on with your teachers/lecturers? .......................................................... □ 1  □ 2  □ 3  □ 4  □ 5
d. Discussed your plans for the future? .......................................................... □ 1  □ 2  □ 3  □ 4  □ 5
e. Asked how you are/were getting on with friends? .......................................................... □ 1  □ 2  □ 3  □ 4  □ 5
f. Discussed how you did in tests or exams? .......................................................... □ 1  □ 2  □ 3  □ 4  □ 5

2. Do/did you ever receive help from your parents or brothers and sisters with homework or study?

Yes, often ...................... □ 1
Yes, sometimes ............... □ 2
No .............................. □ 3

3. Do/did you ever receive help from your friends with homework or study?

Yes, often ...................... □ 1
Yes, sometimes ............... □ 2
No .............................. □ 3

SECTION A8: HOMEWORK AND GRINDS

1. [All] In this/most recent school year, have you had/did you have any grinds or private tuition in any of your school subjects (excluding special educational needs support)?

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

2. Did you find these grinds useful?

Yes, a lot ..... □ 1
Yes, a little ...... □ 2
Not really.... □ 3

3. [If still in school] Do you plan to take any grinds before the Leaving Certificate exam?

Yes, definitely ..... □ 1
Yes, probably ...... □ 2
No .............................. □ 3
SECTION A9: PART-TIME WORK/WORK EXPERIENCE/ACTIVITIES

1. [All] (Do/Did) you ever do any work in a part-time paid job in term-time while you are/were attending school or college, even if it is/was only for an hour or two now and then? Please don’t include jobs you only (do/did) during the school holidays or voluntary work
   Yes .................☐  No ..................☐  go to A9, Q4

2. How many hours on average (do/did) you usually work in this job (or jobs) during a term-time week? Please include any hours you (work/worked) at the weekend during term-time.
   (Number of hours – ask for average week if irregular) __________

3. How much money (do/did) you earn on average each week through part-time work during term-time?
   (Enter number of euro. If respondent does not get paid enter ‘0’). __________

4. Do you ever do any work for a business owned or run by a member of your family? This includes any work, whether paid or unpaid.
   Yes .................☐  No ..................☐

5. During this/most recent school year (have you had/ did you have) a short term work experience placement, as part of your school curriculum? That is a time when you spent a few days getting experience of what it’s like to be at work for example in a local business, office or factory.
   Yes .................☐  No ..................☐

6. In the past year, have you taken part in any of the following activities, and, if yes, did they have to be paid for? (Please mark all that apply). [show card A9_6]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Paid For?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sports clubs/teams</td>
<td></td>
</tr>
<tr>
<td>b) School/student councils</td>
<td></td>
</tr>
<tr>
<td>c) Breakfast club or after school club</td>
<td></td>
</tr>
<tr>
<td>d) Holiday Clubs or activities</td>
<td></td>
</tr>
<tr>
<td>e) Computer clubs/groups</td>
<td></td>
</tr>
<tr>
<td>f) Art, drama, dance or music clubs/groups/rehearsals</td>
<td></td>
</tr>
<tr>
<td>g) Religious groups or organisations</td>
<td></td>
</tr>
<tr>
<td>h) Scouts or Guides</td>
<td></td>
</tr>
<tr>
<td>i) Youth clubs where you can hang out with other people</td>
<td></td>
</tr>
<tr>
<td>j) Environmental clubs/groups</td>
<td></td>
</tr>
<tr>
<td>k) Games/hobbies clubs</td>
<td></td>
</tr>
<tr>
<td>l) Helping in the local community</td>
<td></td>
</tr>
<tr>
<td>m) Other, please specify:____________________________</td>
<td></td>
</tr>
</tbody>
</table>

7a. Do you receive regular pocket-money or an allowance from a parent or other relative? Do not include money you earn from a part-time or full-time job.
   Yes ........................................................... ☐  No .....................☐

7b. [show card A9_7b] From whom do you receive this pocket-money or allowance? [tick all that apply]

   a. Resident parent(s) or step-parent(s) ........................................................... ☐
   b. Non-resident parent ......................................................................................... ☐
   c. Grandparent(s) ................................................................................................. ☐
   d. Your partner ........................................................................................................ ☐
   e. Another relative (please specify) __________________ ___________________________ ☐

7c. Thinking about all the money you receive in pocket-money or an allowance, how much would you say you receive in a typical month in total?
   €______________ (amount per month)
8a. Do you receive any other money (not a loan) on a regular or fairly regular basis from someone who is not a relative (e.g. a friend)? Do not include money you earn from a part-time or full-time job or a regular allowance included in the previous question.

Yes ☐ No ☐

8b. From whom? [tick all that apply]

a. Your boyfriend/girlfriend/partner ☐

b. Your child’s other parent (if not also your boyfriend/girlfriend/partner) ☐

c. Friend(s) ☐

d. Someone else (please specify) ☐

8c. Thinking about all the people (not relatives) who give you money on this regular or fairly regular basis, how much would you say you receive in a typical month in total?

€__________ (amount per month)

9a. In the past year, did you receive any other money on an occasional basis from either relatives or friends (not a loan)? Do not include money you earned from a part-time or full-time job or any regular money included in the previous questions

Yes ☐ No ☐

9b. From whom did you receive this money (list all that apply)?

_________________________________________ (OPEN ENDED)

9c. Thinking about all the people who gave you money on this occasional basis in the PAST YEAR, how much would you say you received in total over the YEAR?

€__________ (amount per year)

10a. Are you personally in receipt of any social welfare payments?

Yes ☐ No ☐

10b. What payments are these?

_________________________________________ (OPEN ENDED)

10c. Thinking about all the social welfare payments you receive, how much would you say you get in a typical month in total?

€__________ (amount per month)

SECTION A10: ATTITUDES/ASPIRATIONS FOR FUTURE EDUCATION AND TRAINING

1. What do you think you are most likely to do when you leave school/return to education? (Please pick one option.)

- Get a full-time job ☐
- Repeat the Leaving Certificate ☐
- Higher Level Degree (University, Institute of Technology) ☐
- Ordinary Level Degree (Institute of Technology) ☐
- National Diploma (Institute of Technology) ☐
- Post-Leaving Certificate (PLC) course ☐
- Apprenticeship ☐
- Other SOLAS (or related) training ☐
- Take a ‘year out’ before going to college ☐
- Apply to join the defence forces ☐
- Apply to join the police/Gardaí ☐
- Other (please explain) ☐

[1] go to A10, Q9
[2] go to A10, Q2a
[3] go to A10, Q2a
[4] go to A10, Q2a
[5] go to A10, Q2a
[6] go to A10, Q2a
[7] go to A10, Q3
[8] go to A10, Q3
[9] go to A10, Q3
[10] go to A10, Q4a
[11] go to A10, Q4b
[12] go to A11, Q9
2a. [If yes to higher/further education] Have you decided what course or subject you would like to study at university/college/institute of technology?

Yes .................[ ] go to A11, Q2b No .................[ ] go to A10, Q6

2b. [Int: Following questions to refer to first preference course] What is it?
OPEN ENDED ____________________

2c. Where do you plan on doing it (which institution)?
OPEN ENDED ____________________ go to A10, Q6

3a. [If yes to apprenticeship or SOLAS course] Have you decided what trade or subject you would like to do during your apprenticeship/training course?

Yes .................[ ] go to A11, Q3b No .................[ ] go to A10, Q10

3b. What is it?
OPEN ENDED ____________________

3c. Where (or with whom) do you plan on doing the course or apprenticeship?
OPEN ENDED ____________________ go to A10, Q10

4a. [If yes to applying to join defence forces] Which branch of the defence forces do you plan to apply to?

Army .................[ ] Air Corps .................[ ] Naval Service .................[ ] Haven't decided .................[ ]

4b. [If applying to defence forces or police/Gardaí] Will this be with the Irish force(s) or somewhere else? All go to A10, Q10
Yes .................[ ] Somewhere else (please specify) ________________________ ......................

5. [If still in school and planning further education or already in further/higher education or planning to return to education next year] Have you applied/will you apply through the CAO?

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

6. May we have your permission to link to the CAO database?

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

7. [If still in school and planning further education or already in further/higher education or planning to return to education next year] To what extent, have/did the following considerations influence your (first) choice of third-level institution? [show card A10_7]

a. [The institution] offered the subject/course I wanted to do ........................................[ ]

b. Would allow me to live at home ..........................................................[ ]

c. There were good transport links between it and home ........................................[ ]

d. I wanted to live in a new city/country ..........................................................[ ]

e. My friend(s) were going there ....................................................................................[ ]

f. My family members were going or went there ......................................................[ ]

g. It had a good reputation ....................................................................................[ ]

h. My parents encouraged me to go there ........................................................................[ ]

i. My teacher or guidance counsellor recommended it ......................................................[ ]

j. I felt the size of it (in terms of student numbers) would suit me ........................................[ ]

k. Something else (please specify) ....................................................................................[ ]

8. [If not applying-going to third level or further education or planning to return next year], how likely do you think it is that you will return to full-time education in the next 5 years?

Very likely .................[ ]
Fairly likely .................[ ]
Not very likely .................[ ]
Not at all likely .................[ ]
9. [If not already in higher education] Here are some things that young people have said about University/Institutes of Technology and Higher Education. Please say how much you agree or disagree with each of these. [show card A10_9]

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. I don’t need to have a University/Institute of Technology degree to get the kind of job I want to do .........................................................

b. Most of my friends are planning to go to University/Institutes of Technology ........................................................................

c. People like me don’t go to University/Institutes of Technology ......................................................................................

10. [If not already in higher education] Have the financial aspects of going to University/Institutes of Technology, that is the costs of fees and living expenses, ever made you think about NOT applying?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes, to some extent</th>
<th>Yes, to a great extent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Which, if any, of the following financial aspects of going to university are you concerned about? TICK ALL THAT APPLY [show card A10_11]

<table>
<thead>
<tr>
<th>Concerned About</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of tuition fees/registration fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living costs (rent, food, travel, etc)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having to borrow money/get into debt</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having to rely on parents for money</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Something else (please specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None of these</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION A11: INVOLVEMENT IN FURTHER/HIGHER EDUCATION (EVEN IF NOW DISCONTINUED WHERE APPLICABLE)

General routing: Only those who have left school

1. Since leaving school, did you participate in any of the following on a full- or part-time basis – even if you did not complete the course or are still actively pursuing it (Tick all that apply) [Show card A11_1]

<table>
<thead>
<tr>
<th>Course</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly agree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Postgraduate course (NFQ Level 9)</td>
<td>1</td>
<td>SOLAS (FÁS) course</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Honours Bachelor Degree (NFQ Level 8)</td>
<td>2</td>
<td>SOLAS (FÁS) apprenticeship</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Ordinary Bachelor Degree (NFQ Level 7)</td>
<td>3</td>
<td>City &amp; Guilds course/apprenticeship</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Higher Certificate Course (NFQ Level 6)</td>
<td>4</td>
<td>Other apprenticeship course</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Certificate Course (NFQ Level 5)</td>
<td>5</td>
<td>Youth Reach Programme</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Certificate Course (NFQ Level 4)</td>
<td>6</td>
<td>Other, please specify</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Post-Leaving Cert Course</td>
<td>7</td>
<td>None</td>
<td>go to A12.01</td>
<td></td>
</tr>
</tbody>
</table>

2. If you have taken more than one course or apprenticeship, please answer the following questions in relation to the most recent course or apprenticeship:

2a. Please give the name and address of the college or institution you are attending [attended] or business where you are doing your apprenticeship:

                                                                                           (open ended)

2b. Please give the name of the course(s) or apprenticeship you are following (followed) (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):

                                                                                           (open ended)

2c. Date Course Started: Month ___________ Year ___________

2d. Expected total duration of course from beginning to end: _______ Months _______ Years

2e. Are you receiving (did you receive) any type of grant to cover registration fees?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2e. Are you receiving (did you receive) any type of grant to cover maintenance expenses?

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

2f. Are you still on this course, did you complete it or did you leave before completion?

Still on course..................☐1 go to A11, Q3   Completed course..................☐2 go to A11, Q3   Left before completion ☐3 go to Q2g

2g. If you left before completion, why did you leave? (Tick all that apply and choose one as the main reason) [show card A11_2g]

<table>
<thead>
<tr>
<th>Reason</th>
<th>All reasons</th>
<th>Main reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The course was not what I expected</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>b) I did not like going to college</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>c) I failed my exams</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>d) I/my family were experiencing financial difficulties</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>e) It was too far to travel</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>f) I got a full-time job</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>g) Physical health difficulties</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>h) Mental health difficulties</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>i) Family difficulties</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>j) Personal difficulties</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>k) Other, please specify</td>
<td>☐1</td>
<td>☐2</td>
</tr>
</tbody>
</table>

3. [If not on a degree or higher certificate course – if on a degree course go straight to A11, Q11] Did you ever apply for a place in higher education (third level) in Ireland and/or elsewhere? [Tick all that apply]

<table>
<thead>
<tr>
<th>Location</th>
<th>All reasons</th>
<th>Main reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, in Republic of Ireland</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>Yes, outside of Rep of Ireland</td>
<td>☐2</td>
<td>☐3</td>
</tr>
<tr>
<td>No</td>
<td>☐4</td>
<td>☐5</td>
</tr>
</tbody>
</table>

4. [If yes] Which type of course(s) did you apply for? [Tick all that apply] [show card A11_4]

<table>
<thead>
<tr>
<th>Course Type</th>
<th>All reasons</th>
<th>Main reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honours Bachelor Degree (NFQ Level 8)</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>Ordinary Bachelor Degree (NFQ Level 7)</td>
<td>☐2</td>
<td>☐3</td>
</tr>
<tr>
<td>Higher Certificate Course (NFQ Level 6)</td>
<td>☐3</td>
<td>☐4</td>
</tr>
<tr>
<td>Outside Republic of Ireland</td>
<td>☐4</td>
<td>☐5</td>
</tr>
</tbody>
</table>

5. If no, why did you not apply for a place in higher education? Tick all that apply [show card A11_5]

<table>
<thead>
<tr>
<th>Reason</th>
<th>All reasons</th>
<th>Main reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wasn’t interested or didn’t think it was for me</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>Didn’t think I would get the grades</td>
<td>☐2</td>
<td>☐3</td>
</tr>
<tr>
<td>Wanted to earn money straight away</td>
<td>☐3</td>
<td>☐4</td>
</tr>
<tr>
<td>Felt I couldn’t afford it too expensive</td>
<td>☐4</td>
<td>☐5</td>
</tr>
<tr>
<td>Wanted to travel/have gap year/take time out</td>
<td>☐5</td>
<td>☐6</td>
</tr>
<tr>
<td>Wanted to do other education/training instead</td>
<td>☐6</td>
<td>☐7</td>
</tr>
<tr>
<td>My family didn’t encourage me to</td>
<td>☐7</td>
<td>☐8</td>
</tr>
<tr>
<td>My school/teachers didn’t encourage me to</td>
<td>☐8</td>
<td>☐9</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>☐9</td>
<td>☐10</td>
</tr>
</tbody>
</table>

Routing: if on some sort of further education course (but not degree or higher certificate level) go to A11, Q11 – else go to Section A12

6. [If applied for place] Were you offered a place on a higher education (third level) course in Republic of Ireland and/or elsewhere?

Yes ...........☐1 go to Q7          No ............☐2 go to A12

7. If yes, which of the following were you offered? (Tick all that apply)

<table>
<thead>
<tr>
<th>Course Type</th>
<th>All reasons</th>
<th>Main reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honours Bachelor Degree (NFQ Level 8)</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>Ordinary Bachelor Degree (NFQ Level 7)</td>
<td>☐2</td>
<td>☐3</td>
</tr>
<tr>
<td>Higher Certificate Course (NFQ Level 6)</td>
<td>☐3</td>
<td>☐4</td>
</tr>
<tr>
<td>Outside Republic of Ireland</td>
<td>☐4</td>
<td>☐5</td>
</tr>
</tbody>
</table>
8. **[If offered place]** Did you accept any offer?
   - Yes .............[ ] go to Q9
   - No .............[ ] go to Q10

9. **If yes**, which of the following?
   - Honours Bachelor Degree (NFQ Level 8) ...........................................[ ] go to Q11
   - Ordinary Bachelor Degree (NFQ Level 7) ...........................................[ ] go to Q11
   - Higher Certificate Course (NFQ Level 6) ............................................[ ] go to Q11
   - Other ....................................................................................................[ ] go to Q11

10. **If no**, why not? Tick one box for the main reason. [show card A11_10]
   - a) Wasn’t interested or didn’t think it was for me.................................[ ] Go to A12
   - b) Did not get my preferred course......................................................[ ] Go to A12
   - c) Did not get location of choice ..........................................................[ ] Go to A12
   - d) Wanted to earn money straight away..............................................[ ] Go to A12
   - e) Felt I couldn’t afford it/ too expensive...........................................[ ] Go to A12
   - f) Wanted to travel/have gap year/take time out..................................[ ] Go to A12
   - g) Wanted to do other education/training instead................................[ ] Go to A12
   - h) Wanted to repeat my Leaving Certificate ......................................[ ] Go to A12
   - i) My family didn’t encourage me to..................................................[ ] Go to A12
   - j) Other (please specify)__________________ .................................[ ] Go to A12

11. How do/did you fund your studies? Tick all that apply [show card A11_11]
   - Money from your family ....................................................................................[ ]
   - Indirect support from your family (e.g. food, accommodation) ...............[ ]
   - Earnings from employment ............................................................................[ ]
   - A State grant ......................................................................................................[ ]
   - Social welfare payment (e.g. Back to Education Allowance) .....................[ ]
   - A bank loan ........................................................................................................[ ]
   - Savings ..............................................................................................................[ ]
   - Employer assistance .........................................................................................[ ]
   - Other, please specify __________________ ...................................................[ ]

---

**SECTION A12: EARLY SCHOOL LEAVING**

*General routing: Only asked of those who left school before Leaving Cert (Section A1)*

1. What age were you when you left school? ______ (years)
2. [show card A12_2] What were the main factors influencing you to leave school before the Leaving Cert? [Tick all that apply]
   - a. Found school work difficult..................................................[ ]
   - b. Found school work boring/not interesting..................................[ ]
   - c. Didn’t get on with teachers .........................................................[ ]
   - d. Didn’t get on with other students.................................................[ ]
   - e. Suspended from school ..............................................................[ ]
   - f. Expelled from school.................................................................[ ]
   - g. Special educational needs ..........................................................[ ]
   - h. Other school related factors (specify)___________________________[ ]
   - i. Health factors (own illness/disability)...........................................[ ]
   - j. Wanted to get a job and earn money ..........................................[ ]
   - k. Other economic/job factors (specify)___________________________[ ]
   - l. Family factors (specify)________________________________________[ ]
   - m. Other reasons (specify)__________________________[ ]

3. Did any of your friends leave school at around the same time?
   - Yes.................................................[ ]
   - No.................................................[ ]

4a. Have any of your brothers or sisters left school before the Leaving Cert?
   - Don’t have brothers or sisters .............................................................[ ] go to A12, Q5
   - No, all brothers or sisters either still in school or completed the Leaving Cert[ ] go to A12, Q5
   - Yes .................................................................................................................[ ] go to A12, Q4b
4b. If yes, are these your older or younger siblings? [Tick all that apply]
Older ........................................................................................................... 1
Younger ..................................................................................................... 2
Same age (in case of twins or triplets) ......................................................... 3

5. [If not applying/going to third level or further education], how likely do you think it is that you will return to full-time education in the next 5 years?
Very likely ................. 1, Fairly likely .......... 2, Not very likely .......... 3, Not at all likely .......... 4

SECTION A13: OCCUPATIONAL ASPIRATIONS/ATTITUDES TO WORK

1. Looking to the future when you have finished your education, we would like to know what job you would like to have.
   (a) If you had your choice, what job would you really like to get?

   ________________________________________________________________

   (b) What job do you expect to get (if different from ideal choice)?

   ________________________________________________________________

2. Here are some factors a person might consider when choosing a job. Please choose the three most important things for you personally. [tick three only] [show card A13_2]
   a. High income................................................................. 1
   b. A job that offered good training opportunities .................. 2
   c. An interesting job.......................................................... 3
   d. Flexible working hours...................................................... 4
   e. Generous holidays/time off............................................. 5
   f. A good step on the career ladder..................................... 6
   g. Reasonable commute ....................................................... 7
   h. Nice working environment/co-workers ............................... 8
   i. A job that allows someone to work independently .......... 9
   j. A job that allows someone to help other people .............10
   k. A job that is useful to society........................................... 11
   l. Job security ....................................................................... 12
   m. Opportunity to travel/work abroad ................................... 13
   n. Other (please specify) ...................................................... 14

3. [Show card A13_3] On this card are some statements about how people feel toward their life circumstances. Please use the scale provided to indicate how you feel in terms of each statement.

   a. You consider yourself to be an adult............................ 1
   b. You feel respected by others as an adult ................. 1
   c. You feel that you have matured fully ......................... 1

4. [Show card A13_4] How important to you are each of the categories for life in general? Please rate them on a scale of 1 to 6 where 1 = ‘not important at all and 6 = “very important’.

   A. ................................................................................................. 1
   B. ................................................................................................. 1
   C. ................................................................................................. 1
   D. ................................................................................................. 1
   E. ................................................................................................. 1
   F. ................................................................................................. 1
   G. ................................................................................................. 1
   H. ................................................................................................. 1

5. [Show card A13_5] Looking at the statements listed on this card, please tell me how much you agree or disagree with each statement.

<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>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. [Show card A13_6] Please look at this card and tell me, for each item listed, how much you agree or disagree with each statement.

<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>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION A14: WORK STATUS AND HISTORY

**General routing:** Only if left education

1. Did you hold a job last week, even for a short time?

- Yes ............ [1]
- No ............... [2]

2. Have you ever had a paid job since leaving school (other than summer work or part-time employment while at school)?

- Yes ............ [1]
- No ............... [2] go to A15

3(a) In relation to the current/most recent job you held/hold, how would you describe it? [show card A14_3]

- Regular, full-time [1]
- Temporary, full-time [2]
- Regular, part-time [3]
- Temporary, part-time [4]
- Zero hour contract [5]

(b) When did you take up the current/most recent job you held/hold?

Month ___________ Year ___________

(c) (route on Q1, A1 – current PES) If no longer working, when did this most recent job end?

Month ___________ Year ___________
Following questions refer to current or most recent job noted in Q3a-c

4. In relation to this job, please give the name and a full description of the work done. (If farmer or relative assisting, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc)

___________________________________________________________________

5. In relation to this job, what was your employment status?
   Employer ........................................................................... 
   Self-employed without paid employees .................................... 
   Employee ........................................................................... 
   Assisting a relative (not receiving a fixed salary or wage) ......

6. What is/was the usual number of hours (per week) you work/ed in this job?
   Number of hours __________________

7. In relation to the last or current job held, how much did you earn per week? (to nearest €)
   a. Gross (Before Deductions)  
   b. Net (take-home pay) 
   €_______________  €_______________

8. Did you receive any training in your last or current job?
   Yes ...............  No ..............................................

9. Thinking of all of the tasks involved in your last or current job, to what extent do you use the knowledge and skills you acquired in the course of your education and training? Please answer on a scale from 1 to 4, where 1 means ‘To a very great extent’ and 4 means ‘Not at all’.

   1  2  3  4
   To a very great extent
   Not at all

10a. Thinking of all aspects of your current job (e.g. position, tasks, pay etc.), do you feel that your current job is appropriate to your level of education?
   Yes ...............  No ..............................................

10b. Why not? ____________________________________ (OPEN ENDED)

11. How secure do you feel your job is?
   Very secure  Fairly Secure  Insecure  Very insecure
   1  2  3  4

12. (a) Have you ever been unemployed since leaving school?
   Yes ................  No ..............................................

   (b) How many separate periods of unemployment have you experienced (i.e. how many times have you had spells of unemployment of one week or more between jobs?)
   _______ number of periods of unemployment

   (c) What is/was the total length of time you were unemployed across all periods or spells of unemployment? Please answer in weeks
   _______ weeks
1. Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 1 to 10, where 1 means that “you can’t be too careful in dealing with people” and 10 means that “most people can be trusted”?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can’t be too careful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most people can be trusted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

2. Please look at this card [show card A15_2] and tell me, for each item listed, how much confidence do you have in them, is it a great deal, quite a lot, not very much or none at all?

<table>
<thead>
<tr>
<th>a. The church</th>
<th>b. The education system</th>
<th>c. The police</th>
<th>d. The social welfare system</th>
<th>e. The health care system</th>
<th>f. The courts system</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3(a). Do you currently, or have you in the past year, regularly volunteer(ed) with any organisation?

- Yes, currently  [1]
- Yes, in the past year  [2]
- No  [3] go to Q4a

3(b). Please describe the nature of this volunteer work – who with, what you do/did with them, etc.

________________________

3(c). On average, how many hours per month do/did you spend doing voluntary work?

________________________ hours per month

4(a). Do you have a social media profile or account on any sites or apps?

- Yes  [1]
- No  [2]

4b. [Show card A15_4b] Looking at this card, which social media sites or apps do you use? And which is the main one/the one that you use most?

<table>
<thead>
<tr>
<th>Have</th>
<th>Use most</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask.FM</td>
<td>1</td>
</tr>
<tr>
<td>Bebo</td>
<td>2</td>
</tr>
<tr>
<td>Blogger</td>
<td>3</td>
</tr>
<tr>
<td>Facebook</td>
<td>4</td>
</tr>
<tr>
<td>Flickr</td>
<td>5</td>
</tr>
<tr>
<td>Google+ (including Google Hangouts)</td>
<td>6</td>
</tr>
<tr>
<td>hi5</td>
<td>7</td>
</tr>
<tr>
<td>Instagram</td>
<td>8</td>
</tr>
<tr>
<td>Jabble</td>
<td>9</td>
</tr>
<tr>
<td>MySpace</td>
<td>10</td>
</tr>
<tr>
<td>Piczo</td>
<td>11</td>
</tr>
<tr>
<td>Pinterest</td>
<td>12</td>
</tr>
<tr>
<td>SnapChat</td>
<td>13</td>
</tr>
<tr>
<td>Tumblr</td>
<td>14</td>
</tr>
<tr>
<td>Twitter</td>
<td>15</td>
</tr>
<tr>
<td>Vimeo</td>
<td>16</td>
</tr>
<tr>
<td>Vine</td>
<td>17</td>
</tr>
<tr>
<td>WhatsApp</td>
<td>18</td>
</tr>
<tr>
<td>YouTube</td>
<td>19</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>20</td>
</tr>
</tbody>
</table>
4c. Thinking about your main social media site or app, do you know if this profile can be seen by other people?
It can only be seen by my friends and no-one else.................. □ 1
It can only be seen by my friends and their friends.................. □ 2
It can be seen by anyone .................................................. □ 3
Nobody can see it................................................................... □ 4
Don’t know........................................................................... □ 5

4d. What groups, organisations or public individuals do you most like to ‘follow’ on social media? Examples might include musicians, sports clubs, politicians, religious organisations, charities, media outlets, retailers or special interest groups. Please rank the top five in order of their importance to you. Give a description or their hashtag. [Interviewer: can record fewer than five if that is all that applies]
1. ________________
2. ________________
3. ________________
4. ________________
5. ________________

5(a). Do you belong to any religion?
Yes......................... □ 1
No ....................... □ 2 go to Q6

5(b). Which religion?
1. Christian – no denomination......................... □ 1
2. Roman Catholic.............................................. □ 2
3. Anglican/Church of Ireland/Episcopal ........... □ 3
4. Other Protestant ........................................... □ 4
5. Jewish ................................................................ □ 5
6. Muslim .......................................................... □ 6
7. Other (please specify) ______________________ □ 7

5(c). How often do you attend religious services? [show card A15_5]
1. More than once per week........................................ □ 1
2. Weekly........................................................................ □ 2
3. Monthly ....................................................................... □ 3
4. Usually only on special occasions such as weddings, religious festivals .... □ 4
5. I rarely or never attend ............................................. □ 5
6. Attending services is not applicable to my religion........................ □ 6
7. Other (please specify) .................................................. □ 7

6. In general, would you describe yourself as a spiritual person (even if you do not belong to a religion)?
Not at all ...... □ 1 A little ......□ 2 Quite ........ □ 3 Very much so .... □ 4 Extremely ..... □ 5

7. Please look at this card and tell me, for each item listed, how much you agree or disagree with each statement. [show card A15_7]

a. It does not really make much difference which political party is
   in power in Ireland. .......................................................... □ 1 □ 2 □ 3 □ 4
b. Politicians are mainly in politics for their own benefit and not for
   the benefit of the community. ........................................ □ 1 □ 2 □ 3 □ 4
c. None of the political parties would do anything to benefit me. ........................ □ 1 □ 2 □ 3 □ 4

8a. Are you a citizen of Ireland? 
Yes ............. □ 1 No ............ □ 2

8b. What citizenship do you hold? ______________________________

9. How long have you lived in your local area? _______ years OR _______ months
10(a). How likely do you think it is that you will still be living in Ireland in five years’ time?

<table>
<thead>
<tr>
<th></th>
<th>Very likely/almost certain to be living in Ireland</th>
<th>Probably living in Ireland</th>
<th>Possibly living in Ireland but also possibly living abroad</th>
<th>Very likely/almost certain to be living abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

10(b). If it is possible or very likely you will not be resident in Ireland in five years’ time, why do you think so? [show card A15_10]

1. Family are emigrating ........................................................ □ 1
2. To pursue an education course abroad ................................ □ 2
3. To get a job/economic reasons ............................................. □ 3
4. I want to travel/see the world ........................................... □ 4
5. I want to improve my foreign language skills ....................... □ 5
6. Other (please specify) ......................................................... □ 6

11. 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. [show card A15_11]

<table>
<thead>
<tr>
<th></th>
<th>Very Common</th>
<th>Fairly common</th>
<th>Not very common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Rubbish and litter lying about</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>B. Homes and gardens in bad condition</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>C. Vandalism and deliberate damage to property</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>D. People being drunk or taking drugs in public</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

12. To what extent do you agree or disagree with these statements? [show card A15_12]

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This is a safe area ..........................................................</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>B. It is safe for me to walk alone in this area after dark ....</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>C. I am happy living in this area .............................................</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>D. I intend to continue living in this area ..............................</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>E. There are places in this area where teenagers can safely hang out</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>F. 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></td>
</tr>
<tr>
<td>G. I have lots of family living in this area .............................</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>H. I have lots of friends living in this area ............................</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
</tbody>
</table>

13. Which of these modes of transport do you use on a regular basis (i.e. once a week or more often)? Tick all that apply [show card A15_13]

<table>
<thead>
<tr>
<th></th>
<th>Car/van as a driver</th>
<th>Scooter/moped/motorcycle (as a driver)</th>
<th>Scooter/moped/motorcycle (as a passenger)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Car/van (as a driver)</td>
<td>□ 1</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>2. Car/van (as a passenger)</td>
<td>□ 1</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>3. Scooter/moped/motorcycle (as a driver)</td>
<td>□ 1</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>4. Scooter/moped/motorcycle (as a passenger)</td>
<td>□ 1</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>5. Cycling</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>6. Walking</td>
<td>□ 1</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>7. Bus/coach</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>8. Train</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>9. Tram (Luas)</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>10. Tractor</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>11. Other (please specify)</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

14. Do you wear a seatbelt?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>14(a)</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

15. Do you wear a helmet?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>15(a)</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

16. Do you have a full or provisional driving licence for any of the following vehicle types? Tick all that apply

<table>
<thead>
<tr>
<th></th>
<th>Full</th>
<th>Provisional</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Car/van</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>2. Scooter/moped/motorcycle</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>3. Tractor</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
</tbody>
</table>
17. Listed on this card are a number of personality traits that may or may not apply to you. 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 you, even if one characteristic applies more strongly than the other.

I see myself as:

<table>
<thead>
<tr>
<th>Trait</th>
<th>Disagree strongly</th>
<th>Disagree moderately</th>
<th>Disagree a little</th>
<th>Neither agree nor disagree</th>
<th>Agree a little</th>
<th>Agree moderately</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Extroverted, enthusiastic</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>b) Critical, quarrelsome</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>c) Dependable, self-disciplined</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>d) Anxious, easily upset</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>e) Open to new experiences, complex</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>f) Reserved, quiet</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>g) Sympathetic, warm</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>h) Disorganized, careless</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>i) Calm, emotionally stable</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
<tr>
<td>j) Conventional, uncreative</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
<td></td>
</tr>
</tbody>
</table>

SECTION B: YOUNG PERSON’S HEALTH

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

Excellent ........................................... □
Very Good ........................................... □
Good .................................................. □
Fair ................................................... □
Poor ................................................... □

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.

[Inter: Please record diagnosis, not symptoms of the problem. If multiple, record most severe problem first]
___________________________________________________________________________
___________________________________________________________________________
If multiple health problems, answer the following in respect of first problem listed at B3

B4a. Has this problem, illness or disability been diagnosed by a medical professional?

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

B4b. Have you been prescribed medication for this problem? Please describe as fully as possible.

___________________________________________________________________________
___________________________________________________________________________

B5. Since when have you had this problem, illness or disability? ____ (mth) ____ (year)

B6. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely ............□, Yes, to some extent.........□, No ..........□

B7. How many nights have you spent in hospital in total in the last 12 months, from illness or injury?

[INTERVIEWER: IF ‘NONE’ ENTER ‘0’ DO NOT LEAVE BLANK] ________ visits
B8. [Show card B8] In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

A. A general practitioner (GP) ................................................................. N times
B. A practice nurse ......................................................................................
C. Another medical doctor e.g. in a hospital .............................................
D. Other professional, psychologist, psychiatrist, counsellor, etc ............
E. A social worker .........................................................................................
F. A practice nurse .........................................................................................
G. A general practitioner (GP) ......................................................
H. A practice nurse .........................................................................................
I. A social worker .........................................................................................
J. A general practitioner (GP) ......................................................
K. A practice nurse .........................................................................................
L. A social worker .........................................................................................
M. A general practitioner (GP) ......................................................
N. A practice nurse .........................................................................................
O. A social worker .........................................................................................
P. A general practitioner (GP) ......................................................
Q. A practice nurse .........................................................................................
R. A social worker .........................................................................................
S. A general practitioner (GP) ......................................................
T. A practice nurse .........................................................................................
U. A social worker .........................................................................................
V. A general practitioner (GP) ......................................................
W. A practice nurse .........................................................................................
X. A social worker .........................................................................................

B9. [Show card B9] Have you used any of the following complementary therapies to treat a physical, emotional or mental health condition (not as a ‘special treat’ or ‘spa treatment’)? [Tick all that apply]

a. Herbalist ............................................................................................................................................
b. Homeopath .........................................................................................................................................
c. Reflexologist .......................................................................................................................................d. Acupuncturist ......................................................................................................................................
e. Reiki practitioner ................................................................................................................................
f. Faith healer or someone with the ‘cure’ .............................................................................................
g. Something else (please specify) ________________________ ..............................................................

SECTION C: DIETARY PROFILE; WEIGHT PERCEPTION; PHYSICAL EXERCISE, SLEEP AND DAYLIGHT EXPOSURE

C1. [Show card C1] Now I would like to ask you some questions about what you eat. Looking at Card C1, in the last 24 hours have you had the following foods and drinks once, more than once, or not at all?

A. Fresh fruit ............................................................................................................
B. Fruit juice ...........................................................................................................
C. Meat / Chicken / Fish ....................................................................................
D. Eggs ......................................................................................................................
E. Cooked vegetables ..........................................................................................
F. Raw vegetables or salad ....................................................................................
G. Meat pie, hamburger, hot dog, sausage or sausage roll ..........................
H. Hot chips or French fries ..................................................................................
I. Crisps or savoury snacks ..................................................................................
J. Bread .....................................................................................................................
K. Potatoes/ Pasta/ Rice ....................................................................................... 
L. Cereals ...................................................................................................................
M. Biscuits, doughnuts, cake, pie or chocolate ....................................................
N. Cheese/yoghurt/ fromage frais ......................................................................
O. Low fat Cheese/ low fat yoghurt ....................................................................
P. Water (tap water / still water/ sparkling water)..............................................
Q. Soft drinks / minerals / cordial / squash (not diet) ....................................
R. Soft drinks / minerals / cordial / squash (diet) .............................................
S. Full cream milk or full cream milk products .............................................
T. Skimmed milk or skimmed milk products ...................................................
U. Water (tap water / still water/ sparkling water)..............................................
V. Soft drinks / minerals / cordial / squash (not diet) ....................................
W. Soft drinks / minerals / cordial / squash (diet) .............................................
X. Full cream milk or full cream milk products .............................................
Y. Skimmed milk or skimmed milk products ...................................................

C2. How many complete meals do you eat during the day almost every day? (do not include snacks or what you pick at during the day? (Interviewer: breakfast ought to include more than just coffee and biscuits)

A. Only one complete meal (Complete breakfast, or lunch, or dinner) ..........
B. Two complete meals only (Lunch/dinner, or breakfast/dinner, or breakfast/lunch) ........
C. Three complete meals (Breakfast, lunch and dinner) ................................

C3. How many days per week do you eat breakfast? ___________ [no. of days 0 - 7]
C4. How often would you eat out in a restaurant/café or get a take-away (include breakfast and lunch as well as dinner)?
   A. Several times a week ........................................................... 1
   B. About once a week ............................................................ 2
   C. Once or twice a month ....................................................... 3
   D. Less often than once a month ............................................ 4
   E. Rarely/never ................................................................. 5

C5. How many cups of tea or coffee do you drink in a typical day? ________no. of cups OR □ don’t drink tea/coffee

C6. Do you follow any of the following kinds of vegetarian diet? [Tick one only]
   Vegetarian (no meat or fish but eat dairy and/or eggs) .......... 1
   Vegan (no animal products at all) ........................................ 2
   Pescatarian (eat fish but not meat) ..................................... 3
   No ................................................................................... 4

C7. Do you use any of the following supplements? [TICK ALL THAT APPLY] [show card C7]
   Multi-vitamins ........................................................................................................... 1
   Individual vitamins or minerals (please specify) ......................... 2
   Omega 3 .......................................................................................................................... 3
   Fish oil .................................................................................................................................. 4
   Protein shakes/powders/bars .......................................................... 5
   Creatine .................................................................................................................................. 6
   Non-prescribed steroids ......................................................................................... 7
   Supplements to block fat or carbohydrate absorption ...................... 8
   Something else (please specify) _____________________________________________ 9

C8. 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, fast cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]
   None ........ 1  1 to 2 days ........ 2  3 to 5 days ........... 3  6 to 8 days ....... 4  9 or more days .... 5

C9. 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 spent in physical education class. [TICK ONE BOX ONLY]
   None ........ 1  1 to 2 days ........ 2  3 to 5 days ........... 3  6 to 8 days ....... 4  9 or more days .... 5

C10. On a nice warm day, how much time do you typically spend outside during the daylight hours, “without a roof over your head”? Think of your commute, places you regularly walk or cycle to, lunch breaks, sports and other activities you may be involved in. [show card C10]

   a. On weekdays when you would be at school or work:
      0-15 minutes 15-30 minutes 30-60 minutes 1-2 hours 2-4 hours over 4 hours
      □ 1 □ 2 □ 3 □ 4 □ 5 □ 6

   b. On days that you are off:
      0-15 minutes 15-30 minutes 30-60 minutes 1-2 hours 2-4 hours over 4 hours
      □ 1 □ 2 □ 3 □ 4 □ 5 □ 6
C11. Looking at this card [show card C11], which of the following (1–6) best describes your skin type? [TICK ONE BOX ONLY]

<table>
<thead>
<tr>
<th>Your Type:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Colour</td>
<td>Very pale or pale white</td>
<td>Pale white</td>
<td>White, light brown</td>
<td>Medium to dark brown</td>
<td>Dark brown</td>
<td>Black</td>
</tr>
<tr>
<td>Tanning</td>
<td>Burns very easily, never tans</td>
<td>Burns easily, rarely tans</td>
<td>Sometimes burns, gradually tans</td>
<td>Hardly ever burns, tans easily</td>
<td>Rarely burns, tans easily and quickly</td>
<td>Never burns, tans very dark</td>
</tr>
</tbody>
</table>

The following are some questions on your sleeping patterns.

C12. On a normal weekday, what time do you normally go to bed? (note that this may be different from the time you plan to go to sleep)

______________ (time in 24 hour clock)

C13. And on a normal weekday, what time do you normally get up? (note that this may be different from the time you wake up)

______________ (time in 24 hour clock)

C14. On a normal week-night, how long do you usually sleep? Do not include time you spend awake in bed.

_________ hours and ______ minutes

C15. Do you share a bedroom?
Yes ................... 1  No .................. 2

C16. Do you have any difficulty with sleep?
Yes, a lot of difficulty ................... 1  Yes, some difficulty ................... 2  No .................. 3

C17. What is the nature of your sleep difficulty (tick all that apply) [show card C17]

Can’t get to sleep at night ........................................................................................................ 1
I go to sleep at first but wake up during the night ........................................................................ 2
I wake up too early in the morning ............................................................................................. 3
I find it very difficult to wake up in the morning ....................................................................... 4
Sleep is regularly disrupted by someone/something else .......................................................... 5
I fall asleep at inappropriate times .............................................................................................. 6
Nightmares/night terrors .............................................................................................................. 7
Sleep-walking ............................................................................................................................... 8
Something else (please specify) .................................................................................................... 9

C18. Do you regularly do any of the following when you go to bed, before you go to sleep? (tick all that apply)

Watch TV/films .............................................................................................................................. 1
Read ............................................................................................................................................... 2
Surf the internet ........................................................................................................................... 3
Chat to/message friends ................................................................................................................ 4
Chat to someone you share your room with .................................................................................. 5
Play computer games ................................................................................................................... 6
Something else (please specify) .................................................................................................... 7
SECTION D: DENTAL HEALTH

D1. How would you rate your oral health? [TICK ONE BOX ONLY] [show card D1]
- Excellent ................................................................. [ ]
- Very good ............................................................... [ ]
- Good ........................................................................ [ ]
- Fair .......................................................................... [ ]
- Poor ......................................................................... [ ]

D2. How often do you brush your teeth? [TICK ONE BOX ONLY] [show card D2]
- More than twice a day ................................................ [ ]
- More than once a day .................................................. [ ]
- Once a day ................................................................ [ ]
- Less often than once a day .......................................... [ ]
- Rarely ....................................................................... [ ]
- Not at all .................................................................... [ ]

D3. Which of the following best describes how regularly you visit the dentist? [TICK ONE BOX ONLY] [show card D3]
- At least once a year ..................................................... [ ]
- Once every two years .................................................. [ ]
- Once every three years ............................................... [ ]
- Only when there is a problem ...................................... [ ]
- Never/almost never ................................................... [ ]

D4. How many, if any, permanent teeth (i.e. ‘secondary’ or ‘adult’) teeth have you had filled? [TICK ONE BOX ONLY]
- None ........................................................................... [ ]
- One ............................................................................ [ ]
- Two ........................................................................... [ ]
- Three or more ............................................................ [ ]

D5. How many, if any, permanent teeth (i.e. ‘secondary’ or ‘adult’) teeth have you had extracted? [TICK ONE BOX ONLY]
- None ........................................................................... [ ]
- One ............................................................................ [ ]
- Two ........................................................................... [ ]
- Three or more ............................................................ [ ]

D6. Have you ever had (or are you currently undergoing) orthodontic treatment?
- Yes ............ [ ]
- No ............... [ ]

D7. Have you ever worn (or do you currently wear) braces?
- Yes ............ [ ]
- No ............... [ ]
Appendix A9: Young Person Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

YOUNG PERSON: SENSITIVE QUESTIONNAIRE, 17-Year-olds

AREA [ ] HI/O/HD [ ]

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 ____________ [ ] Female ____________ [ ]

X2. What is your date of birth? [ ] [ ] [ ] day [ ] [ ] [ ] month [ ] [ ] [ ] year

Section A: This section contains questions on YOUR FRIENDS AND HOW YOU GET ON WITH THEM. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section [ ]

A1. 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. Between 6 and 10………………..[ ]
E. More than 10………………….....[ ]

A2. How old are the friends you usually go about with? [TICK ONE BOX ON EACH LINE]

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some</th>
<th>Most or all</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>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A3a. How many of your friends are from a different ethnic background to you? __________

A3b. How many of your friends are different gender to you?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some</th>
<th>Most or all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A4. How many of your friends have your parents met? [TICK ONE BOX ONLY]

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Some</th>
<th>Most or all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A5. How many of your friends would you describe as CLOSE friends? __________

67 of 144
A6. In your day-to-day life how often have any of the following things happened to you?

1. You are treated with less courtesy or respect than other people. ..........................................
2. You receive poorer service than other people at restaurants or stores. ..................................
3. People act as if they think you are not smart. ........................................................................
4. People act as if they are afraid of you. ..................................................................................
5. You are threatened or harassed. ............................................................................................

Follow-up Questions- asked only of those answering “A few times a year” or more frequently to at least one question.

What do you think is the main reason for these experiences? [TICK ALL THAT APPLY]

1. Your Gender .................................................................
2. Your Race ........................................................................
3. Your Age .........................................................................
4. Your Religion ...................................................................
5. Your Height ......................................................................
6. Your Weight ......................................................................
7. Some other Aspect of Your Physical Appearance .................
8. Your Sexual Orientation ...................................................
9. Your Education or Income Level ........................................
10. Other ................................................................................

A7. The following statements ask about your relationship 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 True</th>
<th>Sometimes True</th>
<th>Often True</th>
<th>Almost Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE
Section B: This section contains questions on SMOKING, DRINKING ALCOHOL AND DRUGS. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section.

B1: SMOKING

The next set of questions is about cigarettes (including roll-ups).

B1_1. Have you ever smoked a cigarette?
   Yes .................. ☐   No............. ☐  go to B1_5

B1_2. How old were you when you first smoked a cigarette? ____________ years

B1_3. Please mark the box next to the ONE statement that describes you the best:
   a. I have only ever tried smoking cigarettes once or twice .................. ☐
   b. I used to smoke sometimes but I never smoke cigarettes now .................. ☐
   c. I sometimes smoke cigarettes but I smoke less than one a week .................. ☐
   d. I usually smoke between one and six cigarettes a week .................. ☐
   e. I usually smoke more than six cigarettes a week, but not every day .................. ☐
   f. I usually smoke one or more cigarettes every day .................. ☐

B1_4. If you smoke on a daily basis, how many cigarettes do you smoke per day, on average?
   a. 1-5.................. ☐
   b. 6-10.................. ☐
   c. 11-20.................. ☐
   d. More than 20.................. ☐
   e. Do not smoke daily .................. ☐

B1_5. Have you ever smoked an e-cigarette?
   Yes .................. ☐   No............. ☐

B1_6. Compared to cigarettes, do you think that e-cigarettes are:
   More harmful ☐   Equally harmful ☐   Less harmful ☐

B1_7. Have you ever tried to give up cigarettes but found that you couldn’t?
   Yes .................. ☐   No............. ☐

B2: ALCOHOL

The next questions are about drinking alcohol (this includes beer, wine, “alcopops”, cider and spirit drinks like vodka).

B2_1. Have you ever consumed alcohol?
   Yes .................. ☐   No............. ☐ Go to Section B3

B2_2. How old were you when you had your first full drink of alcohol – more than a few sips?
   ____________ years

B2_3a. How often do you have a drink containing alcohol?

   Never ☐   Monthly or less ☐   2 - 4 times per month ☐   2 - 3 times per week ☐   4+ times per week ☐

B2_3b. How many units of alcohol do you drink on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)

   1 - 2 ☐   3 - 4 ☐   5 - 6 ☐   7 - 8 ☐   10+ ☐
B2. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

B2_d. How often during the last year have you found that you were not able to stop drinking once you had started?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

B2_e. How often during the last year have you failed to do what was normally expected from you because of your drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

B2_f. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

B2_g. How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

B2_h. 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

B2_i. Have you or somebody else been injured as a result of your drinking?

- No
- Yes, but not in the last year
- Yes, during the last year

B2_j. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

- No
- Yes

---

**SECTION B3: DRUGS**

The next set of questions is about cannabis.

B3_1. Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

- Yes
- No

B3_2. How old were you when you first tried cannabis? _______YEARS

B3_3. Please mark the box next to the **ONE** statement that describes you best:

a. I have only ever tried cannabis once or twice
b. I used to sometimes use or take cannabis but I never do now
c. I sometimes use or take cannabis but less often than once a week
d. I usually use or take cannabis between one and six times a week
e. I usually use or take cannabis more than six times a week, but not every day
f. I usually use or take cannabis every day

B3_4. The next questions are about your use of cannabis in the last year.

- Never
- Rarely
- From time to time
- Fairly often
- Very often

a) Have you ever used cannabis when you were alone?

b) Have you ever had memory problems when you used cannabis?

c) Have friends or members of your family ever told you that you ought to reduce your cannabis use?

d) Have you ever tried to reduce or stop your cannabis use without succeeding?
B3_5. The next questions are about other drugs that people sometimes take. Have you ever tried inhaling or sniffing any of the following in the last year? (Mark one box on each line)

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>No</th>
<th>Yes, less than 5 times</th>
<th>Yes, more than 5 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Aerosols</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Gas (butane and lighter refills)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Glue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Solvents (including petrol and paint thinners)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Poppers (also called amyl nitrates, liquid gold, rush)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B3_6. Have you tried, taken or used any of the following drugs in the last year? (Mark one box on each line)

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>No</th>
<th>Yes, less than 5 times</th>
<th>Yes, more than 5 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Amphetamines (also called speed, uppers, whizz, sulphate, billy, crystal meth)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Ecstasy (also called ‘E’ pills, MDMA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) LSD (also called acid, tabs, trips, dots)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Magic mushrooms (also called shrooms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Spangers (also called spangs)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Cocaine (also called Charlie, ‘C’, coke)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Crack (also called rock, stone)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Heroin (also called brown, smack, gear, junk, ‘H’)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Ketamine (also called Green, K, special K, super K, vitamin K)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Steroids (not prescribed by a doctor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Zimovane (Zimos)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Benzodiazepines (Benzos) (not prescribed by a doctor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) ADHD medication (Ritalin) (not prescribed by a doctor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n) Pain killers (not prescribed by a doctor)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o) Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section D: The next set of questions relates to SEXUALITY AND SEXUAL BEHAVIOUR. We appreciate that some of these are quite sensitive. It’s fine if you would prefer not to answer any individual question when you get to it. If you would prefer to skip this section completely just enter ‘1’ below to indicate that you would rather go to the next section.

Go to next section 1

D1_1. Thinking first about your mother, how easy or difficult do you think it is for you to talk openly about sex with her?

- Very easy
- Quite easy
- Neither
- Quite difficult
- Very difficult
- Don’t know/NA
- Never came up

D1_2. Now thinking about your father, how easy or difficult do you think it is for you to talk openly about sex with him?

- Very easy
- Quite easy
- Neither
- Quite difficult
- Very difficult
- Don’t know/NA
- Never came up

D1_3a. How would you describe your sexual orientation? [TICK ONE BOX]

- a. Heterosexual/straight (sexually attracted to the opposite sex)
- b. Gay or Lesbian (attracted to the same sex)
- c. Bisexual (attracted to both men and women)
- d. Questioning/Not sure
- e. Asexual (not attracted to either sex)

D1_3b. Would you describe yourself as transgender? 
- Yes
- No

D1_4a. Do you currently have a boyfriend? (YES or NO)
- Yes
- No

D1_4b. Do you currently have a girlfriend? (YES or NO)
- Yes
- No

D1_5. In total, including your current boyfriend or girlfriend, how many girlfriends/boyfriends have you had during the last year?

- None
- 1
- 2
- 3
- 4+

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE

D1_6. We are now going to ask about some more intimate behaviours. We are referring only to things which happened with your consent, with someone around your age (and not with someone you are related to). If you would like to talk with someone about any sexual experiences you didn’t consent to you could perhaps use the numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

D1_6a.
D1_6b.
D1_6c.
D1_6d.

If D1_6c and D1_6d are both ‘No’ – please go to Question D1_7, otherwise please continue

D1_6e.
D1_6f.

If D1_6e and D1_6f are both ‘No’ – please go to Question D1_7, otherwise please continue

D1_6g.
D1_6h.

If D1_6g and D1_6h are both ‘No’ – please go to Question D1_7, otherwise please continue

D1_6i.
D1_6j.
D1_6k.

D1_7. Do you feel pressure from friends, school mates, peers to have sex?

- Yes, a little
- Yes, a lot
- No
D1_8. Were you ever afraid of losing a boyfriend/girlfriend by not having sex? Yes......□  No......□

D1_9. Would you say most of your friends have had sex? None.......□  Some ......□ Most......□  All......□

**D2: SEXUAL INTERCOURSE**

[Routed on D1_6k] I would like you to think about your first sexual intercourse.

**D2_1. Was that person with whom you had first sexual intercourse of the opposite sex or the same sex?**
- Opposite sex...........□
- Same sex...........□

**D2_2. Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?**
- a. You had just met for the first time/ didn’t know each other ................................ 1
- b. You knew each other, but didn’t have a steady relationship at the time .................. 2
- c. You had a steady relationship at the time............................................................... 3
- d. You were living together (but not married or engaged) ........................................... 4
- e. You were engaged to be married ........................................................................... 5
- f. You were married...................................................................................................... 6

**D2_3. Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception or take any precautions, including withdrawal and/or emergency contraception?**
- Yes.......□  No precautions by either of us ........□  No precautions by me, don’t know about partner ......□

**D2_4. Looking back now to that first time you had sexual intercourse, do you think:**
- a. You should have waited longer before having sex with anyone............................ 1
- b. That you should not have waited so long ............................................................... 2
- c. That it was about the right time............................................................................. 3

**D2_5. Please could you tell me which of the following statements applied to that first experience of sexual intercourse by answering ‘yes’ or ‘no’ after each statement:**
- a. You were curious about what it would be like....................................................... Yes No 1 □ □
- b. You were carried away by your feelings.................................................................. Yes No 2 □ □
- c. Most people in your age group seemed to be doing it........................................... Yes No 3 □ □
- d. It seemed like a natural ‘follow on’ in the relationship......................................... Yes No 4 □ □
- e. You or your partner had been drinking at the time or taking drugs at the time..... Yes No 5 □ □
- f. You wanted to lose your virginity.......................................................................... Yes No 6 □ □
- g. You were in love ...................................................................................................... Yes No 7 □ □
- h. To please your partner......................................................................................... Yes No 8 □ □
- i. You felt ready, that it was the right time/right person............................................. Yes No 9 □ □

**D2_6. Are you still in an intimate relationship with the person with whom you first had sexual intercourse?**
- Yes ............□  No..............□

**D3_1. With how many different people in total have you had sexual intercourse?**
- 1 person........................................1  4 people........................................□
- 2 people........................................□  5 people........................................□
- 3 people........................................□  6 or more ........................................□

**D3_2. In general, do you usually use a condom every time you have sexual intercourse?**
- Yes, on every occasion .................................................................................□
- Yes, on most occasions (3/4 of the time)..................................................□
- Yes, roughly half the time ........................................................................□
- Yes, on some occasions (1/4 of the time)..................................................□
- No, never ........................................................................................................□
- Not currently sexually active ........................................................................□

**D3_3. Do you (or your partner) usually use some form of contraception?**
- Always........□  Sometimes ............□  Never/hardly ever ..............□  Not currently sexually active □

**D3_4. In general, whose decision is it to use contraception always/sometimes/never? Is it mainly your decision, the other person’s decision or a joint decision?**
- My decision ........................................................................................................□
- Other person’s decision .....................................................................................□
- Joint decision .....................................................................................................□
- Not currently sexually active ........................................................................□
D3_5. Have you ever had a sexually transmitted disease?
Never .......................................................... 1
Once ............................................................. 2
More than once ............................................ 3

E: PREGNANCY

CHECK ROUTING FOR GENDER
E1. Are you currently pregnant?
Yes ................................................................ 1
No .................................................................. 2

E2. Have you ever been pregnant?
Yes .............................................................. 1 Go to E3
No ............................................................ 2 Go to Section F

E3. Do you have any children?
Yes ............................................................. 1
No ............................................................ 2

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE

Section F: This section contains questions on your PHYSICAL HEALTH. If you would prefer not to answer
these questions press ‘1’ and skip to the next section.

Go to next section ........................................... 1

F1a. If you feel you need to get medical advice from a health care professional, can you easily do this?
Yes ............................................................. 1
No ............................................................. 2

F1b. If no, why is this? [Tick all that apply]
a. Cost to self ................................................................................................................................. 1
b. Cost to parents .......................................................................................................................... 2
c. Concerned about confidentiality ................................................................................................. 3
d. Unsure of where to go ............................................................................................................... 4
e. Difficulty in making contact .................................................................................................... 5
f. Difficulty in getting an appointment ......................................................................................... 6
g. Difficulty in travelling to a clinic/appointment ......................................................................... 7
h. Too embarrassed ...................................................................................................................... 8

F2. How would you describe yourself? [TICK ONE BOX ONLY]
a. Very skinny .............................................. 1
b. A bit skinny ............................................... 2
c. Just the right size ........................................ 3
d. A bit overweight ......................................... 4
e. Very overweight ......................................... 5

F3. Have you ever exercised to lose weight or to avoid gaining weight?
Yes ............................................................. 1
No ............................................................. 2

F4. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?
Yes ............................................................. 1
No ............................................................. 2

F5. Have you ever exercised to ‘bulk up’ or maintain muscle mass?
Yes ............................................................. 1
No ............................................................. 2

F6a. Are you satisfied with your eating patterns?
Yes ............................................................. 1
No ............................................................. 2

F6b. Do you ever eat in secret?
Yes ............................................................. 1
No ............................................................. 2

F6c. Does your weight affect the way you feel about yourself?
Yes ............................................................. 1
No ............................................................. 2

F6d. Have any members of your family suffered with an eating disorder?
Yes ............................................................. 1
No ............................................................. 2
F6e. Do you currently suffer with or have you ever suffered in the past with an eating disorder?
   Yes ............[1]  No .................[2]

F7. How often do you weigh yourself? [TICK ONE BOX ONLY]
   a. More than once a day ..............[1]
   b. Every day .............................[2]
   c. Once a week ..........................[3]
   d. Once a month ........................[4]
   e. Less than once a month ............[5]
   f. Never ....................................[6]

F8. Which of the following are you trying to do about your weight? [TICK ONE BOX ONLY]
   a. Lose weight ................................[1]
   b. Gain weight ............................[2]
   c. Stay the same weight ...............[3]
   d. I am not trying to do anything about my weight ..............[4]

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE

Section G: This section contains questions on HOW YOU FEEL ABOUT YOURSELF, YOUR SELF-ESTEEM and so on. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section [1]:

G: SELF-ESTEEM, LIFE EVENTS AND ATTITUDES

G1. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I am satisfied with myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. At times, I think I am no good at all.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I feel that I have a number of good qualities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I certainly feel useless at times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I feel that I’m a person of worth, at least on an equal plane with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. All in all, I am inclined to feel that I am a failure.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I take a positive attitude towards myself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G2a. Please indicate how much you agree with each of the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Slightly Disagree</th>
<th>Slightly Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G2b. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you think each statement is like you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all like me</th>
<th>A little like me</th>
<th>Somewhat like me</th>
<th>Mostly like me</th>
<th>Very much like me</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I have a hard time breaking bad habits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I get distracted easily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I say inappropriate things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I refuse things that are bad for me, even if they are fun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. I’m good at resisting temptation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. People would say that I have very strong self-discipline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Pleasure and fun sometimes keep me from getting work done</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I do things that feel good in the moment but regret later on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Sometimes I can’t stop myself from doing something, even if I know it is wrong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. I often act without thinking through all the alternatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G3. Please indicate how much you agree with each of the following 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>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G4. Please indicate how much you agree with each of the following 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>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G5. Have you experienced any of the following since we last saw you when you were 13:

A. Death of a parent ............................................................................ 1
B. Death of a close family member (other than a parent) .................. 2
C. Death of close friend .................................................................... 3
D. Divorce/separation of parents ...................................................... 4
E. Moving house within Ireland .......................................................... 5
F. Moving country ................................................................................ 6
G. Stay in foster home/residential care ............................................. 7
H. Serious illness/injury ..................................................................... 8
I. Serious illness/injury of a family member ..................................... 9
J. Serious illness/injury of a friend ................................................ 10
K. Drug taking/alcoholism in the immediate family ............................ 11
L. Mental disorder in immediate family ............................................ 12
M. Your house being broken into ....................................................... 13
N. Conflict between parents ............................................................... 14
O. Parent in prison ............................................................................... 15
P. Sibling in prison ............................................................................... 16
Q. Violence (nonfamily) ....................................................................... 17
R. Violence (family) ............................................................................ 18
S. New child in home ........................................................................... 19
T. New parental figure ......................................................................... 20
U. Changed school .............................................................................. 21
V. Been suspended from school .......................................................... 22
G6. If you were to describe how satisfied you are with your own life in general how would you rate it on the following scale, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Extremely unsatisfied</td>
</tr>
<tr>
<td>1</td>
<td>Very dissatisfied</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat dissatisfied</td>
</tr>
<tr>
<td>3</td>
<td>Slightly dissatisfied</td>
</tr>
<tr>
<td>4</td>
<td>Neither satisfied nor dissatisfied</td>
</tr>
<tr>
<td>5</td>
<td>Slightly satisfied</td>
</tr>
<tr>
<td>6</td>
<td>Somewhat satisfied</td>
</tr>
<tr>
<td>7</td>
<td>Very satisfied</td>
</tr>
<tr>
<td>8</td>
<td>Extremely satisfied</td>
</tr>
</tbody>
</table>

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE

Section H: This section contains questions on YOUR FAMILY AND HOW YOU GET ON WITH THEM. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section

H: YOUR FAMILY

H1a. Are you in regular contact with your mother (or mother figure)?

- Yes ............ [ ]
- No.............. [ ]
- Mother deceased .... [ ]

H1b. If yes, please answer the following questions about how often the following things happen with your mother (or mother figure):

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H1c. And how well do the following statements describe your relationship with her?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all true</th>
<th>Mostly untrue</th>
<th>Partly true</th>
<th>Mostly true</th>
<th>Completely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H1d. Which of the following best describes your relationship with the person you have just answered in regard to your mother (or mother figure)?

- Biological or adoptive mother who lives here .... [ ]
- Biological or adoptive mother who lives elsewhere .... [ ]
- Stepmother ........................................ [ ]
- Fostermother ....................................... [ ]
- Grandmother ........................................ [ ]
- Someone else ........................................ [ ]

H2a. Are you in regular contact with your father (or father figure)?

- Yes ............ [ ]
- No.............. [ ]
- Father deceased .... [ ]

H2b. If yes, please answer the following questions about how often the following things happen with your father (or father figure):

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
H2c. And how well do the following statements describe your relationship with him?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not at all true</th>
<th>Mostly untrue</th>
<th>Partly true</th>
<th>Mostly true</th>
<th>Completely true</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you agree that your relationship with your father is close?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel that your father is open to sharing his feelings with you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your father respect your opinions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you happy with the amount of time you spend with your father?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H2d. Which of the following best describes your relationship with the person you have just answered in regard to your father (or father figure)?

- Biological or adoptive father who lives here
- Biological or adoptive father who lives elsewhere
- Step father
- Foster father
- Grandfather
- Biological or adoptive father who lives elsewhere
- Someone else

H3a. Is there an adult (or adults) in your life you can usually turn to for help and advice?

Yes [ ] No [ ]

H3b. [If yes] Can you indicate who these individuals are? (TICK ALL THAT APPLY)

- Mother
- Father
- Older sibling
- Grandparent
- Other relative (e.g. aunt or uncle)
- Teacher
- Counsellor or therapist
- GP or nurse
- Team coach/club leader
- Religious minister (e.g. priest, rabbi etc)
- Someone else

H4a. Do you have a sister?

Yes [ ] No [ ]

H4b. Do you have a brother?

Yes [ ] No [ ]

H5. How often do you argue with your brothers or sisters? (tick ONE box only)

- Most days
- At least once a week
- Less than once a week
- Never or hardly ever

H6. Overall, how often do you get on well with your brothers and sisters? (tick ONE box only)

- Always
- Usually
- Sometimes
- Never

H7. Now I'd like to ask you about the time you spend with others in your family. Roughly, how often do you:

- Sit down to eat together
- Play sports, cards or games together
- Talk about things together
- Do household activities together (e.g. gardening, cooking, cleaning, etc)
- Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)
H8. The following questions refer to the rules and limits your parents may place on your activities. [TICK ONE BOX ONLY]

<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>
<th>Not applicable / don’t do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Do you need your parents’ permission before going out on week nights?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) If you have been out very late one night, do your parents make you explain why and tell them who you were with?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Do your parents make you tell them how you spend your money?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H9a. Do you care for or look after another family member on a regular basis? By ‘caring’ I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home.

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

H9b. If yes, how is this person related to you and how many hours per week do you usually spend caring for them?

<table>
<thead>
<tr>
<th>Care for them?</th>
<th>If yes, how many hours per week?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a) Grandparent or other elderly relative</th>
<th>![ ]</th>
<th>![ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) A parent or step-parent</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>c) A younger sibling</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>d) A sibling of the same age or older than you</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>e) Someone else</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

Go to H9c

H9c. "If yes to ‘younger sibling’, also ask: Would you describe the care you provide to your younger sibling as ‘baby-sitting’ or something more than this (e.g. ‘child care’ in place of someone like a childminder or helping them with a medical condition)?

Baby-sitting ........................................... Additional care, not just baby-sitting ...........................................

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE

Section I: This section contains questions on HOW YOU FEEL EMOTIONALLY, YOUR MENTAL OR EMOTIONAL HEALTH. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section ![ ]

I1. The next set of questions are about how you have been feeling recently. For each question, please mark how much you have felt or acted this way in the past two weeks. If a sentence was true about you most of the time, mark TRUE. If it was only sometimes true, check SOMETIMES. If a sentence was not true about you, check NOT TRUE.

A. I felt miserable or unhappy ........................................... ![ ] ![ ] ![ ] ![ ]
B. I didn’t enjoy anything at all ........................................... ![ ] ![ ] ![ ] ![ ]
C. I felt so tired I just sat around and did nothing .......... ![ ] ![ ] ![ ] ![ ]
D. I was very restless ...................................................... ![ ] ![ ] ![ ] ![ ]
E. I felt I was no good any more ........................................... ![ ] ![ ] ![ ] ![ ]
F. I cried a lot ...................................................................... ![ ] ![ ] ![ ] ![ ]
G. I found it hard to think properly or concentrate ........... ![ ] ![ ] ![ ] ![ ]
H. I hated myself .................................................................. ![ ] ![ ] ![ ] ![ ]
I. I was a bad person ......................................................... ![ ] ![ ] ![ ] ![ ]
J. I felt lonely ...................................................................... ![ ] ![ ] ![ ] ![ ]
K. I thought nobody really loved me .................................... ![ ] ![ ] ![ ] ![ ]
L. I thought I could never be as good as other kids ............ ![ ] ![ ] ![ ] ![ ]
M. I did everything wrong .................................................. ![ ] ![ ] ![ ] ![ ]
I2. Please read each statement and tick the box which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Did not apply to me at all</th>
<th>Applied to me to some degree, or some of the time</th>
<th>Applied to me to a considerable degree, or a good part of time</th>
<th>Applied to me very much, or most of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I found it hard to wind down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I was aware of dryness of my mouth</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. I tended to over-react to situations</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I experienced trembling (eg, in the hands)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I felt that I was using a lot of nervous energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. I was worried about situations in which I might panic and make a fool of myself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. I found myself getting agitated</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. I found it difficult to relax</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. I was intolerant of anything that kept me from getting on with what I was doing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. I felt I was close to panic</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. I felt that I was rather touchy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. I felt scared without any good reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

I3. Can I ask:

- a) Have you ever heard voices or sounds that no-one else can hear? ............... 2 ........................ 3
- b) Have you ever seen things that other people could not see? ..................... 2 ........................ 3
- c) Have you ever thought that people are following you or spying on you? ........ 2 ........................ 3
- d) Some people believe that their thoughts can be read by another person. Have other people ever read your mind? .................................................... 2 ........................ 3
- e) Have you ever felt that you were under the control of some special power? ... 2 ........................ 3
- f) Have you ever felt that you have extra-special powers? .......................... 2 ........................ 3

I4. Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I5. What were you diagnosed with? [Tick all that apply]

- Depression .......... 1  
- Anxiety .......... 2  
- Depression and anxiety .......... 3

I6. Are you currently or have you ever received any treatment?

| Currently .......... 1  
| In the past .......... 2  
| Never .......... 3

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE

Section J: This section contains questions on SELF HARM. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section 1

Life has many ups and downs. Sometimes people may feel very upset at times and may want to self-harm. We know this is a sensitive subject, but it is important to ask about it. By finding out about self-harm we can find ways of helping people.
J1. Have you ever hurt yourself on purpose in any way?  
Yes ................ [ ]  No .............. [ ]

J2. How many times have you done this in the last year? Please mark one box only.
None .... [ ]  Once ........ [ ]  2-5 times ...... [ ]  6-10 times....... [ ]  More than 10 times........ [ ]

J3. What form did this self-harm take on the last time you hurt yourself on purpose?  
a) Pills/poison .................................... [ ]  
b) Cutting........................................... [ ]  
c) Banging/hitting/bruising.................. [ ]  
d) Burning ........................................ [ ]  
e) Other ............................................ [ ]

YOU ARE FINISHED THIS SECTION. PRESS 1 TO CONTINUE

Section K: This section contains questions on BULLYING–BOTH AS A VICTIM AND A PERPETRATOR. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section [ ]

K1. Have you been bullied in the last 3 months?  
Yes ........ [ ]  No ........ [ ]

K2. How often did this bullying take place? [TICK ONE BOX ONLY]  
Once or twice .......... [ ]  About once a week .... [ ]  2 or 3 times a month .... [ ]  Several times a week ..... [ ]

K3. 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 you didn’t want to do ............ [ ]  
I. Other ................................................................................... [ ]

K4. Have you told anyone that you have been bullied?  
Yes ...... [ ]  No ...... [ ]

K5. If yes, who have you told you have been bullied? [TICK ALL THAT APPLY]  
Teacher ............................................................... [ ]  
Parent(s) ................................................................. [ ]  
Friend .................................................................. [ ]  
Other ................................................................... [ ]

K6. In the last 3 months have you bullied someone?  
Yes [ ]  No [ ]

K7. How often did you bully someone? [TICK ONE BOX ONLY]  
Once or twice .......... [ ]  About once a week .... [ ]  2 or 3 times a month .... [ ]  Several times a week ..... [ ]

K8. 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 you didn’t want to do ............ [ ]  
I. Other ................................................................................... [ ]
Section L: This section contains questions on ANTI-SOCIAL BEHAVIOUR (SOME OF WHICH MAY BE ILLEGAL) AND TROUBLE YOU MAY HAVE BEEN IN WITH THE GARDAI. If you would prefer not to answer these questions press ‘1’ and skip to the next section.

Go to next section [1].

L1. How often do you drive yourself or allow yourself to be a passenger when driver is you are:

a. Likely to be over the legal blood alcohol limit ...............................................

b. Under the influence of drugs ...........................................................................

c. Exceeding the speed limit by more than 20km per hour ............................

d. Engaging in races or other unofficial competitions (e.g. ‘drifting’ or ‘doughnuts’) on public roads ............................................................

L2. Since you were 13 years old, have you had to attend a health centre, hospital or Accident and Emergency Department for any of the following? [TICK ALL THAT APPLY]

a. Road accident (where you were the driver) ....................................................

b. Road accident (where you were a passenger) ................................................

c. Other road accident (as a cyclist or pedestrian) ...........................................

d. A sports-related injury ...................................................................................

e. An assault (without a weapon) .....................................................................

f. An assault (with a weapon) ...........................................................................

g. Alcohol intoxication/poisoning ....................................................................

h. Drug intoxication/poisoning ...........................................................................

L3. If yes to any of the above, [for each] would you say this injury was:

Mostly your fault ......................... 1:

Mostly someone else’s fault ............ 2:

We were both/all at fault ............... 3:

No one’s fault, just an accident ....... 4:

L4. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE]

a. Not paid the correct fare on a bus or train ..................................................

b. Taken something from a shop or store without paying for it ........................

c. Behaved badly in public so that people complained and you got into trouble

d. Stolen or ridden in a stolen car or a van or on a stolen motorbike ..............

e. Taken money or something else that did not belong to you from school .......

f. Carried a knife or weapon with you in case it was needed in a fight ............
g. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights) .......................................................... 1 2 3 4
h. Broken into a house or building to steal something .......................................................... 1 2 3 4
i. 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
j. Used force, threats or a weapon to get money or something else from somebody .......................................................... 1 2 3 4
k. Taken money or something else that did not belong to you from your home without permission .......................................................... 1 2 3 4
l. Broken into a car or van to steal something from it .......................................................... 1 2 3 4
m. Deliberately set fire or tried to set fire to someone’s property or a building (e.g. school or shed) .......................................................... 1 2 3 4
n. Hit, kicked or punched someone on purpose in order to hurt or injure them .......................................................... 1 2 3 4
o. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor .......................................................... 1 2 3 4
p. Truanted from school .......................................................... 1 2 3 4
q. Purposely hurt or injured a bird or an animal .......................................................... 1 2 3 4

L5. Have you ever been in trouble with the Gardai (excluding minor traffic offences)?
   Yes ........... 1  No ........... 2

L6. Have you ever had your details taken by the Gardai (but not been cautioned or arrested)?
   Yes ........... 1  No ........... 2

L7. Have you ever been cautioned by the Gardai?
   Yes ........... 1  No ........... 2

L8. Have you ever participated in a Garda Juvenile/ Youth Diversion Project?
   Yes ........... 1  No ........... 2

L9a. Have you ever appeared in court (not as a witness)?
   Yes ........... 1  No ........... 2

L9b. Have you ever been found guilty in court for something you did?
   Yes ........... 1  No ........... 2

L10. How many of your regular friends do or have ever done the following:
   \[\begin{array}{cccc}
   \text{None} & \text{A few} & \text{Some} & \text{Most} & \text{All} \\
   \hline
   \text{a) Smoked cigarettes} & 1 & 2 & 3 & 4 & 5 \\
   \text{b) Got drunk} & 1 & 2 & 3 & 4 & 5 \\
   \text{c) Had problems with alcohol (i.e. hangovers, fights, accidents)} & 1 & 2 & 3 & 4 & 5 \\
   \text{d) Drunk alcohol} & 1 & 2 & 3 & 4 & 5 \\
   \text{e) Been in trouble with the police} & 1 & 2 & 3 & 4 & 5 \\
   \text{f) Stole anything or damaged property on purpose} & 1 & 2 & 3 & 4 & 5 \\
   \text{g) Used cannabis} & 1 & 2 & 3 & 4 & 5 \\
   \text{h) Used inhalants like glue or gas} & 1 & 2 & 3 & 4 & 5 \\
   \text{i) Used other drugs like cocaine, downers, ecstasy or LSD} & 1 & 2 & 3 & 4 & 5 \\
   \text{j) Sold or gave drugs to others} & 1 & 2 & 3 & 4 & 5 \\
   \end{array}\]

L11. Have any of your friends (including boy/girlfriends) ever been in trouble with the Gardai or Police (in Ireland or elsewhere)?
   Yes........ 1  No........ 2

L11b. Have any of them ever been to prison/ young offenders centre?  Yes..... 1  No .... 2
Now we would like to ask you about how you like to spend your free time.

**M1.** On a normal weekday, about how much time do you spend doing the following? Please remember to include time before school, work or college (or on your commute) as well as after.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading for pleasure (books, magazines, newspapers, novels, comics)? [DO NOT INCLUDE TIME SPENT READING AT SCHOOL/ COLLEGE OR DOING HOMEWORK]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listening to music?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Watching television or DVDs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On social media (Facebook, Snapchat etc.)? (if you don’t know, just give your best guess)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On the internet (for fun - not for work, college or school projects – and excluding any time already covered by (c) and (d) above)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**[If at least some time spent on internet or social media in M1]. We would like to ask you some more questions about how you use the internet.**

**M2.** Which device do you mostly use to access the internet? [TICK ONE BOX ONLY]

- Laptop/netbook/PC ................. 1
- Tablet ................................ 2
- Portable Media Player ............ 3
- Smart phone ......................... 4
- Games player ........................ 5
- E-book ................................ 6
- Other device .......................... 7

**M3.** When you use the internet, what do you use it for? [TICK ‘YES’ OR ‘NO’ FOR EACH]

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes (1)</th>
<th>No (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Watch videos, either long videos like television programmes or movies, or short videos like music clips or trailers, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Stream or download music – through sites such as Spotify, Soundcloud, itunes, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Play games, either on your own or against other people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Send or post messages, videos or photos you have taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. View messages, videos or photos other people have posted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Make video calls through services like Skype, FaceTime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Visit a site about something you are interested in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Use the internet to research homework or college work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Shop online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Write reviews about products or services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Visit virtual casinos</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**M4.** In the PAST 12 MONTHS how often have these things happened to you:

<table>
<thead>
<tr>
<th>Event</th>
<th>Never or almost never</th>
<th>Not very often</th>
<th>Very of fairly often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Felt bothered when I cannot be on the internet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Caught myself surfing when I am not really interested</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Spent less time than I should with family, friends or doing course-work because of the internet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Tried unsuccessfully to spend less time on the internet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I have been annoyed or reluctant when a parent or other adult has asked me to stop using the internet or playing a digital game</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Gone without eating or sleeping because of the internet</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
M5. Finally, which of these other activities do you regularly do for fun or to relax? For each that you do, please indicate how often you do that type of activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Several times a week</th>
<th>Weekly</th>
<th>Fortnightly</th>
<th>Monthly</th>
<th>Less often than monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Singing or playing an instrument</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Going to the cinema</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Craftwork/hobbies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Surfing the internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Gardening or farming (for pleasure, not chores)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Spending time with pets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Playing sport (with others)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Going to the gym, running, etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Beauty, hair or spa treatments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Attending sports events</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Hanging out with friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Going to parties or other social events (in people's homes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Going to clubs, pubs, etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Something else</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix A10: Young Person
Cognitive Tests
Animal Naming Task

I am going to ask you to name as many things in a particular category as you can in one minute.

So, can you please name as many animals as you can in one minute, starting now.

Interviewer: please record the respondent’s answers with a voice recorder. Use a timer to time one minute.

Do NOT interrupt the respondent
• If respondent is saying names more quickly than you can write them down in full, use abbreviations or a tally
• ONLY if the respondent asks for clarification, explain that animals include birds, insects, fish etc.
• If the respondent gets stuck, say "Can you think of any more?"

<p>| | | | | | | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>6.</td>
<td>7.</td>
<td>8.</td>
<td>9.</td>
<td>10.</td>
<td>11.</td>
<td>12.</td>
<td>13.</td>
<td>14.</td>
<td>15.</td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>32.</td>
<td>33.</td>
<td>34.</td>
<td>35.</td>
<td>36.</td>
<td>37.</td>
<td>38.</td>
<td>39.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL NUMBER OF ANIMALS LESS UNACCEPTABLE ANSWERS AND REPEATS: __________________**

Points to remember:
• Do NOT count repetitions
• Do NOT count redundancies (e.g. white cow, brown cow)
• Do NOT count named animals (e.g. Spot, Bambi)
• DO count different breeds (e.g. terrier, greyhound)
• DO count gender- or generation-specific names (e.g. bull, cow, heifer, calf)
• If the respondent names animals that are unfamiliar to you, give them the benefit of the doubt and count them (e.g. Kudu)
PLEASE READ THESE INSTRUCTIONS

In this task we would ask you to answer three questions. You can use a pen and paper to work out the answers if you wish. If you would prefer to pass on any just tick “pass” and move on.

IF YOU HAVE ANY QUESTIONS ABOUT HOW TO COMPLETE THE TASK PLEASE ASK THE INTERVIEWER.

Please answer the following questions:

1. If the chance of getting a disease is 10 percent, how many people out of 1,000 would be expected to get the disease?

   _____________ people  Pass...........

2. If 5 people all have the winning numbers in the lottery and the prize is two million euro, how much will each of them get?

   €_______________  Pass...........

3. Let’s say you have €200 in a savings account. The account earns 10 percent interest per year. How much would you have in the account at the end of two years?

   €___________  Pass...........

PLEASE DO NOT PROCEED PAST THIS POINT UNTIL THE INTERVIEWER TELLS YOU TO.
Vocabulary test:

Please look at the example below.

You will see that the first word is printed in CAPITAL LETTERS. After it there are five other words. One of these words means the same or nearly the same as the word printed in capital letters. You have to decide which word it is then put a [ ] in the box to the right of that word.

Example


Which of the words means the same, or nearly the same as CHAIR? The correct answer is ‘seat’, so a cross has been put in the box to the right of ‘seat’.

In the task there are 20 questions. The questions get more and more difficult. Try to do as many of them as you can. If you’re not sure or you don’t know the answer to a question you can guess or leave it blank and move on to the next one.

You will have 4 minutes to do this task. The interviewer will tell you when you have one minute left and when the time is up. If you finish before then, you can go back over your answers to check them.

If you make a mistake or change your mind please completely fill the box to show the mistake [ ] and then cross the correct answer.

PLEASE TELL THE INTERVIEWER WHEN YOU HAVE FINISHED READING THESE INSTRUCTIONS. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO COMPLETE THE TASK PLEASE ASK THE INTERVIEWER

PLEASE DO NOT PROCEED PAST THIS POINT UNTIL THE INTERVIEWER TELLS YOU TO.
Vocabulary Test

1. □ □ □ □ □ □ □
2. □ □ □ □ □ □ □
3. □ □ □ □ □ □ □
4. □ □ □ □ □ □ □
5. □ □ □ □ □ □ □
6. □ □ □ □ □ □ □
7. □ □ □ □ □ □ □
8. □ □ □ □ □ □ □
9. □ □ □ □ □ □ □
10. □ □ □ □ □ □ □
11. □ □ □ □ □ □ □
12. □ □ □ □ □ □ □
13. □ □ □ □ □ □ □
14. □ □ □ □ □ □ □
15. □ □ □ □ □ □ □
16. □ □ □ □ □ □ □
17. □ □ □ □ □ □ □
18. □ □ □ □ □ □ □
19. □ □ □ □ □ □ □
20. □ □ □ □ □ □ □

PLEASE RETURN THE COMPLETED BOOKLET TO THE INTERVIEWER

MANY THANKS FOR YOUR TIME IN COMPLETING THIS PART OF THE

GROWING UP IN IRELAND STUDY
Appendix A11: Parent / Guardian One
Main Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICKLY CONFIDENTIAL

PARENT/GUARDIAN ONE – MAIN QUESTIONNAIRE – 17-year-old Cohort

AREA ☐ ☐ ☐ HOUSEHOLD ☐ ☐ ☐

Interviewer Name __________________________ Interviewer Number ☐ ☐ ☐ ☐

Date ___ ___ ___
Day month year

X1. Are you: Male ......... ☐ 1 Female ............... ☐ 2

X2. What is your date of birth? ☐ ☐ ☐ day ☐ ☐ ☐ month ☐ ☐ ☐ year

SECTION A: PARENT’S HEALTH

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

A1. [Card A1] In general, how would you say your current health is?

1. Excellent ................. ☐ 1
2. Very Good ............... ☐ 2
3. Good ..................... ☐ 3
4. Fair ....................... ☐ 4
5. Poor ....................... ☐ 5

A2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

A3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
[Ins. please record diagnosis – not symptoms of the problem.]

____________________________________________________________

A4. Has this health problem, illness or disability been diagnosed by a medical professional?
Yes ................. ☐ 1  No ..................... ☐ 2

A5. Since when have you had this problem, illness or disability? ..........(mth) _____(year)

A6. Are you hampered in your daily activities by this problem, illness or disability?
Yes, severely ......☐ 1  Yes, to some extent ................. ☐ 2  No .................☐ 3

A7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

Very physically active ................. ☐ 1
Fairly physically active ................. ☐ 2
Not very physically active ................. ☐ 3
Not at all physically active ................. ☐ 4
A8. [Card A8] Do you think that you are:

[Int: Ask the respondent to use codes 1-8 as on the card if young person is present at time of interview]

1. Very underweight ................................................................. 1
2. Slightly underweight .............................................................. 2
3. Moderately underweight ......................................................... 3
4. About the right weight ............................................................ 4
5. Slightly overweight ............................................................... 5
6. Moderately overweight ......................................................... 6
7. Very overweight .................................................................... 7
8. Don't know ....................................................................... 8

A9. [Card A9] How often do you try to lose weight through dieting? Would you say...

[Int: Read out]

Very often ........1  Often ..........2  Sometimes ......3  Rarely ....4  Never ....5

A10. Are you covered by a medical card?

Yes, full card ........1  Yes, doctor only card ........2  Not covered ........3

A11. Are you covered by private medical insurance?

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

A12. Does that insurance include the cost of GP visits?

Yes, in full ........1  Yes, partially ..............2  No .................3

A13. Is <young person> covered by a medical card?

Yes, full card ........1  Yes, doctor only card ........2  Not covered ........3

A14. Is <young person> covered by private medical insurance?

Yes ..................1  No .........................3

A15. Does that insurance include the cost of GP visits?

Yes, in full ........1  Yes, partially ..............2  No .................3

SECTION B: YOUNG PERSON'S HEALTH AND ILLNESS

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

1. Very healthy, no problems ....................................................... 1
2. Healthy, but a few minor problems ........................................... 2
3. Sometimes quite ill ............................................................... 3
4. Almost always unwell ........................................................... 4

B2. [Card B2] Does <young person> have any of the following long-lasting conditions or difficulties?

B3. [For B2 each answered yes ask:] Is <young person> hampered in his/her daily activities by this condition or difficulty?

B4. Has this condition been diagnosed by a professional?

B2. Has?  
B3. Hampered?  
B4. Diagnosed?

<table>
<thead>
<tr>
<th>Condition</th>
<th>B2</th>
<th>B3</th>
<th>B4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blindness or a serious vision impairment</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Deafness or a serious hearing impairment</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A difficulty with basic physical activities such as walking, climbing</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>An intellectual disability</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A difficulty with learning, remembering or concentrating</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A psychological or emotional condition</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>A difficulty with pain, breathing, or any other chronic illness or</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
B5. Was there any time during the past 12 months when <young person> really needed to consult a GP or specialist but did not?

Yes, there was at least one occasion .... [ ]
No, there was no such occasion .... [ ]

B5a. [Card B5a] What was the main reason for not consulting a GP or specialist?

a) You couldn’t afford to pay .......................................................... [ ]
b) The necessary medical care wasn’t available or accessible to you .................................. [ ]
c) You could not take time off work to visit the doctor with <young person> ..................... [ ]
d) You wanted to wait and see if the problem got better ..................................................... [ ]
e) Young person refused / fear of doctor ............................................................................. [ ]
f) Young person is still on the waiting list ........................................................................... [ ]
g) Too far to travel/no means of transport ......................................................................... [ ]
h) Other (specify) .................................................................................................................. [ ]

B6. Does/Did <Young Person> have any condition that affects/affected his/her learning in school?

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

B7. [Card B7] Which of the following conditions does/did <Young Person> have that affect/affected his/her learning in school?

B8 (if yes) Has this condition or disability been diagnosed by a professional?
B9 (if Diagnosed) At what age was it first diagnosed?
B10 (if yes at e or f) Was <Young Person> ever prescribed any medication for this condition?


Yes No Yes No Yes No
a. Physical disability or visual or hearing impairment ............................................................
b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia) ................................
c. General learning disabilities (Mild, Moderate, Severe/Profound) ..............................
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome) ..............................
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD) .......................................................... ..........................
f. Mental health difficulty ..................................................................................................
g. Speech or language difficulty (including speech impediment) ....................................
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome) ..................................i. Slow progress (reasons unclear) ..................................................................................j. Other (please specify) ........................................................................................................k. None of the above ........................................................................................................

B11. [Card B11] Please indicate if <Young Person> receives / received support from any of the following IN SCHOOL?

B12. If yes, in general, how adequate are / were these supports?

Receive? B11. Adequate?

Yes No Barely adequate Adequate Excellent
a. Resource Teaching/ Learning Support .................................................................
b. Special Needs Assistant ......................................................................................
c. Technical Assistance ..........................................................................................
d. Guidance counsellor ...........................................................................................
e. Exam accommodations .....................................................................................
f. Visiting Teacher ...................................................................................................
g. School psychologist ...........................................................................................
h. National Educational Psychological Service .....................................................
i. Behavioural Management Programme ..................................................................j. Transport Service ................................................................................................
k. Other (please specify) ..........................................................................................
**SECTION C: FAMILY CONTEXT**

Now some questions about your relationship with <young person>.

C1a. Is <young person> still in education (school or college), finished within the last six months or left education more than six months ago?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still in education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finished in last six months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left education more than six months ago</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C1b. [Card C1b] [If YP still in education or finished in last 6 months] In this/most recent school or college year, how often have you or your spouse/partner (where relevant) done the following with <young person>:

(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>a. Discussed how he/she is getting on with different subjects at school/college?</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>b. Asked how he/she is coping with the amount of work (course-work etc) for his/her courses?</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>c. Asked how he/she is getting on with teachers/lecturers?</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>d. Discussed his/her plans for the future?</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>e. Asked how he/she is getting on with friends?</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
<tr>
<td>f. Discussed how he/she did in tests or exams?</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
</tbody>
</table>

C2. [Card C2] Looking at Card C2, taking everything into account, how far do you expect <young person> will go in his/her education or training?

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Junior Certificate or equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Leaving Certificate or equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. An apprenticeship or trade</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Diploma/Certificate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Postgraduate/higher degree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Don't know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C3. [Card C3] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends. [MONITORING]

<table>
<thead>
<tr>
<th>Question</th>
<th>Never or Very Rarely</th>
<th>Very Rarely</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Regularly</th>
<th>Very Regularly</th>
<th>Always or Very Always</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Do you know what &lt;young person&gt; does with his/her free time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Do you know who he/she has as friends during his/her free time.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Do/did you usually know what type of homework he/she has/had.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Do you know what he/she spends his/her money on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Do/did you know when he/she has/had a test or homework due at school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Do/did you know how he/she does/did in different subjects at school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Do you know where he/she goes when out at night with friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Do/did you know where he/she goes/went and what he/she does/did after school.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. How often in the last month have you had no idea where he/she was.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C4. [CARD C4] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked. [DISCLOSURE]

<table>
<thead>
<tr>
<th>Question</th>
<th>Never or Very Rarely</th>
<th>Very Rarely</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Regularly</th>
<th>Very Regularly</th>
<th>Always or Very Always</th>
<th>N/A</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>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Does/did 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>
<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>
<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>
<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 he/she went when out for the evening.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C5. [Show Card C5] Looking at Card C5, now I'd like to ask you about the time <young person> 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>

C6. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>? [Show Card C6]

<table>
<thead>
<tr>
<th>Concern</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How well he/she will do in education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. He/she has or will develop a drink problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. He/she has or will develop a drug problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. He/she is or will get involved with the wrong type of friends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. He/she has or will have an unhappy relationship</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION D: YOUNG PERSON’S EMOTIONAL HEALTH AND WELL-BEING

Now I’d like to ask some questions on the Young person’s emotional health and well-being.

D1. [Card D1] Listed on Card D1, is a set of statements which could be used to describe <young person’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 <young person’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>
</tr>
<tr>
<td>C. Often complains of headaches, stomach aches or sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Shares readily with other young people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<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>
</tr>
<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>

D2. [Card D2] Listed on card D2 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 nor disagree</th>
<th>Agree a little</th>
<th>Agree moderately</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extroverted, 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>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Now some questions about the circumstances of your household.

E1. Does your accommodation have access to a garden or common space (either private or shared)?

Yes □ 1 No □ 2

E2a. [Card E2a] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

1. Owned outright (without a mortgage) □
2. Owned with a mortgage □
3. Being purchased from a Local Authority under a Tenant Purchase Scheme □
4. Rented from a Local Authority □
5. Rented from a Voluntary Body □
6. Rented from a Private Landlord □
7. Living with and paying rent to your (or your partner's) parent(s) □
8. Occupied free of rent with your (or your partner's) parent(s) □
9. Occupied free of rent from your (or your partner's) job □

E2b. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?

Yes □ 1 No □ 2

E2c. [CARD E2c] Why is that? [Int: tick all that apply]

a. Not enough bedrooms □
b. Not enough living space □
c. Not enough bathrooms □
d. Poor conditions in the home (damp, drafts, leaks etc) □
e. Problems with rats, mice, cockroaches etc □
f. Too noisy □
g. Problems with neighbours □
h. Other (specify) □

E3. [Card E3] 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 with 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 (please specify) □

E4. When did you start this job? □

E5. 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. □

E6. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)? □

[Int: if respondent works at home enter '0' for minutes]
E7. [Card E7] 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 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

E8. Do you supervise or manage any personnel in your job?

Yes ..........☐  No ..........☐

E9. How many?

E10. How many employees (if any) do you have? __________ employees  N A .... ☐

E11. [Ask only if Farmer at E3.] How many acres do you farm? __________ acres

Go to E23

E12. Apart from holiday or casual work, have you ever had a job? Yes ............. ☐  No ...... ☐ Go to E19

E13. In what year did you last work in that full-time job? ________ year

E14. When you last worked in that full-time job were you?

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

E15. [Card E15] 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 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

E16a. Did you supervise or manage any personnel in your job?

Yes .......... ☐  No .......... ☐

E16b. How many?

E17. How many employees (if any) did you have? __________ employees  N A .... ☐

E18. [Ask only if Farmer at E14] How many acres did you farm? __________ acres

[ASK OF CODES 4 – 10]

E19. Do you currently have a paid job outside the home? Yes ............. ☐  No ...... ☐ Go to E22

E20. On average, how many hours per week do you work in that paid job? __________ hours
E21. [Card E21] What is your occupation in that job?
In all cases descr be 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 E23

E22. [Card E22] 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........... ___

E23. [Card E23] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]
In all cases descr be 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, how many acres do you farm? ________ acres

Go to E23

E24. [Show Card E24] Please tell me how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Because of your work responsibilities:</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>1 ............</td>
<td>2 ...........</td>
<td>3 ........</td>
<td>4........</td>
<td>5 ........</td>
<td>6</td>
</tr>
<tr>
<td>B. Your family time is less enjoyable and more pressured ..................................................</td>
<td>1 ............</td>
<td>2 ...........</td>
<td>3 ........</td>
<td>4........</td>
<td>5 ........</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of your family responsibilities:</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>1 ............</td>
<td>2 ...........</td>
<td>3 ........</td>
<td>4........</td>
<td>5 ........</td>
<td>6</td>
</tr>
<tr>
<td>D. The time you spend working is less enjoyable and more pressured ..................................................</td>
<td>1 ............</td>
<td>2 ...........</td>
<td>3 ........</td>
<td>4........</td>
<td>5 ........</td>
<td>6</td>
</tr>
</tbody>
</table>
SECTION F: PARENT’S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

F1. [Forward feed of parental education from 13-year-cohort]
When we interviewed you when <young person> was 13 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 13 year level of education>.

F2. Is this still the highest level of education you have completed to date?
Yes ...............  □  No, wrongly recorded at 13 years ...............  □  No, changed since 13 years ......  □

F3. [Card F3] Which of the following best describes 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. Professional qualification (of Degree status at least) .....................................................  □
8. Both a Degree and a Professional qualification ........................................................  □
9. Postgraduate Certificate or Diploma ...........................................................................  □
10. Postgraduate Degree (Masters) ...................................................................................  □
11. Doctorate (Ph.D) .........................................................................................................  □

Third Level
12. Non Degree ................................................................................................................  □
   (National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
13. Primary Degree ..........................................................................................................  □
   (Third Level Bachelor Degree)
14. Professional qualification (of Degree status at least) .....................................................  □
15. Both a Degree and a Professional qualification ........................................................  □
16. Postgraduate Certificate or Diploma ...........................................................................  □
17. Postgraduate Degree (Masters) ...................................................................................  □
18. Doctorate (Ph.D) .........................................................................................................  □

[F4 Ask F4 only if F3 is code 3 or higher]
F4. In what year did you get this qualification? ____________________________

[F5 Ask F5 only if F3 is code 5 or higher]
F5. What is the name of this qualification? [Int. Record as much detail as possible]
_________________________________________________________________________

[F6 Ask F6 only if F3 is code 5]
F6. Did you complete your Upper Secondary education (Leaving Certificate/’A’ Levels or equivalent) before doing this qualification?
Yes ...............  □  No ...............  □

F7. 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. Code 999 if still in full time education]

F8. What language do you speak most often at home?
English ...............  □  Irish ...............  □  Other ........................................  □

F9. Do you belong to any religion?
Yes ................................  □  No ................................  □

F10. [Card F10] Which religion?
1. Christian – no denomination .........................................................................................  □
2. Roman Catholic ...........................................................................................................  □
3. Anglican/Church of Ireland/Episcopal .................................................................  □
4. Other Protestant .........................................................................................................  □
5. Jewish ..........................................................................................................................  □
6. Muslim ..........................................................................................................................  □
7. Other (please specify) .................................................................................................  □
F11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?
Not at all □  A little □  Quite □  Very much so □  Extremely □

F12. Are you a citizen of Ireland? Yes □  No □

F13. What citizenship do you hold? ________________________________

F14. Were you born in Ireland? Yes □  No □

F15. In which country were you born? ________________________________

F16. How long ago did you first come to live in Ireland?

<table>
<thead>
<tr>
<th>Within the last year</th>
<th>1-5 years</th>
<th>6-10 years</th>
<th>11-20 years</th>
<th>More than 20 years</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>□  □  □  □  □</td>
<td>□  □  □  □  □  □</td>
<td>□  □  □  □  □  □</td>
<td>□  □  □  □  □  □</td>
<td>□  □  □  □  □  □</td>
<td>□  □  □  □  □  □</td>
</tr>
</tbody>
</table>

F17. Looking at card F17, 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 .......................................................... □
   - 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 ................................. □

SECTION G: HOUSEHOLD INCOME

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

G1. Looking at Card G1, 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]

G2. And of these sources of income which is the largest source of income at present?
[Int Tick one box only in Col. B]

| 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) | □  □  □  □  □  □  |

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

G3. 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, PRSI and Universal Social Charge (USC), 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 G4. IF EXACT FIGURE GIVEN GO TO G6]

Don’t know □ € __________________ per Week □  Month □  Year □
G4. [Card G4] I know that it is difficult to give an exact figure for household income but on Card G4 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 as well as the income levy and public sector pension levy [if applicable]? 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 only.

[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>Under €230</th>
<th>€231 to under €350</th>
<th>€351 to under €640</th>
<th>€461 to under €675</th>
<th>€576 to under €800</th>
<th>€801 to under €925</th>
<th>€926 to under €1,150</th>
<th>€1,151 to under €1,500</th>
<th>€1,501 to under €1,850</th>
<th>€1,851 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Week</td>
<td>Under €75</td>
<td>€75 to €150</td>
<td>€100 to €300</td>
<td>€100 to €300</td>
<td>€100 to €300</td>
<td>€100 to €300</td>
<td>€100 to €300</td>
<td>€100 to €300</td>
<td>€100 to €300</td>
<td>€100 to €300</td>
</tr>
<tr>
<td>Per Month</td>
<td>€0 to €300</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
<td>€301 to €650</td>
</tr>
<tr>
<td>Per Year</td>
<td>€0 to €4,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
<td>€4,001 to €8,000</td>
</tr>
</tbody>
</table>

G5. [Card G5] Would that be [Int: Show Card G5 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th>Category</th>
<th>Per week</th>
<th>€231 to under €350</th>
<th>€351 to under €640</th>
<th>€461 to under €675</th>
<th>€576 to under €800</th>
<th>€801 to under €925</th>
<th>€926 to under €1,150</th>
<th>€1,151 to under €1,500</th>
<th>€1,501 to under €1,850</th>
<th>€1,851 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
<td>€75 to €150</td>
</tr>
<tr>
<td>B</td>
<td>€231 to €270</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
<td>€271 to €310</td>
</tr>
<tr>
<td>C</td>
<td>€351 to €390</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
<td>€391 to €420</td>
</tr>
<tr>
<td>D</td>
<td>€461 to €500</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
<td>€501 to €535</td>
</tr>
<tr>
<td>E</td>
<td>€576 to €650</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
<td>€651 to €750</td>
</tr>
<tr>
<td>F</td>
<td>€751 to €830</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
<td>€801 to €850</td>
</tr>
<tr>
<td>G</td>
<td>€1,001 to €1,500</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
<td>€1,051 to €1,600</td>
</tr>
<tr>
<td>H</td>
<td>€1,501 to €1,850</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
<td>€1,551 to €2,000</td>
</tr>
<tr>
<td>I</td>
<td>€2,001 to €2,300</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
<td>€2,051 to €2,500</td>
</tr>
<tr>
<td>J</td>
<td>€2,101 to €2,400</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
<td>€2,151 to €2,500</td>
</tr>
</tbody>
</table>

Per Month: Under €400, Under €600, Under €800, Under €1,000, Under €1,200, Under €1,400, Under €1,600, Under €1,800, Under €2,000, Under €2,200, Under €2,400, Under €2,600, Under €2,800, Under €3,000, Under €3,200, Under €3,400, Under €3,600, Under €3,800, Under €4,000, Under €4,200, Under €4,400, Under €4,600, Under €4,800, Under €5,000, Under €5,200, Under €5,400, Under €5,600, Under €5,800, Under €6,000, Under €6,200, Under €6,400, Under €6,600, Under €6,800, Under €7,000, Under €7,200, Under €7,400, Under €7,600, Under €7,800, Under €8,000, Under €8,200, Under €8,400, Under €8,600, Under €8,800, Under €9,000, Under €9,200, Under €9,400, Under €9,600, Under €9,800, Under €10,000.
G6. Does anyone in your household currently receive any other Social Welfare payments?  

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

G7. [Card G7] Now I'd like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G7, 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></td>
<td></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></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 (Contribution) 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></td>
<td></td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Guardian’s Payment (Contribution)</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>Guardian’s Payment (Non-Contribution)</td>
</tr>
<tr>
<td>Health &amp; Safety Benefit</td>
<td>Guardian/Orphan’s pension</td>
</tr>
<tr>
<td></td>
<td></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></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 (Contribution)</td>
<td>Pre-Retirement Allowance</td>
</tr>
<tr>
<td></td>
<td></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>

G8. Does anyone in your household currently receive rent or mortgage supplement? Yes .......... 1  No .......... 2  

G9. How much does the household receive PER WEEK in rent or mortgage supplement? €______________  

G10. 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 ................. 1  
(b) Exceptional and urgent needs payments (from Community Welfare Officer) .... 2  
(c) Foster Care Allowance .................................................................................. 3
G11. [Card G11] Looking at Card G11 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%

G12. [Card G12] 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, 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>

G13. [Card G13] 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

G14. 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

G15. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes
- No

G16. [Card G16] Why was that?

- Didn’t want to
- Have a full social life in other ways
- Couldn’t afford to
- Couldn’t leave the children
- Illness
- Other (specify)

G17. Does your family have a car?

- Yes
- No

G18. Would your family like to have a car but you cannot afford it?

- Yes
- No
G19. Over recent years 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>A very significant effect on your family</th>
<th>A significant effect on your family</th>
<th>A small effect on your family</th>
<th>No effect at all on your family</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G20. [Card G20] How has it affected your family? [Int: tick all that apply]

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

G21. [Card G21] Are you currently having difficulty meeting any loan repayments (from any source)?

<table>
<thead>
<tr>
<th>A lot</th>
<th>A little</th>
<th>No difficulty</th>
<th>No loans</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G21a. [Card G21a] From where/whom did you get the loan(s) that you are having difficulty repaying (tick all that apply)?

Mortgage .............................................................................................................. 1
Other loan from a financial institution (e.g. bank or credit union) .................... 2
Payment plan or hire-purchase agreement from a retailer ................................... 3
Credit card bill ................................................................................................. 4
Registered moneylender ................................................................................... 5
Unregistered moneylender or ‘loan shark’ ......................................................... 6
Relative ............................................................................................................. 7
Friend ............................................................................................................... 8
Other (please specify) ______________________________________________________ 9

G22a. Do you or your spouse/partner currently provide any financial support to <young person>, either directly or indirectly?:

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

G22b. [Card G22b] If yes, what form does this financial support take? [Int: tick all that apply]

a. You pay for some or all of his/her education costs (fees, books, etc) ................. 1
b. You pay for some or all of his/her accommodation costs if living away from home ... 2
c. You pay for some or all of his/her transport costs (e.g. car insurance, train fare) ... 3
d. You give them money (to spend as they wish) .................................................... 4
e. You loan them money and they pay you back .................................................. 5
f. Other financial support (please specify) ________________________________________ 6

G22c. [If give YP money] Is this a regular payment like an allowance, irregular payments or both?

<table>
<thead>
<tr>
<th>Regular payment</th>
<th>Irregular payment</th>
<th>Both regular and irregular</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

G22d. [If any of a to f above] How much money would you transfer to the young person in a typical month, including all cash transfers and as a result of subsidising the cost of education, transport or accommodation away from home?

€______________ (amount per month)
G23a. Do you or your spouse/partner currently receive any payments from the <young person>?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

G23b. [Card G23b] If yes, what form does this payment take? [Int: tick all that apply]

- a. They give you money on a regular basis (i.e. a set amount per week or month)....☐ 1
- b. They give you some money towards their ‘keep’ now and then…………………………………… ☐ 2
- c. They give you money if you ask for it because you need it ................................. ☐ 3
- d. They pay for particular household bills (e.g. a utility bill or for petrol in the car) ....... ☐ 4
- e. They loan you money and you pay them back ........................................................ ☐ 5
- f. Other financial support from the young person (please specify)___________________ ☐ 6

G23c. [If any of a to f above] How much money do you receive from the young person or how much does he/she contribute towards the household in a typical month, both regular and irregular payments considered? €______________ (amount per month)

SECTION H: NEIGHBOURHOOD / COMMUNITY INVOLVEMENT

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

H1. How long have you lived in your local area? _________ years OR ________ months

H2. Do you think you will be living in Ireland in 5 years time?

<table>
<thead>
<tr>
<th>Definitely ......</th>
<th>Probably......</th>
<th>Probably not ......</th>
<th>Definitely not...</th>
<th>Undecided ......</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

H3. [Card H3] 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>Rubbish and litter lying about</th>
<th>Very Common</th>
<th>Fairly common</th>
<th>Not very common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Homes and gardens in bad condition</th>
<th>Very Common</th>
<th>Fairly common</th>
<th>Not very common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vandalism and deliberate damage to property</th>
<th>Very Common</th>
<th>Fairly common</th>
<th>Not very common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People being drunk or taking drugs in public</th>
<th>Very Common</th>
<th>Fairly common</th>
<th>Not very common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td></td>
</tr>
</tbody>
</table>

H4. [Card H4] 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>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

A. This is a safe area for my 17-year-old............................................................... ☐ 1
B. It is safe for me to walk alone in this area after dark....................................... ☐ 1
C. As a family we are happy living in this area ...................................................... ☐ 1
D. We as a family intend to continue living in this area ......................................... ☐ 1
E. There are places in this area where teenagers can safely hang out ....................... ☐ 1
F. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area............................................................... ☐ 1

H5a. [Card H5] To what extent are you concerned about the activity of criminal gangs in your local area?

<table>
<thead>
<tr>
<th>Very concerned</th>
<th>Quite concerned</th>
<th>A little concerned</th>
<th>Not concerned</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
</tr>
</tbody>
</table>

H5b. Please tell us why you are concerned about gang activity in this area. (OPEN ENDED)
SECTION I: INTERGENERATIONAL CHARACTERISTICS

I1. I would like you to think back to when you were 16 years of age. When you were 16 years of age was:

   a) your mother alive? Yes ☐ No ☐
   b) your father alive? Yes ☐ No ☐

I2. Again, thinking back to when you were 16 years of age, did you live: (tick one only)

   a) with both parents? Yes ☐ No ☐
   b) with single mother (one-parent family)? Yes ☐ No ☐
   c) with single father (one-parent family)? Yes ☐ No ☐
   d) with mother and mother’s new partner/husband? Yes ☐ No ☐
   e) with father and father’s new partner/wife? Yes ☐ No ☐
   f) in a foster home? Yes ☐ No ☐
   g) in a collective household or institution? Yes ☐ No ☐
   h) Other (specify) __________________________

I3. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?
   __________________________ brothers and sisters

I4. [If still alive when person was 16] Is your father still alive?
   Yes ☐ No ☐

   I4 a. [Or if dead at I4] What age was he when he died? __________
   I4 b. What did he die of? ______________________

I5. What year was your father born in? __________
   Don’t know ☐ [and if still alive]
   Approximately what age is he in years? _______

I6. [If mother alive when person was 16] Is your mother still alive?
   Yes ☐ No ☐

   I6 a. [Or if dead at I6] What age was she when she died? __________
   I6 b. What did she die of? ______________________

I7. What year was your mother born in? __________
   Don’t know ☐ [and if still alive]
   Approximately what age is she in years? _______
I8. [Show card I8] Thinking back to when you were 16 years of age, what was the highest level of education completed by (a) your mother and (b) your father?

1. No formal education ............................................................. □ 1 ........ □ 1
2. Primary education ............................................................... □ 2 ........ □ 2

**Second Level**
3. Lower Secondary ............................................................... □ 3 ........ □ 3
4. Upper Secondary ............................................................... □ 4 ........ □ 4
   (Leaving Certificate (including Applied and Vocational Programmes). ‘A’ Levels, NCVA Level 1 Certificate or equivalent).
5. Technical or Vocational qualification .................................. □ 5 ........ □ 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 ........ □ 6

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

I9. When you were 16 years of age, which of the following best describes (a) your mother’s and (b) your father’s main status with regard to work?

1. Employee ........................................................................ □ 1 ........ □ 1
2. Self-employed (incl farmer) ........................................ □ 2 ........ □ 2
3. Unpaid family worker ................................................ □ 3 ........ □ 3
4. Unemployed ................................................................. □ 4 ........ □ 4
5. Retired ........................................................................... □ 5 ........ □ 5
6. Fulltime housework ....................................................... □ 6 ........ □ 6
7. Other (specify) __________________ ...................... □ 7 ........ □ 7

I10. When you were 16, what was the main occupation of (a) your mother and (b) your father?

I10a) mother’s occupation ______________________________

I10b) father’s occupation ______________________________

I11. A household may have different sources of income and more than one household member may contribute to it. Thinking back to when you were 16 years of age, concerning your household’s total monthly or weekly income, with which degree of ease or difficulty was the household able to make ends meet?

   With great difficulty □ 1  With difficulty □ 2  With some difficulty □ 3  Fairly easily □ 4  Easily □ 5  Very easily □ 6
Appendix A12: Parent / Guardian One
Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PARENT/GUARDIAN ONE: SENSITIVE QUESTIONNAIRE, 17-Year-old Cohort

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.

SECTION A: RELATIONSHIP TO YP

S1. Are you male or female?

Male .......... [ ]
Female ........ [ ]

S2. What is your date of birth? ________ day ________ month ________ year

IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS3 – AS5:

S3. 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)....................................................................................................................... [ ]

S4. When did <Person from Wave 1> stop living with you: Since what year? ________ [YYYY]

S5. When did <Person from Wave 1> stop living with you: Since what month? ________ mth

S6. Are you the biological parent of <young person>?

Yes ................. [ ] → Go to S19
No ................. [ ] → Go to S7

S7. Are you the adoptive parent of <young person>?

Yes ................. [ ] → Go to S12
No ................. [ ]

S8. Was that a domestic or an inter-country adoption?

Domestic .......... [ ]
Inter-country .......... [ ]

S9. Was this a within family adoption?

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

S10. From which country?

________________________________________________________

S11. What age was <young person> when you adopted him/her? ________ years

NOW PLEASE GO TO S19
S12. Are you the foster parent of <young person>?
Yes □, No □ → Go to S19

S13. How long has <young person> been with your family? ______ years ______ months

S14. Do you anticipate that this will be a long-term foster placement? Yes □, No □ → Go to S19

S15. How many previous foster placements has <young person> been in? ______ previous placements

S16. Immediately before coming to live with you was <young person> living with another foster family, his/her family or in institutional care?
Another foster family □, Own family □, Institutional care □

S17. Are you related to <young person>? Yes □, No □ → Go to S19

S18. How are you related to <young person>?

NOW PLEASE GO TO S19

SECTION B: PARENTAL MARITAL STATUS

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

S19. Can you tell me which of these best describes your current marital status?
Married and living with husband / wife □, Go to S20
Married and separated from husband / wife □, Go to S21
Divorced □, Go to S21
Widowed □, Go to S21
Never married □, Go to S21

S20. In what year did you marry your husband / wife? ______ (year) Go to S24

S21. In what year did you marry your (former) spouse? ______ (year) Go to S22

S22. Since when have you been living apart / spouse deceased? ______ (year) Go to S23

S23. May I just check whether you are currently living with someone in the household as a couple?
Yes □, No □ → Go to S29

S24. Since when have you and your spouse or partner been living together? ______ (mth) ______ (year)

S25. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
Most days □ → Go to S26
At least once a week □ → Go to S26
Less than once a week □ → Go to S26
Hardly ever □ → Go to S26
Never □ → Go to S27

S26. When you and your partner argue, how often do you . . .

Almost never/ Never □, Not very often □, Sometimes □, Often □, Almost always/ always □

S27. 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 / partner □

All the time □, Most of the time □, More often than not □, Occasionally □, Rarely □, Never □
S28. 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>

SECTION C: PARENTAL EFFICACY AND PREGNANCY STATUS

S29. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the young person right now. Remember, there no right or wrong answers, just try to be as honest as possible

A. Caring for my child sometimes takes more time and energy than I have to give. Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

B. I sometimes worry whether I am doing enough for my child.

C. The major source of stress in my life is my child.

D. Having my child leaves little time and flexibility in my life.

E. Having my child has been a financial burden.

F. It is difficult to balance different responsibilities because of my child.

S30. [ONLY OF FEMALE RESPONDENTS] Are you currently pregnant? Yes □ No □

SECTION D: FAST – PARENTAL ALCOHOL SCREEN

S31. 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 □

Go to S38

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

S32. 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

S33. [ONLY OF FEMALE RESPONDENTS] How often do you have 6 or more alcoholic drinks on one occasion?

Never □ Less than monthly □ Monthly □ Weekly □ Daily or almost daily □

S34. [ONLY OF MALE RESPONDENTS] How often do you have 8 or more alcoholic drinks on one occasion?

Never □ Less than monthly □ Monthly □ Weekly □ Daily or almost daily □

S35. 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 □

S36. 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 □

S37. 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 □
SECTION E: PARENTAL SMOKING AND DRUGS

S38. Do you currently smoke daily, occasionally or not at all?

Daily ...............................................  1
Occasionally ........................................  2
Not at all ............................................  3

S39. About how many cigarettes or cigars do you smoke on average each day?

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

S40. Including yourself, how many members of the household smoke? ____N

S41. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly ..............  1
Occasionally ...........  2
Not at all ................  3

SECTION F: PARENTAL DEPRESSION CES-D

S42. Since the time of the last interview when <young person> was 13 years of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

Yes…..  1
No…….  2

S43. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

Yes…..  1
No…….  2

S44. 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>

SECTION G: PARENTAL AND RELATIVE’S TROUBLE WITH THE GARDAÍ (POLICE)

S45a. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes…..  1
No…….  2

S45b. Have you ever been to prison?

Yes ………  1
No ………  2

S46. Can you tell me if <young person> has ...

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes, in past year</th>
<th>Yes, more than a year ago</th>
<th>No</th>
<th>Don't know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ever been in trouble with the Gardai for traffic offences?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Ever been in trouble with the Gardai for other offences?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Ever been arrested by the Gardai?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Ever had a formal warning from the Gardai?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Ever been in court for something that &lt;he/she&gt; did?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
S47a. Have any of <young person>’s brothers or sisters ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?

Yes...........[1]  No...........[2]  No brothers/sisters...........[3]

S47b. Have any of them ever been to prison?

Yes...........[1]  No...........[2]

S47c. Have any of <young person>’s aunts or uncles ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?

Yes...........[1]  No...........[2]  No uncles/aunts...........[3]

S47d. Have any of them ever been to prison?

Yes...........[1]  No...........[2]

SECTION H: PARENTAL KNOWLEDGE OF YP’S DRINKING, SMOKING, DRUG-TAKING AND DISCUSSION OF SEXUAL HEALTH

S48. To the best of your knowledge, has <young person> ever tried:

Definitely  Probably  Possibly  I don’t think so

a. Alcohol? ..................................

b. Cigarettes? ..............................

c. Cannabis/Marijuana? ..............

S49. Have you spoken to <young person> 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.) ...........

SECTION I: RESIDENT PARENT’S DETAILS ON NON-RESIDENT PARENT

S50. Can we check, does <young person’s> biological father/ mother live here with you or elsewhere?

Lives here..................................................[1]  Go to END

Deceased ..................................................[2]  Go to END

Temporarily lives elsewhere .....................[3]  Go to END


S51. Were you ever married to or did you ever live with <young person’s> biological father / mother?


S52. What age was <young person> when you split or separated from their biological father / mother?

______________

S53. Do you have a formal or informal parenting arrangement regarding <young person> and where he / she lives?


S54. Briefly describe that arrangement

_______________________________________________________________________________________
_______________________________________________________________________________________

S55. 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]
S56. How far does <young person’s> biological father / mother live from here?

Within ½ hour’s drive from here .................. □
Between ½ and 1 hour’s drive from here: □
I don’t know where he/she lives .............. □

More than 1 hour’s drive from here .................. □
Outside the country .................................................. □

S57. How often does <young person> have:

<table>
<thead>
<tr>
<th>Daily</th>
<th>More than once a week</th>
<th>Once a week</th>
<th>Every second week / weekend</th>
<th>Monthly</th>
<th>Less than once a month</th>
<th>No contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Face-to-face contact with his/her biological mother/father .................................................. □

b. Contact on skype, email, text or phone with his/her biological mother/father .................................................. □

S58. Does <young person> ever stay overnight with his/her biological mother/father?

<table>
<thead>
<tr>
<th>More than once a week</th>
<th>Once a week</th>
<th>Every second week / weekend</th>
<th>Monthly</th>
<th>Less than once a month</th>
<th>No contact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S59. Does <young person’s> biological father / mother make ANY financial contribution to your household and the maintenance of <young person>? 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 payments from time to time ........ □
Yes, he/she makes a regular payment .................. □

S60. How often do you talk to <young person’s> biological father/ mother about <young person>?

<table>
<thead>
<tr>
<th>Every day</th>
<th>Several times a week</th>
<th>About once a week</th>
<th>A few times a month</th>
<th>Several times a year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S61. How well do you get on with <young person’s> biological father/ mother? Would you say your relationship is?

<table>
<thead>
<tr>
<th>Very positive</th>
<th>Positive</th>
<th>Neither positive nor negative</th>
<th>Somewhat negative</th>
<th>Very negative</th>
<th>No contact/no relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S62. We would like to send a short questionnaire to <young person’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 <young person’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 to interviewer

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
Appendix A13: Parent / Guardian Two
Main Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

PARENT/GUARDIAN TWO – MAIN QUESTIONNAIRE – 17-year-old Cohort

AREA _______ HOUSEHOLD _______

Interviewer Name ____________________________  Interviewer Number _______ _______ _______

Date _______ _______ _______

Day  month  year

X1. Are you:  Male .........□1  Female .........□2

X2. What is your date of birth? _______ _______ month _______ _______ year

SECTION A: PARENT’S HEALTH

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

A1. [Card A1] In general, how would you say your current health is?

1. Excellent ....................□1
2. Very Good ...................□2
3. Good .........................□3
4. Fair .........................□4
5. Poor ........................□5

A2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

A3. 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.]

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

A4. Has this health problem, illness or disability been diagnosed by a medical professional?

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

A5. Since when have you had this problem, illness or disability? _______ (mth) _______ (year)

A6. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely ......□1  Yes, to some extent ......□2  No ......□3

A7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

Very physically active ................□1
Fairly physically active ................□2
Not very physically active ................□3
Not at all physically active ................□4
A8. [Card A8] Do you think that you are:
[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF YOUNG PERSON IS PRESENT AT TIME OF INTERVIEW]

1. Very underweight .................................................................
2. Slightly underweight ............................................................
3. Moderately underweight ......................................................
4. About the right weight ........................................................
5. Slightly overweight ................................................................
6. Moderately overweight ......................................................
7. Very overweight ..................................................................
8. Don’t know ........................................................................

A9. [Card A9] How often do you try to lose weight through dieting? Would you say...


A10. Are you covered by a medical card?

Yes, full card..........[1]  Yes, doctor only card........[2]  Not covered ..........[3]

A11. Are you covered by private medical insurance?

Yes ..........[1]  No ..........[2]

A12. Does that insurance include the cost of GP visits?

Yes, in full ......[1]  Yes, partially ..........[2]  No ..........[3]

SECTION B: FAMILY CONTEXT

Now some questions about your relationship with <young person>.

B1. [Card B1] Looking at Card B1, taking everything into account, how far do you expect <young person> will go in his/her education or training?

a. Junior Certificate or equivalent ..................[1]
b. Leaving Certificate or equivalent .................[2]
c. An apprenticeship or trade .........................[3]
d. Diploma/Certificate ......................................[4]
e. Degree .........................................................[5]
f. Postgraduate/higher degree .......................[6]
g. Don’t know ....................................................[7]

c. An apprenticeship or trade .........................[3]

B2. [Card B2] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends. [MONITORING]

A. Do you know what <young person> does with his/her free time. .................................................
B. Do you know who he/she has as friends during his/her free time. .............................................
C. Do you usually know what type of homework he/she has/had. ..................................................
D. Do you know what he/she spends his/her money on .................................................................
E. Do you know when he/she has/had a test or homework due at school. ....................................
F. Do you know how he/she does/did in different subjects at school. ...........................................
G. Do you know where he/she goes when out at night with friends ................................................
H. Do you know where he/she goes/went and what he/she does/did after school. .........................
I. How often in the last month have you had no idea where he/she was. .................................
B3. [CARD B3] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked. [DISCLOSURE]

<table>
<thead>
<tr>
<th>A. Does he/she spontaneously tell you about his/her friends.</th>
<th>B. Does/did he/she want to tell you about school (how subjects are going; relationships with teachers etc).</th>
<th>C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time.</th>
<th>D. Does he/she hide a lot from you about what he/she is doing during nights and weekends.</th>
<th>E. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never or never</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Not very often</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Often</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Almost always</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

B4. [Show Card B4] Looking at Card B4, now I’d like to ask you about the time <young person> spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>A. Sit down to eat together</th>
<th>B. Play sports, cards or games together</th>
<th>C. Talk about things together</th>
<th>D. Do household activities together (e.g. gardening, cooking, cleaning, etc)</th>
<th>E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day / 7 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>
<td>Every day / 7 days per week</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

B5. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>?

<table>
<thead>
<tr>
<th>a. How well he/she will do in education</th>
<th>b. He/she has or will develop a drink problem</th>
<th>c. He/she has or will develop a drug problem</th>
<th>d. He/she is or will get involved with the wrong type of friends</th>
<th>e. He/she has or will have an unhappy relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not True</td>
<td>Somewhat True</td>
<td>Certainly True</td>
<td>Not True</td>
<td>Somewhat True</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

SECTION C: YOUNG PERSON’S EMOTIONAL HEALTH AND WELL-BEING

Now I’d like to ask some questions on the Young person’s emotional health and well-being.

C1. [Card C1] Listed on Card C1, is a set of statements which could be used to describe <young person’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 <young person’s> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

<table>
<thead>
<tr>
<th>A. Considerate of other people’s feelings</th>
<th>B. Restless, overactive, cannot stay still for long</th>
<th>C. Often complains of headaches, stomach aches or sickness</th>
<th>D. Shares readily with other young people</th>
<th>E. Often has temper tantrums or hot tempers</th>
<th>F. Rather solitary, tends to play alone</th>
<th>G. Generally obedient, usually does what adults request</th>
<th>H. Many worries, often seems worried</th>
<th>I. Helpful if someone is hurt, upset or feeling ill</th>
<th>J. Constantly fidgeting or squirming</th>
<th>K. Has at least one good friend</th>
<th>L. Often fights with other children or bullies them</th>
<th>M. Often unhappy, down-hearted or tearful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not True</td>
<td>Somewhat True</td>
<td>Certainly True</td>
<td>Not True</td>
<td>Somewhat True</td>
<td>Certainly True</td>
<td>Not True</td>
<td>Somewhat True</td>
<td>Certainly True</td>
<td>Not True</td>
<td>Somewhat True</td>
<td>Certainly True</td>
<td>Not True</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>
C2. [Card C2] Listed on card C2 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 Description</th>
<th>Disagree strongly</th>
<th>Disagree moderately</th>
<th>Disagree a little</th>
<th>Neither agree nor disagree</th>
<th>Agree a little</th>
<th>Agree moderately</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extroverted, 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>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

SECTION D: PARENT’S SOCIO-DEMOGRAPHICS – PES, CLASS, WORKLIFE-BALANCE

Now some questions about the circumstances of your household.

D1. [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 ‘O’]

0. Currently on maternity leave, but with 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 (please specify) ......................................................................................... [ ]

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 ASK D2]

D2. When did you start this job? ________ 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 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]
D5. [Card D5] 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:  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 .... □99

D9. [Ask only if Farmer at E1.] How many acres do you farm? ____________ acres

Go to D21

D10. Apart from holiday or casual work, have you ever had a job?  Yes ...................□  No ..□  Go to D17

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 your main job?

In all cases descr be 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
______________________________________________________________________________

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 .... □99

D16. [Ask only if Farmer at D12] How many acres did you farm? ____________ acres

D17. Do you currently have a paid job outside the home?  Yes ..................□  No ...... □  Go to D20

D18. On average, how many hours per week do you work in that paid job? ____________ hours
D19. [Card D19] What is your occupation in that job?
In all cases descr be 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 D21

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 ................................................................. ___
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) _____________________ ___

D21. [Card D21] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]
In all cases descr be 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

Write in your main OCCUPATION
______________________________________________________________________________

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

D22. [Show Card D22] Please tell me how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</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>Because of your work responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 ....................................... |

<table>
<thead>
<tr>
<th>Statement</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>Because of your family responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 ....................................... |
SECTION E: PARENT’S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

E1. [Forward feed of parental education from 13-year-cohort]
When we interviewed you when <young person> was 13 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 13 year level of education>.

E2. Is this still the highest level of education you have completed to date?
Yes.............[ ] No, wrongly recorded at 13 years.................[ ] No, changed since 13 years .......[ ]

E3. [Show card E3] Which of the following best describes the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ........................................................................................................[ ]
2. Primary education ........................................................................................................[ ]
   Second Level
3. Lower Secondary .................................................[ ]
   (Junior/Intermediate/Group Certificate. ‘O’ Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
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 .........................[ ]
   Third 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) ..............................................................................................[ ]

[Int. Ask E4 only If E3 is code 3 or higher]
E4. In what year did you get this qualification? ________________

[Int. Ask E5 only if E3 is code 5 or higher]
E5. What is the name of this qualification? [Int. Record as much detail as possible]

[Int. Ask E6 only if E3 is code 5]
E6. Did you complete your Upper Secondary education (Leaving Certificate /‘A’ Levels or equivalent) before doing this qualification?
Yes ...............[ ] No ............[ ]

E7. 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. Code 999 if still in full time education]

E8. What language do you speak most often at home?

   English .................[ ] Irish: .................[ ] Other: ..............................[ ]

E9. Do you belong to any religion?

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

E10. [Card E10] 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) ............................................................[ ]
E11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?
Not at all...........□  A little ........□  Quite........□  Very much so ..........□  Extremely ..... □

E12. [Forward feed] Are you a citizen of Ireland? Yes..□  No .......□

E13. What citizenship do you hold? ______________________________________


E15. In which country were you born? ______________________________________

E16. How long ago did you first come to live in Ireland?

<table>
<thead>
<tr>
<th>Within the last</th>
<th>1-5 years</th>
<th>6-10 years</th>
<th>11-20 years</th>
<th>More than 20 years ago</th>
<th>Don't Know</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>

E17. [Card E17] Looking at card E17, 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......................................................□ 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

SECTION F: INTERGENERATIONAL CHARACTERISTICS

F1. I would like you to think back to when you were 16 years of age. When you were 16 years of age was:

a) your mother alive? ........□ 1    ..........□ 2
b) your father alive? ....................□ 1    ..........□ 2

F2. Again, thinking back to when you were 16 years of age, did you live: (tick one only)

a) with both parents?.........................□ 1
b) with single mother (one-parent family)? ........□ 2
   with single father (one-parent family)? ....... □ 3
d) with mother and mother’s new partner/husband? □ 4
e) with father and father’s new partner/wife? ....... □ 5
f) in a foster home? ......................... □ 6
g) in a collective household or institution? ..........□ 7
h) Other (specify) __________________________ □ 8

F3. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?
__________________________ brothers and sisters
F4. [If still alive when person was 16] Is your father still alive?
   Yes ................. 1
   No .................... 2

   F4a. [Or if dead at F4] What age was he when he died? __________
   F4b. What did he die of? ________________________________

F5. What year was your father born in? __________
   Don't know........ 1 [and if still alive]
   Approximately what age is he in years? ________

F6. [If mother alive when person was 16] Is your mother still alive?
   Yes ................. 1
   No .................... 2

   F6a. [Or if dead at F6] What age was she when she died? __________
   F6b. What did she die of? ________________________________

F7. What year was your mother born in? __________
   Don't know........ 1 [and if still alive]
   Approximately what age is she in years? ________

F8. [Show card F8] Thinking back to when you were 16 years of age, what was the highest level of education completed by (a) your mother and (b) your father?

   (a) Mother (b) Father?
   1. No formal education ........................................................................................................ 1 1
   2. Primary education ........................................................................................................ 2 2

   Second Level
   3. Lower Secondary ........................................................................................................ 3 3
      (Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
   4. Upper Secondary ......................................................................................................... 4 4
      (Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)
   5. Technical or Vocational qualification ........................................................................ 5 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 6

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

F9. When you were 16 years of age, which of the following best describes (a) your mother's and (b) your father's main status with regard to work?

   (a) Your Mother (b) Your Father
   1. Employee .................................................................................................................. 1 1
   2. Self-employed (incl farmer) ..................................................................................... 2 2
   3. Unpaid family worker .............................................................................................. 3 3
   4. Unemployed .............................................................................................................. 4 4
   5. Retired ...................................................................................................................... 5 5
   6. Fulltime housework ................................................................................................ 6 6
   7. Other (specify) ........................................................................................................ 7 7
F10. When you were 16, what was the main occupation of (a) your mother and (b) your father?

F10a) mother’s occupation ____________________________________________

F10b) father’s occupation ____________________________________________

F11. A household may have different sources of income and more than one household member may contribute to it. Thinking back to when you were 16 years of age, concerning your household’s total monthly or weekly income, with which degree of ease or difficulty was the household able to make ends meet?

With great difficulty  With difficulty  With some difficulty  Fairly easily  Easily  Very easily
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6
Appendix A14: Parent / Guardian Two
Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

PARENT/GUARDIAN TWO: SENSITIVE QUESTIONNAIRE, 17-Year-old Cohort

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.

SECTION A: RELATIONSHIP TO YP

S1. Are you male or female?

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

S2. What is your date of birth? ________ day ________ month ________ year

IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS3 – AS5:

S3. 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) .......................................................... □

S4. When did <Person from Wave 1> stop living with you: Since what year? ________ [YYYY]

S5. When did <Person from Wave 1> stop living with you: Since what month? ________ mth

S6. Are you the biological parent of <young person>?

Yes ............... □, Go to S19 No ............... □, Go to S7

S7. Are you the adoptive parent of <young person>?

Yes ............... □, Go to S12 No ............... □

S8. Was that a domestic or an inter-country adoption?

Domestic ....... □, Inter-country .......... □

S9. Was this a within family adoption?

Yes ....... □, No ....... □

S10. From which country?

____________________________

S11. What age was <young person> when you adopted him/her? ________ years

NOW PLEASE GO TO S19
FORWARD FEED

S12. Are you the foster parent of <young person>? Yes ____________ No ____________ → Go to S19

S13. How long has <young person> been with your family? ________ years ________ months

S14. Do you anticipate that this will be a long-term foster placement? Yes ____________ No ____________

S15. How many previous foster placements has <young person> been in? ________ previous placements

Don’t Know ____________

S16. Immediately before coming to live with you was <young person> living with another foster family, his/her family or in institutional care?

Another foster family ____________ Own family ____________ Institutional care ____________

S17. Are you related to <young person>? Yes ____________ No ____________ → Go to S19

S18. How are you related to <young person>?

NOW PLEASE GO TO S19

SECTION B: PARENTAL MARITAL STATUS

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

S19. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife ____________ Go to S20

Married and separated from husband / wife ____________ Go to S21

Divorced ____________ Go to S21

Widowed ____________ Go to S21

Never married ____________ Go to S23

S20. In what year did you marry your husband / wife? ________ (year) Go to S24

S21. In what year did you marry your (former) spouse? ________ (year) Go to S22

S22. Since when have you been living apart / spouse deceased? ________ (year) Go to S23

S23. May I just check whether you are currently living with someone in the household as a couple?

Yes ____________ No ____________ → Go to S29

S24. Since when have you and your spouse or partner been living together? ________ (mth) ________ (year)

S25. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days ____________ Go to S26

At least once a week ____________ Go to S26

Less than once a week ____________ Go to S26

Hardly ever ____________ Go to S26

Never ____________ Go to S27

S26. When you and your partner argue, how often do you ....

Almost never / Never ____________ Not very often ____________ Sometimes ____________ Often ____________ Almost always / always

Shout or yell at each other ____________

Throw something at each other ____________

Push, hit or slap each other ____________

S27. 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 / partner ____________

<table>
<thead>
<tr>
<th>All the time</th>
<th>Most of the time</th>
<th>More often than not</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
S28. 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>

SECTION C: PARENTAL EFFICACY AND PREGNANCY STATUS

S29. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the young person right now. Remember, there no right or wrong answers, just try to be as honest as possible

A. Caring for my child sometimes takes more time and energy than I have to give. Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree
B. I sometimes worry whether I am doing enough for my child. Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree
C. The major source of stress in my life is my child. Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree
D. Having my child leaves little time and flexibility in my life. Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree
E. Having my child has been a financial burden. Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree
F. It is difficult to balance different responsibilities because of my child. Strongly Disagree | Disagree | Not Sure | Agree | Strongly Agree

S30. [ONLY OF FEMALE RESPONDENTS] Are you currently pregnant? Yes □ t No □ b

SECTION D: FAST – PARENTAL ALCOHOL SCREEN

S31. Which of the following best describes how often you usually drink alcohol?
1. Never □ Go to S38
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:
S32. 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

S33. [ONLY OF FEMALE RESPONDENTS] How often do you have 6 or more alcoholic drinks on one occasion?

Never □ l □ m □ n □ k □ j
Less than monthly □ m □ n □ k □ j
Monthly □ n □ k □ j
Weekly □ k □ j
Daily or almost daily □ j

S34. [ONLY OF MALE RESPONDENTS] How often do you have 8 or more alcoholic drinks on one occasion?

Never □ l □ m □ n □ k □ j
Less than monthly □ m □ n □ k □ j
Monthly □ n □ k □ j
Weekly □ k □ j
Daily or almost daily □ j

S35. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never □ l □ m □ n □ k □ j
Less than monthly □ m □ n □ k □ j
Monthly □ n □ k □ j
Weekly □ k □ j
Daily or almost daily □ j

S36. How often during the last year have you failed to do what was expected of you because of drinking?

Never □ l □ m □ n □ k □ j
Less than monthly □ m □ n □ k □ j
Monthly □ n □ k □ j
Weekly □ k □ j
Daily or almost daily □ j

S37. 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 □ l Yes, on one occasion □ m Yes on more than one occasion □ n
SECTION E: PARENTAL SMOKING AND DRUGS

S38. Do you currently smoke daily, occasionally or not at all?
- [□] Daily
- [□] Occasionally
- [□] Not at all

S39. About how many cigarettes or cigars do you smoke on average each day?

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

S40. Including yourself, how many members of the household smoke? ____N

S41. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?
- [□] Regularly
- [□] Occasionally
- [□] Not at all

SECTION F: PARENTAL DEPRESSION CES-D

S42. Since the time of the last interview when <young person> was 13 years of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?
- [□] Yes
- [□] No

S43. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?
- [□] Yes
- [□] No

S44. 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>

SECTION G: PARENTAL AND RELATIVE’S TROUBLE WITH THE GARDAÍ (POLICE)

S45a. Have you ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) (other than for traffic offences)?
- [□] Yes
- [□] No

S45b. Have you ever been to prison?
- [□] Yes
- [□] No

S46. Can you tell me if <young person> has ....

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes, in past year</th>
<th>Yes, more than a year ago</th>
<th>No</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ever been in trouble with the Gardaí for traffic offences?</td>
<td>[□] 1</td>
<td>[□] 2</td>
<td>[□] 3</td>
<td>[□] 4</td>
<td>[□] 5</td>
</tr>
<tr>
<td>B. Ever been in trouble with the Gardaí for other offences?</td>
<td>[□] 1</td>
<td>[□] 2</td>
<td>[□] 3</td>
<td>[□] 4</td>
<td>[□] 5</td>
</tr>
<tr>
<td>C. Ever been arrested by the Gardaí?</td>
<td>[□] 1</td>
<td>[□] 2</td>
<td>[□] 3</td>
<td>[□] 4</td>
<td>[□] 5</td>
</tr>
<tr>
<td>D. Ever had a formal warning from the Gardaí?</td>
<td>[□] 1</td>
<td>[□] 2</td>
<td>[□] 3</td>
<td>[□] 4</td>
<td>[□] 5</td>
</tr>
<tr>
<td>E. Ever been in court for something that &lt;he/she&gt; did?</td>
<td>[□] 1</td>
<td>[□] 2</td>
<td>[□] 3</td>
<td>[□] 4</td>
<td>[□] 5</td>
</tr>
</tbody>
</table>
S47a. Have any of <young person>'s brothers or sisters ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?

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

S47b. Have any of them ever been to prison?
Yes...........[ ] No...........[ ]

S47c. Have any of <young person>'s aunts or uncles ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?
Yes...........[ ] No...........[ ]

S47d. Have any of them ever been to prison?
Yes...........[ ] No...........[ ]

SECTION H: PARENTAL KNOWLEDGE OF YP’S DRINKING, SMOKING, DRUG-TAKING AND DISCUSSION OF SEXUAL HEALTH

S48. To the best of your knowledge, has <young person> ever tried:
Definitely Probably Possibly I don’t think so

a. Alcohol? ..................................

b. Cigarettes? ..............................

c. Cannabis/Marijuana? ..............

S49. Have you spoken to <young person> 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.) ......

SECTION I: RESIDENT PARENT’S DETAILS ON NON-RESIDENT PARENT

S50. Can we check, does <young person’s> biological father/ mother live here with you or elsewhere?

Lives here..................................................

Deceased ..................................................

Temporarily lives elsewhere ....................

Lives elsewhere ......................................

S51. Were you ever married to or did you ever live with <young person’s> biological father / mother?

Yes, married to...[ ] Yes, lived with...[ ] No [ ] Go to S53 Adoptive / Foster parent [ ] Go to END

S52. What age was <young person> when you split or separated from their biological father / mother?

______________

S53. Do you have a formal or informal parenting arrangement regarding <young person> and where he / she lives?

Formal........[ ] Informal.......[ ] No parenting arrangement ...[ ] No contact [ ]

S54. Briefly describe that arrangement

_______________________________________________________________________________________

_______________________________________________________________________________________

S55. 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 ............................

139 of 144
S56. How far does <young person'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 ........................................ [ ]
I don’t know where he/she lives ................... [ ]

S57. How often does <young person> have:

Daily More than once a week Once a week Every second week / weekend Monthly Less than once a month No contact

a. Face-to-face contact with his/her biological mother/father ......................................................... [ ]

b. Contact on skype, email, text or phone with his/her biological mother/father ........................................ [ ]

S58. Does <young person> ever stay overnight with his/her biological mother/father?

More than once a week Once a week Every second week / weekend Monthly Less than once a month No contact

S59. Does <young person's> biological father / mother make ANY financial contribution to your household and the maintenance of <young person>? 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 payments from time to time ............. [ ]
Yes, he/she makes a regular payment ..................... [ ]

S60. How often do you talk to <young person's> biological father/ mother about <young person>?

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

S61. How well do you get on with <young person’s> biological father/ mother? Would you say your relationship is?

Very positive Positive Neither positive nor negative Somewhat negative Very negative No contact/no relationship

S62. We would like to send a short questionnaire to <young person’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 <young person’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 ........ [ ]

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
Appendix A15: Time-use / Food frequency diary
FOOD FREQUENCY QUESTIONNAIRE:

We would like you to tell us about your diet and the types of food you eat and do not eat.

How often do you eat each of the following foods? Please tick (✓) one box for every food.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>N/A</td>
</tr>
<tr>
<td>Weekly</td>
<td>N/A</td>
</tr>
<tr>
<td>Monthly</td>
<td>N/A</td>
</tr>
<tr>
<td>Yearly</td>
<td>N/A</td>
</tr>
<tr>
<td>Never</td>
<td>N/A</td>
</tr>
</tbody>
</table>

---

GROWING UP IN IRELAND – the national longitudinal study of children/Young People

TIME-USE DIARY

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

DAY: ________  DATE: __________

T1. Please record the day and date of the Time-use Diary Day, i.e. the day the activities relate to:

Day: ________  Date: __________

T2. Was this:

A school/college day                                   [ ]
A work 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, etc.)... [ ]

T3a. Did you fill in the diary? Please tick (✓) one box.

Now and then during the diary day                     [ ]
The day after the diary day                            [ ]
Later                                                    [ ]

T4. About how many days after?

---

PLEASE RETURN THIS COMPLETED TIME-USE DIARY AND FOOD FREQUENCY QUESTIONNAIRE IN THE ENCLOSED PRE-PAYED ENVELOPE TO THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE.

The assistance of you and your family in the GROWING UP IN IRELAND project is greatly appreciated and will hopefully help all young people in Ireland over the coming years.
<table>
<thead>
<tr>
<th>Activity</th>
<th>AM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>00.00 am</td>
</tr>
<tr>
<td>1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)</td>
<td>15 30 45</td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>3. EATING (breakfast, lunch, dinner, tea)</td>
<td></td>
</tr>
<tr>
<td>4. TRAVELLING (to or from school or elsewhere)</td>
<td></td>
</tr>
<tr>
<td>5. AT SCHOOL / COLLEGE</td>
<td></td>
</tr>
<tr>
<td>6. AT WORK</td>
<td></td>
</tr>
<tr>
<td>7. DOING HOMEWORK OR STUDY</td>
<td></td>
</tr>
<tr>
<td>8. JUST HANGING AROUND WITH FRIENDS (outside or inside)</td>
<td></td>
</tr>
<tr>
<td>9. SPENDING TIME WITH FAMILY</td>
<td></td>
</tr>
<tr>
<td>10. PLAYING WITH OR EXERCISING A PET</td>
<td></td>
</tr>
<tr>
<td>11. AT THE GYM, PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches)</td>
<td></td>
</tr>
<tr>
<td>12. ATTENDING A SPORTS EVENT</td>
<td></td>
</tr>
<tr>
<td>13. USING THE INTERNET / EMAILING (including social networking, browsing etc)</td>
<td></td>
</tr>
<tr>
<td>14. PLAYING COMPUTER GAMES (e.g. PlayStation, PSP, X-Box or Wii)</td>
<td></td>
</tr>
<tr>
<td>15. TALKING ON THE PHONE OR TEXTING</td>
<td></td>
</tr>
<tr>
<td>16. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, CLASSES ETC</td>
<td></td>
</tr>
<tr>
<td>17. WATCHING TV, FILMS, VIDEOS OR DVDS</td>
<td></td>
</tr>
<tr>
<td>18. LISTENING TO MUSIC</td>
<td></td>
</tr>
<tr>
<td>19. READING FOR PLEASURE OR INTEREST (NOT FOR SCHOOL / COLLEGE / STUDY)</td>
<td></td>
</tr>
<tr>
<td>20. HOUSEWORK (preparing food, tidying bedroom, feeding pets)</td>
<td></td>
</tr>
<tr>
<td>21. HOBBIES AND OTHER LEISURE ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>22. OUT SHOPPING TO BUY THINGS (groceries, clothes etc)</td>
<td></td>
</tr>
<tr>
<td>23. GOING TO DISCOs OR BARS, ETC</td>
<td></td>
</tr>
<tr>
<td>24. GOING TO PARTY OR OTHER SOCIAL EVENT (in people’s houses)</td>
<td></td>
</tr>
<tr>
<td>25. OTHER (SPECIFY)</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Activity</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.00 noon</td>
</tr>
<tr>
<td>1. SLEEPING / RESTING (including time trying to get to sleep, trying to get up)</td>
<td>15 30 45</td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<td>3. EATING (breakfast, lunch, dinner, tea)</td>
<td></td>
</tr>
<tr>
<td>4. TRAVELLING (to or from school or elsewhere)</td>
<td></td>
</tr>
<tr>
<td>5. AT SCHOOL / COLLEGE</td>
<td></td>
</tr>
<tr>
<td>6. AT WORK</td>
<td></td>
</tr>
<tr>
<td>7. DOING HOMEWORK OR STUDY</td>
<td></td>
</tr>
<tr>
<td>8. JUST HANGING AROUND WITH FRIENDS (outside or inside)</td>
<td></td>
</tr>
<tr>
<td>9. SPENDING TIME WITH FAMILY</td>
<td></td>
</tr>
<tr>
<td>10. PLAYING WITH OR EXERCISING A PET</td>
<td></td>
</tr>
<tr>
<td>11. AT THE GYM, PLAYING SPORT OR DOING PHYSICAL EXERCISE (training, matches)</td>
<td></td>
</tr>
<tr>
<td>12. ATTENDING A SPORTS EVENT</td>
<td></td>
</tr>
<tr>
<td>13. USING THE INTERNET / EMAILING (including social networking, browsing etc)</td>
<td></td>
</tr>
<tr>
<td>14. PLAYING COMPUTER GAMES (e.g. PlayStation, PSP, X-Box or Wii)</td>
<td></td>
</tr>
<tr>
<td>15. TALKING ON THE PHONE OR TEXTING</td>
<td></td>
</tr>
<tr>
<td>16. MUSIC LESSONS (OR PRACTICING MUSIC), DRAMA, CLASSES ETC</td>
<td></td>
</tr>
<tr>
<td>17. WATCHING TV, FILMS, VIDEOS OR DVDS</td>
<td></td>
</tr>
<tr>
<td>18. LISTENING TO MUSIC</td>
<td></td>
</tr>
<tr>
<td>19. READING FOR PLEASURE OR INTEREST (NOT FOR SCHOOL / COLLEGE / STUDY)</td>
<td></td>
</tr>
<tr>
<td>20. HOUSEWORK (preparing food, tidying bedroom, feeding pets)</td>
<td></td>
</tr>
<tr>
<td>21. HOBBIES AND OTHER LEISURE ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>22. OUT SHOPPING TO BUY THINGS (groceries, clothes etc)</td>
<td></td>
</tr>
<tr>
<td>23. GOING TO DISCOs OR BARS, ETC</td>
<td></td>
</tr>
<tr>
<td>24. GOING TO PARTY OR OTHER SOCIAL EVENT (in people’s houses)</td>
<td></td>
</tr>
<tr>
<td>25. OTHER (SPECIFY)</td>
<td></td>
</tr>
</tbody>
</table>