Appendices to 
Growing Up in Ireland 
Technical Series Report Number 2019-2

Design, Instrumentation and Procedures for 
Cohort ’08 at 5 Years 
(Infant Cohort at Wave 3 (5 Years))

Contact Documents, Information Sheets, Consents Forms 
and Questionnaires

Appendix A: Contact Documents, Consent Forms 
and Information Sheets

Appendix B: Questionnaires

April 2019
## Appendix A

**Contact Documents, Consent Forms and Information Sheets**

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## Appendix B

**Questionnaires**

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A1 Introductory Letter to Parents / Guardians
Date:  
Our ref:

Dear,

We are writing to you about the third round of interviews for the Growing Up in Ireland study. As you may remember your family was previously interviewed as part of this project. Growing Up in Ireland is the biggest and most important study of children ever to take place in this country.

We would like to make a return visit to your home for a follow-up interview now that your child is five years old, to see how he or she has changed and grown since our first visit. These interviews are now about to take place and we would like to invite you to participate.

Growing Up in Ireland will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

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

As with your earlier participation, taking part in Growing Up in Ireland is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. The information provided can be used only for statistical purposes, for no other reasons.

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

If you have any queries about the study or your involvement in it, please do not hesitate to contact Ms Claire Kirwan on 01-863 2053 or any of the Growing Up in Ireland team at 01-863 2000.

Thanking you in anticipation,

Yours sincerely,

[name]
Principal Investigator, Growing Up in Ireland study).
A few years have now passed since you and your family kindly agreed to be interviewed as part of the *Growing Up in Ireland* project. This is a unique study which follows the progress of the same group of children over time to help improve our understanding of all aspects of their development.

Your child was one of over 11,000 children and their families who took part in the first phase of the study, when they were nine months of age. We would like to re-interview you when your child is five years old, to find out how he/she has grown and changed over recent years.

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

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

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

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

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

**What has been happening since our last visit?**

A total of 11,000 families of 9-month-old infants were interviewed in the first phase of the study and almost 10,000 in the second phase when the children were three years old. We have been busy analysing all that information since then. The first report on the 3-year-old children will be published very shortly.

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

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

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

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

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

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 does taking part in the follow-up interview involve?

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

**Step One:** An interviewer will contact you to make arrangements to interview you and your spouse/partner (where relevant).

**Step Two:** When the interviewer calls to your home, you and your partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. The visit to your home will last about 2 – 2½ hours.

**Step Three:** With your consent we would like to administer two short assessment tests to your child. The first assessment test is a short task which involves showing your child some pictures and asking him/her to name the items in those pictures. The second involves the child matching shapes. Both of these tests are used very widely in research with children. Most children like doing them but there is no problem in stopping them at any point if your child doesn’t like them. They will take about 20 minutes. The results of these tests will be kept strictly confidential and are only for the purposes of the study.

**Step Four:** If there is another parent living outside the home we would, with your permission, like to send him/her a short questionnaire in the post.

**Step Five:** As part of the study we would like to interview the Principal in your child’s school from September 2013. We would also like you to give us permission to send a questionnaire to your child’s teacher. You will not be able to see what the teacher says about your child, though you will be able to see a copy of the blank questionnaire in advance if you want to.

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

Confidentiality

As previously, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research or statistical purposes. The information given by your partner (if relevant) and child’s teacher will not be seen by anyone else in your family – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

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

The details you provide in *Growing Up in Ireland* will have your names, addresses and other indentifying information removed. The information will then be stored on a computer so that it will be available to researchers for statistical analysis only. The information can be used only for statistical analysis and research purposes. It would be an offence to use it for any other reason.
What kind of questions will my family be asked?

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

- your child’s health and temperament
- his/her daily routines
- your own health
- your family life and experiences as a parent

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

Following up in a few years’ time:

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

Who are the Interviewers?

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

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

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

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the Growing Up in Ireland team at 01-863 2000.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time.
- If there are any questions on the questionnaire which you do not wish to answer you do not have to do so.

What do I do next?

An interviewer will call to your home to discuss the study with you, and you can tell him or her whether or not you would like to take part.

Your participation counts.

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

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

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.
Where can I find out more information?

**Phone:** Freephone 1800 200 434
or contact Claire Kirwan, on 01 863 2053
or call 01 863 2000 and ask for the *Growing Up in Ireland* team

**Visit our website:** www.growingup.ie

**Email:** Email us at growingup@esri.ie

**Post:**
*Growing Up in Ireland*
Economic & Social Research Institute
Whitaker Square
Sir John Rogerson’s Quay
Dublin 2
A3  Consent Form for Parents / Guardians
PARENT /GUARDIAN CONSENT FORM

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

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the Growing Up in Ireland study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child’s other parent and my spouse or partner (where different), and his or her teacher (if relevant).
- I understand that all the details collected in Growing Up in Ireland will have our names, addresses and other identifying information removed. They 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 by my child; spouse/partner (if relevant); my child’s other parent (where different); or teacher (if relevant).
- I understand that the results of the child’s short assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that, because this study looks at children’s development over time, I may be asked to participate in a follow-up study in a few years time.
- I understand that I may withdraw my participation, and that of my child, at any time.

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

Address of Parent/Guardian:      __________________________________________________________

________________________________________________________

Signature of Parent/Guardian: ______________________________

Date: ____________________    Contact telephone: ________________

If relevant:

Name of Parent/Guardian not resident in your household: ______________________________
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian not resident in your household: __________________________________
(BLOCK CAPITALS PLEASE)

Signature of Parent/Guardian not resident in your household: __________________________________

Date: ____________________   Contact telephone: ____________________

GROUP:   HHOLD:   Int No:  Int Name

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ACCESS TO INFORMATION ON CHILDCARE PROVIDERS/PRE-SCHOOL HELD
BY THE DEPARTMENT OF CHILDREN AND YOUTH AFFAIRS AND POBAL

Int: Has Study Child ever participated in the free preschool year?  Yes ........1  No ........2

The Department of Children & Youth Affairs and Pobal record information on childcare providers and pre-schools. Among other details, this includes the number of staff and children in the childcare centre or pre-school, along with the qualifications of the staff. Growing Up in Ireland would like to be able to access this information and link it to the details recorded in the survey. It would, for example, allow the study to examine how staff-pupil ratios affect the child’s educational development. Using your child’s Personal Public Service Number (PPSN) would help us to access this information.

If you agree to allow us to access this information, please sign below and provide the name and address of the childcare centre or the pre-school in which your child availed of the free pre-school year, along with the child’s PPSN. If you would prefer not to allow us to access this information that is perfectly fine and you can participate in the other parts of the survey without giving this consent.

Statement of consent: I hereby give permission to the Growing Up in Ireland project to access information held by the Department of Children & Youth Affairs and also Pobal on childcare providers and pre-schools. The sort of information in question would include that collected by the Health Service Executive inspectorate in its site visit and assessment. I understand that, as with all other details collected in the course of this study, the information on the childcare providers will be treated in the strictest confidence and will not be released in any way that would allow me or my family to be identified.

Child’s PPS Number: ______________________________________________________

Name of free pre-school year provider: __________________________________________

Address of free pre-school year provider: _________________________________________

Signed (by Parent/Guardian): ________________________________________________

of ______________________________________ (Study Child’s name)

Office use only:

Interviewer: Consent not given ............ Date: ________________________________
ACCESS TO INFORMATION IN THE PRIMARY CARE REIMBURSEMENT SERVICE

Int:  Is the Study Child covered by a Medical Card?  Yes ...... □ 1  No ...... □ 2
Is the Study Child covered by the Long-Term Illness scheme?  Yes ...... □ 1  No ...... □ 2

The Primary Care Reimbursement Service handles payments to general practitioners, dentists, pharmacists and other health professionals on behalf of the Health Service Executive. The system holds a lot of information on the prescriptions and treatments given to individuals. This information is very useful for research purposes and allows us to look, for example, at the types of drugs which are prescribed to people. We would like to link to this information in respect of the Study Child for the purposes of the Growing Up in Ireland project.

To use this information and to link it to the survey information, we would need the Study Child’s Medical Card number or Long-Term Illness (LTI) book number.

If you agree to allow us to access this information, please sign below and provide the Medical Card number (or LTI book number). If you can’t remember the number, perhaps you could give us the name and address of your doctor (GP). If you would prefer not to allow us to link to this information, that is perfectly fine and you can participate in the other parts of the survey without giving this consent.

Statement of consent: I hereby give permission to the Growing Up in Ireland project to access information from the Primary Care Reimbursement Service (PCRS) in relation to the Study Child, solely for statistical purposes related to the project. I understand that, as with all other details collected in the course of this study, the information accessed from the Primary Care Reimbursement Service system will be treated in the strictest confidence and would not be released in any way that would allow me or my family to be identified.

Medical Card Number: ______________________________________________________
(or Long-Term Illness Book No.).

or:
Name of Doctor (GP): ______________________________________________________

Address of Doctor _______________________________________________________

Signed (by Parent/Guardian) : ______________________________________________

of __________________________________________ (Study Child’s name)

Office use only:

Interviewer: Consent not given .......... □  Date: _____________________________
FOLLOW UP / TRACING INFORMATION

Thank you very much for your participation in the Growing Up in Ireland survey.

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

[Int: Record details on two contacts below].

Contact 1
Name: ____________________________
Address: ____________________________
Phone: (____) ________________
Relationship to respondent: ____________________________

Contact 2
Name: ____________________________
Address: ____________________________
Phone: (____) ________________
Relationship to respondent: ____________________________

Nested Study

Finally, as part of the Growing up in Ireland project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called ‘nested studies’ arose we would write to relevant households and ask whether or not we could approach them for interview. Would it be OK if we were to include your family among those to be considered for inclusion in one of these nested studies, should they arise?

OK to include family in nested study ............ [1]
Do not include family in nested study ............ [2]

Signed (by Parent/Guardian) : ____________________________

Interviewer: Tracing information not given ....... [ ]
Consent for nested study not given ....... [ ]

Date: ____________________________
A4 Introductory Letter to Non-resident Parent
Dear «non_res_title» «non_res_sname»,

You may have seen from recent media coverage that a major study of children is underway in Ireland. The study, Growing Up in Ireland, has been commissioned by the Government and is being carried out by a research team based in the ESRI (Economic and Social Research Institute) and the Children’s Research Centre, Trinity College Dublin.

We are contacting you because your child, «Childs_Fn» , is taking part in this important study. «Childs_Fn»'s other parent or guardian has provided us with your contact details so that we can invite you to take part as well. We think that it is important that input from both parents/guardians be included in this picture of the child’s world so that it may be as complete as possible.

To take part in the Study, all you need to do is complete the enclosed questionnaire and return it to us in the postage paid envelope provided. Participation in the Study is completely voluntary but we hope you can take the time to fill out the questionnaire and return it to us. Enclosed in this pack is an information leaflet that has some more details about Growing Up in Ireland. If you have further queries, please do not hesitate to contact us, by phone or at the above address or visit us online at www.growingup.ie.

Any information you provide to Growing Up in Ireland will be treated in the strictest confidence. No other participants, such as «Childs_Fn»’s other parent, will be able to access the details you provide.

Thanking you in anticipation

[NAME]
Research Fellow, Growing Up in Ireland
A5 Information Sheet for Non-resident Parent
What is the *Growing Up in Ireland* study?

*Growing Up in Ireland* is a national government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

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

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

What will it tell us?

The study will help us to find out all about children’s social, emotional and physical development.

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

How did you get my name and contact details?

*Growing Up in Ireland* includes 10,000 5-year-old children and their families.

Your name and contact details were provided by the other parent/guardian of your child who has agreed to participate in the study.

As part of the study he/she was asked for your contact information.

Why should I take part?

We would like to ask you for your help in completing a picture of your child’s daily life.

This information will help us to give the government advice on how to help make childhood a better experience for all children and to make improvements for children as they grow up.

Who is running the study?

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

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

What do I do next?

We would ask you to complete the enclosed questionnaire and return it in the freepost envelope provided.

The questionnaire asks you about your relationship with your child and some questions on yourself. It is very straightforward and involves ticking boxes.
Will this information be kept confidential?
All the information that you provide is treated in the strictest confidence and will not be seen by the child’s other parent/guardian. It will be used exclusively for research purposes.

The Study is being carried out under the Statistics Act (1993). This is the same legislation as used to carry out the Census of Population and ensures complete confidentiality of all information collected.

What are my rights if I take part?
All the details you provide in Growing Up in Ireland will have the names, addresses and other identifying information removed. The survey details (without any identifying information) will then be stored on a computer so that they will be available to researchers, for statistical analysis only. The information can only be used for statistical analysis and research purposes. It would be an offence to use it for any other reason.

- If you decide to take part you may choose to withdraw from the study at any time.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

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

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

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

Where can I find out more information?

Phone:
Freephone 1800 200 434
or contact the Growing Up in Ireland team at 01 8632000

Web:
www.growingup.ie

Email:
Email us at growingup@esri.ie

Post:
Growing Up in Ireland
Economic & Social Research Institute
Whitaker Square
Sir John Rogerson’s Quay
Dublin 2.
Growing Up in Ireland – study of five-year-olds

Dear Principal,

I am writing to you about a most important government-sponsored study involving five year old children. It is known as the Growing Up in Ireland study. It investigates the well-being of children in Ireland and identifies the factors which help or hinder all aspects of their development, including their education.

At the end of October, we will be writing to you to ask for your assistance in providing some information about how a small number of five-year-olds in your school are doing. At that time we will be asking you to fill out a questionnaire about the school and we will be asking the teachers of approximately 3-4 Study Children in the Infant Classes to fill out a questionnaire about themselves and also about the Study Children whom they teach. The children in question and their parents have already been interviewed in their homes and the parents have signed a consent form allowing us to approach their teachers to fill out the questionnaire about their child.

At this stage we don’t want you to do anything, other than to display the enclosed poster in the staff room to let the teachers know we will be carrying out the survey in your school from the beginning of November, just after the midterm break.

Growing Up in Ireland has the support of both the Irish Primary Principals’ Network (IPPN) and the Irish National Teachers’ Organisation (INTO). I hope you will be able to help us in this most important study on children and would like to thank you and your staff, in advance, for your time and assistance.

Yours sincerely

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

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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 Skills is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.
A7 Work Assignment Sheet
NLSCI MAIN 5-year 2013

Final Outcomes

1. Completed
2. Cannot locate居市
3. Declined to interview
4. No contact despite repeated follow ups
5. Returned to interviewer - phone
6. Returned to interviewer - return to face
7. Returned to office
8. Language problem
9. Untraceable within specified dates
10. Return to office - known to interview
11. Return to office - moved area within Rep. of Ireland
12. Interview broken off - will not complete
13. Interview broken off - will complete
14. No contact following phone call
15. Other - please specify

INTERVIEWER

Child’s Name:

Child’s Date of Birth:

ASSIGNMENT NUMBER

Final Outcome (from list 1)

SECTION A

Primary Care Giver previous Wave
Secondary Care Giver previous Wave

Address on file

#Type!

Contact phone numbers

Landline

Mobile POC

Mobile POC

SECTION B

Primary Care Giver Wave 3. As above. If not, record Full Name of POC
Secondary Care Giver Wave 3. As above. If not, record Full name of POC

Has household moved from the address above? Yes □ No □ If Yes, record new address here and take GPS readings.

SECTION C

GPS required?

GPS A

GPS B

SECTION D

Has Study child started Primary School? Yes □ No □
If no, what year will Study Child start school? 20 .
Name of school Study Child attend will attend:
Not yet known □ (tick box) OR Complete below
Name of school:
Address of school:
Principal’s Name:
Consent for Teacher on Child’s file? Yes □ No □
INT. NB. Above MUST be completed

SECTION E

Is there a NON RESIDENT PARENT? Yes □ No □

If so, please obtain FULL contact details:
Name, address and phone number of non-resident parent:
Name:
Address:
Phone:

Permission to contact:

Yes □ No □

Please complete ALL sections A to E.

ALL Work Assignment sheets MUST be returned to ESRI

#Type!
Appendix B  Questionnaires
B1 Primary Caregiver Main Questionnaire
GROWING UP IN IRELAND
 STRICTLY CONFIDENTIAL

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

PRIMARY CAREGIVER QUESTIONNAIRE

GROUP

HHOLD

RESPONDENT

INTERVIEWER NAME ______________________

INTERVIEWER NO:

Time Section Started        (24 hour clock)              DATE:___dd___mm___yy

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

The Department of 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 Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at time 2> 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 time 2] 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 2> and <child> will be checked and edited where necessary and their residency in the household at time 3 confirmed.***

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Relationship of each member to mother and child</th>
<th>Still resident?</th>
<th>Not yet at school</th>
<th>School/Education</th>
<th>At work/Training</th>
<th>Employed</th>
<th>Retired</th>
<th>Home Duties</th>
<th>Other</th>
</tr>
</thead>
<tbody>
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<td>1 2 3 4 5 6 7</td>
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<td>1 2 3 4 5 6 7</td>
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</tr>
</tbody>
</table>

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. Father / Partner on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 2 - ADD THEM TO THE NEW GRID BELOW]

A3a. Has anyone else joined the household since we last spoke and is currently living with you?

Yes ........................................... ☐  No ........................................... ☐  Go to A4

A3b. How many people have joined the household since we last spoke?

<table>
<thead>
<tr>
<th>No</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Relationship of each member to mother and child</th>
<th>Since when have they been living with you</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>at time 2</td>
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<td>21</td>
<td>1 2</td>
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<td>22</td>
<td>1 2</td>
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<td>1 2</td>
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</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 ..................□  No....................□  → [INT: Check Household Grid]

[ASK ONLY IF <TIME 2 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 3.
A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes ..................□  Go to A9a  No....................□  [INT: please establish who is the Primary Caregiver of <child> at this time]

A6a. Why is that? ____________________________________________________________

__________________________________________________________________________

IF PRIMARY CAREGIVER FROM TIME 2 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:
A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes ..................□  Go to A9a  No ..................□  [INT: please establish who is the Primary Caregiver of <child> at this time]

A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?

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

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

Biological mother/ father ......................................... □
Adoptive mother/ father ......................................... □
Step-mother / Step-father / Partner of child’s parent .... □
Foster mother / father ............................................. □
Grandparent ......................................................... □
Aunt/uncle ............................................................. □
Other relative/ in law ............................................. □
Unrelated guardian .............................................. □

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

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

A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? _______ persons

---

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If not available</th>
<th>Was this Person Resident at time 2?</th>
<th>Relationship of each member to mother and child.</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y N</td>
<td>R’SHP TO: CARD A2E1  R’SHP TO: CARD A2E2</td>
<td>Not at school</td>
</tr>
<tr>
<td>51</td>
<td></td>
<td>M</td>
<td></td>
<td></td>
<td>1 2</td>
<td>////</td>
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<td>52</td>
<td></td>
<td>M</td>
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<td>1 2</td>
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<td>53</td>
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<td>M</td>
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<td>1 2 3</td>
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<td>55</td>
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<td>M</td>
<td></td>
<td></td>
<td>1 2</td>
<td>1 2</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
A8b. Was that person born into the household or did they join for another reason?

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

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

Go to A9a

A9a. Does <child> have any full, half or step brother(s) or sister(s) who live outside the household?

Yes ...... □  No .............. □

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

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

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

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
<th>Relationship to &lt;child&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>__ / __ / ___</td>
<td>SHOW CARD A9c</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>__ / __ / ___</td>
<td>SHOW CARD A9c</td>
</tr>
<tr>
<td>□</td>
<td>□</td>
<td>__ / __ / ___</td>
<td>SHOW CARD A9c</td>
</tr>
</tbody>
</table>

Section B - Child’s Sleep and Relationships

I’d now like to ask you a few questions about <child’s> habits and routines.

B1a. On a normal day, what time in the evening does <child> usually go to bed? _______ (24 hour clock)

B1b. On a normal day, what time does <child> wake up at in the morning? _______ (24 hour clock)

B2. On a normal day how many hours would the <child> sleep during the day ____ hours ____ mins

[INT: IF NONE THEN ENTER ‘0’ FOR BOTH HOURS AND MINUTES]

B3. How much is <child’s> sleeping pattern or habits a problem for you? Would you say… [INT: READ OUT]

<table>
<thead>
<tr>
<th>A large problem</th>
<th>A moderate problem</th>
<th>A small problem</th>
<th>No problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

B4a. How often does <child> take comfort from a special blanket or toy during the daytime?

Most of the time .......... □  Sometimes .................. □  Never ................. □

B4b. How often does <child> take comfort from a special blanket or toy during the nighttime?

Most of the time .......... □  Sometimes .................. □  Never ................. □

B5a. How often does <child> suck a soother during the daytime?

Most of the time .......... □  Sometimes .................. □  Never ................. □

B5b. How often does <child> suck a soother during the nighttime?

Most of the time .......... □  Sometimes .................. □  Never ................. □
B6a. How often does <child> suck their thumb/finger(s) during the daytime?

Most of the time ............□; Sometimes ................. □; Never .................□

B6b. How often does <child> suck their thumb/finger(s) during the nighttime?

Most of the time ............□; Sometimes ................. □; Never .................□

B7. [CARD B7] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Does not really apply</th>
<th>Neutral not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I share an affectionate, warm relationship with my child.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>b. My child and I always seem to be struggling with each other</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>c. If upset, my child will seek comfort from me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>d. My child is uncomfortable with physical affection or touch from me...</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. My child values his/her relationship with me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>f. When I praise my child he/she beams with pride</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>g. My child spontaneously shares information about his/herself</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>h. My child easily becomes angry at me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>i. It is easy to be in tune with what my child is feeling</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>j. My child remains angry or is resistant after being disciplined</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>k. Dealing with my child drains my energy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>l. When my child is in a bad mood I know we’re in for a long and difficult day</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>m. My child’s feelings toward me can be unpredictable or can change suddenly</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>n. My child is sneaky or manipulative with me</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>o. My child openly shares his/her feelings and experiences with me</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tr>
</tbody>
</table>

B8. [CARD B8] How often do you do the following when <child> misbehaves?

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Never</th>
<th>Rarely</th>
<th>Now and again</th>
<th>Regularly</th>
<th>Always</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Discuss/Explain why behaviour was wrong</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>b. Ignore him/her</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>c. Smack him/her</td>
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<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>d. Shout or yell at him/her</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>e. Send him/her out of the room or to his/her bedroom or naughty step</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. Take away treats</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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<tr>
<td>g. Tell him/her off</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h. Bribe him/her</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Section C - Child’s physical health and development

Now I’d like to ask you a few questions about <child’s> health

C1. [CARD C1] In general, how would you describe <child’s> current health?

Very healthy, no problems ................................ □ 1
Healthy, but a few minor problems ................................ □ 2
Sometimes quite ill ........................................... □ 3
Almost always unwell ........................................... □ 4
C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

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

Go to C5

---

C3. [CARD C3] What longstanding illness, condition or disability does <child> have?

[Int – code for up to 3 illnesses]

- Asthma ................................................................. [ ]
- Cystic Fibrosis .......................................................... [ ]
- Heart abnormalities .................................................. [ ]
- Eczema or any kind of skin allergy ............................ [ ]
- Any kind of respiratory allergy (including hayfever) ... [ ]
- Any kind of food or digestive allergy or food intolerance [ ]
- Problem with non-food allergies, such as to dust, animals or medicine ........ [ ]
- Bone, joint or muscle problems .................................... [ ]
- A problem using his/her arms or legs .......................... [ ]
- A problem using his/her hands or fingers .................... [ ]
- Hyperactivity/Problems with attention ADD / ADHD .... [ ]
- Severe behavioural problems ...................................... [ ]
- Diabetes ................................................................ [ ]
- Kidney disease .......................................................... [ ]
- Migrainous headaches ................................................. [ ]
- Epilepsy or seizures .................................................... [ ]
- Down syndrome ....................................................... [ ]
- Spina bifida/hydrocephalus ........................................ [ ]
- Cerebral palsy ........................................................... [ ]
- Autism Spectrum Disorder ........................................... [ ]
- Other (please specify) .................................................. [ ]

[Int – code for up to 3 illnesses]

C3_1. Has this illness, condition or disability been diagnosed by a medical professional?

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

C3_2. Since when has <child> had this illness, condition or disability? ________ year

C3_3. Since when has <child> had this illness, condition or disability? ________ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

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

---

C3f.4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: ___________________ Food 2: ___________________ Food 3: ___________________
C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

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

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _______ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

   Yes  No
a) An inhaler ............................................ [ ] [ ]
   b) Antibiotics ........................................... [ ] [ ]
   c) A nebuliser ........................................... [ ] [ ]

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes ........................................... [ ]
No ........................................... [ ]
Don't Know/Never heard of it ........................................... [ ]

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes ........................................... [ ]
No ........................................... [ ]
Don't Know/Never heard of it ........................................... [ ]

C8. In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

   a. A general practitioner (GP) ............................................. ______ N
   b. A paediatrician / consultant / hospital doctor .................. ______ N
   c. A public health nurse ...................................................... ______ N
   d. A practice nurse (i.e. a nurse in a GP's surgery/clinic) ... ______ N
   e. A psychiatrist/psychologist .............................................. ______ N
   f. Accident and Emergency .............................................. ______ N
   g. A social worker .............................................................. ______ N
   h. A speech therapist ........................................................ ______ N
   i. Other medical professional (please specify).................... ______ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

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

C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? ______ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? ______ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

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

C12. How many separate accidents has <child> ever had? ___________________ accidents
C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?

Loss of consciousness / knocked out ....................................................
Bang on the head / injury to head without being knocked out ................
Broken bone or fracture .................................................................
Near drowning.................................................................................
Swallowed household cleaner / other poison / pills .............................
Swallowed object ............................................................................
Cut needing stitches or glue............................................................
Injury to mouth or tooth.................................................................
Burn or scald ..................................................................................
Other (please specify) ..................................................................

C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?

_____________ Years     ___________ Months

C15a. Did <child> go to the hospital? Yes ...................[ ]  No ...............[ ]

C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

Casualty / Accident and Emergency only ........................................[ ]  Admitted to a Hospital Ward ...................[ ]

C16. Where did this accident happen?

In your home ..................................................................................[ ]
A friend’s, neighbour’s or relative’s house ........................................[ ]
In childcare – childminder’s house or creche/preschool ....................[ ]
In school .........................................................................................[ ]
Outside in your local neighbourhood ............................................[ ]
Outside, somewhere else – not in your local neighbourhood ..........[ ]
Other (please specify) ....................................................................[ ]

C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?  
[INTERVIEWER: Explain that ‘correction’ includes being prescribed glasses]

Yes, currently..................[ ]  Yes, in the past..................[ ]  No .........[ ]

C18a. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently..................[ ]  Yes, in the past..................[ ]  No .........[ ]

C18b. Has <child> ever had grommets inserted in his / her eardrums?

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

C18c. When? Month __________ Year _______________

C19. [CARD C19] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INT: READ OUT]

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 <child> ..........[ ] ....[ ]

d. You wanted to wait and see if the problem got better ..................[ ] ....[ ]

e. Child refused / fear of doctor .....................................................[ ] ....[ ]

f. Child is still on the waiting list ..................................................[ ] ....[ ]

g. Other (please specify) ................................................................[ ] ....[ ]
C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?

Yes                      No

C20b. Please specify

C21. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No.................... Yes, a little..... Yes, a lot..... Don’t know.....

C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reluctant to speak</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Speech not clear to the family</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Speech not clear to others</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Speech is developing slowly</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Difficulty finding words</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Difficulty putting words together</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Voice sounds unusual</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Stutters, stammers</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Lisp or difficulty pronouncing certain letter combinations</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>j. Other (please specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

C23. Has <child> received any treatment for his/her speech or language problem?

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

C24. Has <child> been to visit the dentist because of a problem with his/her teeth?

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

C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

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

C25b. Was this because you could not afford it, or some other reason?

Could not afford it................... Other reason...................

C26. [CARD C26] I would like you to tell me about your child’s diet and the types of food <pronoun> does and doesn’t eat. Looking at the card, please tell me how often, on average, your child eats these foods.

<table>
<thead>
<tr>
<th>Food Type</th>
<th>Never</th>
<th>Less than</th>
<th>At least</th>
<th>At least</th>
<th>Most</th>
<th>Once a</th>
<th>2-3 per</th>
<th>4-5 per</th>
<th>6+ per</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Ready to eat breakfast cereals</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>
</tr>
<tr>
<td>b. Other breakfast cereals</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>
</tr>
<tr>
<td>e.g. porridge</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>
</tr>
<tr>
<td>c. White bread and rolls</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>
</tr>
<tr>
<td>d. Wholemeal, brown bread and rolls</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>
</tr>
<tr>
<td>e. Other breads e.g. scones, croissants</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>
</tr>
<tr>
<td>f. Savoury breads, e.g. pizza</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>
</tr>
<tr>
<td>g. Rice, pasta, noodles</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>
</tr>
<tr>
<td>h. Cakes, pastries, buns</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>
</tr>
<tr>
<td>i. Biscuits - any</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>
</tr>
<tr>
<td>j. Chocolate or confectionery</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>
</tr>
<tr>
<td>k. Other sweets</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>
</tr>
<tr>
<td>l. Ice cream or ice lollies</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>
</tr>
<tr>
<td>m. Puddings &amp; chilled desserts</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>
</tr>
<tr>
<td>n. Yoghurt (flavoured or plain but not fromage frais)</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>
</tr>
<tr>
<td>o. Fromage frais (e.g. Petit Filous)</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>
</tr>
</tbody>
</table>
p. Cheese or cheese spread
q. Milk (cow’s)
r. Eggs (include in home cooking)
s. Fruit squash (tropical fruit, lemon barley, etc)
t. Fruit juice (not squash)
u. Blackcurrant only drinks
v. Fizzy drinks (not mineral water, sugar-free or diet)
w. Baked beans - canned
x. Peas, in any form
y. Leafy green vegetables
e.g. spinach, cabbage
z. Other green vegetables
e.g. green beans, broccoli
aa. Chips, fried potatoes 
(e.g. waffles etc)
ab. Other potatoes
ac. Carrots
ad. Other root vegetables apart from carrots and potatoes e.g.
parsnips, turnips
ae. Mushrooms
af. Apples or pears (fresh)
ag. Soft fruits (e.g. peaches, nectarines, grapes)
ah. Citrus fruits (e.g. orange, tangerines, satsumas)
ai. Bananas
aj. Cucumber
ak. Fresh tomatoes
al. Salad (e.g. lettuce)
am. Butter
an. Low fat spread
ao. Other spreads
ap. Oils (e.g. vegetable, olive, sunflower)
aq. Fish or shellfish including fish fingers
ar. Sausage, frankfurters
as. Liver (but not liver products e.g. pâté)
au. Beef, e.g. roast, steak, in stews
av. Lamb, e.g. roast, steak, in stews
aw. Pork, e.g. as a roast or chops in stir fries etc
ax. Bacon, rashers, ham
ay. Chicken and poultry, e.g. as a roast, in casseroles
az. Chicken and poultry, e.g. as nuggets or breaded chicken
ba. Crisps or other packet snacks
C27. [CARD C27] Which of these best describes <child’s> weight?  
[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight.........................................□
Normal weight......................................□
Somewhat overweight.............................□
Very overweight ...................................□

C28. Is <child> right or left-handed?  
Right-handed ..........□  
Left-handed ..........□  
Don’t know ..........□

C29. [CARD C29] How often would you say <child>…..

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
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<td>b.</td>
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<td>c.</td>
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<td>e.</td>
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<td>f.</td>
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<td>g.</td>
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<td>h.</td>
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<td>i.</td>
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<td>j.</td>
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<td>k.</td>
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<td>l.</td>
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<tr>
<td>m.</td>
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<td>n.</td>
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<td>o.</td>
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<td>p.</td>
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<td>q.</td>
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<td>r.</td>
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<td>s.</td>
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<td>t.</td>
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<td>u.</td>
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<tr>
<td>v.</td>
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<tr>
<td>w.</td>
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<td></td>
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<tr>
<td>x.</td>
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</tr>
<tr>
<td>y.</td>
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<td></td>
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<td></td>
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<tr>
<td>z.</td>
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</tbody>
</table>

Section D - Parental Health

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

D1. [CARD D1] In general, how would you say your current health is?

Excellent.........□  
Very good .....□  
Good ..........□  
Fair ........□  
Poor ..........□
D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

D3. 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.]

______________________________________________________________________________________
______________________________________________________________________________________

D4. Since when have you had this problem, illness or disability? _________(mth) ______(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?

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

D6. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card ................... ☐ Yes, GP only ................... ☐ Not covered .......... ☐

D7. Is <child> covered by private medical insurance?

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

D8. Does that insurance include the cost of GP visits?

Yes, in full .......... ☐ Yes, partially ...... ☐ No .............. ☐

D9. Does anyone in your household CURRENTLY have any chronic illness, disability or special need which adversely affects the Study Child in any way or the care you are able to give <pronoun>?

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

D10. What is the relationship of that person/those people to the Study Child?

a. Parent .............................................. ☐
b. Brother / Sister............................................................. ☐
c. Other relative .............................................................. ☐
d. Non relative ............................................................... ☐

D11. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

Very physically active .................... ☐
Fairly physically active .............. ☐
Not very physically active .......... ☐
Not at all physically active .......... ☐

D12. [CARD D12] Do you think that you are:
[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Very underweight ............................................................... ☐
Moderately underweight .................................................... ☐
Slightly underweight ....................................................... ☐
About the right weight ..................................................... ☐
Slightly overweight ........................................................... ☐
Moderately overweight ..................................................... ☐
Very overweight ............................................................... ☐
Don’t know ........................................................................... ☐


Very often .......... ☐ Often ......... ☐ Sometimes ...... ☐ Rarely ............ ☐ Never ............ ☐
**Section E - Child’s play, activities and temperament**

The next section is about activities you may carry out with <child>.

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child’s> behaviour at the present time.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost Never</th>
<th>Not Often</th>
<th>Variable, usually does not</th>
<th>Variable, usually does</th>
<th>Frequently</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. This child is shy with strange adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. When this child starts a project such as a puzzle or model, he/she</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>will easily accept something else instead</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>even if it takes a long time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Listen to &lt;child&gt; read</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. When this child is angry about something, it is difficult to sidetrack</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>him/her</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>g. When in a park or visiting, this child will go up to strange children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and join in their play</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. This child stays with an activity (e.g. puzzle, construction kit,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reading) for a long time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. When shopping together, if I do not buy what this child wants (e.g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sweets, clothing), he/she cries and yells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. When unknown adults visit our home, this child is immediately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>friendly and approaches them</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>k. If this child is upset, it is hard to comfort him/her</td>
<td></td>
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</tr>
<tr>
<td>l. When a toy or game becomes difficult, this child quickly turns to</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>another activity</td>
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<td></td>
</tr>
</tbody>
</table>

E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

Easier than average ......................... \( \square \)
About average .................................... \( \square \)
More difficult than average .................. \( \square \)

E3a. [CARD E3a] How often would you do any of the following with <child>?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Hardly ever</th>
<th>Occasionally</th>
<th>One or two times a week</th>
<th>Everyday</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Play with &lt;child&gt; using toys or games / puzzles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Play computer games with &lt;child&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Visit the library</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Listen to &lt;child&gt; read</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Read to &lt;child&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Use computer with &lt;child&gt; in educational ways</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Sport or physical activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Go on educational visits outside home such as museums, farms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Go shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E3b. [CARD E3b] Does <child> do any of the following at home?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Hardly ever</th>
<th>Occasionally</th>
<th>One or two times a week</th>
<th>Everyday</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Plays on computer, tablet device (e.g. iPad) or smartphone (e.g. iPhone) by themselves</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Plays “make believe” or pretend games</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Paints, draws or makes models</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Enjoys dance, music, movement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Gone to a movie</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Gone to a sporting event in which the child was not a player</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Gone to a concert, play, museum, art gallery, community or school event</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Attended a religious service, church, temple, synagogue or mosque</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Visited a library</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Swimming</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

E5. [CARD E5] Does <child> attend a sports club or sports group

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Regularly, two hours per week</th>
<th>Twice a month</th>
<th>Regularly, more than two hours per week</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Climbs on trees, climbing frame, wall bars etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) Plays with a ball</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) Plays chasing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) Rides a bike, tricycle or scooter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e) Skates</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

E6. Looking at Card E6, can you tell me how often <child>

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Less than once per week</th>
<th>1-2 times per week</th>
<th>3-6 times per week</th>
<th>Every day</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Climbs on trees, climbing frame, wall bars etc.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b) Plays with a ball</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c) Plays chasing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d) Rides a bike, tricycle or scooter</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e) Skates</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

E7. About how many children’s books does <child> have access to in your home now, including any library books? Would you estimate… [INT: READ OUT]

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>Less than 10</th>
<th>10 to 20</th>
<th>More than 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any ‘screen’ (computer or TV or game) in an average weekday. How much time would <child> spend on this type of ‘screen time’ on an average weekday?

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1-less than 2 hours</th>
<th>2-less than 3 hours</th>
<th>3 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

E8b. What does <child> MOSTLY do on that ‘screen time’? Is s/he usually:

- Playing educational games
- Playing other games
- Watching movies, videos, other TV
- Doing a mixture of all types of activities

E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

E10. Is <child> supervised by you or another adult when he/she accesses the internet?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Section F - Child’s Functioning and relationships

Now I’d like to ask you some questions about [child’s] emotional health and wellbeing.

F1. [CARD F1] Listed below is a set of statements which could be used to describe the Study Child’s behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child’s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

<table>
<thead>
<tr>
<th>a. Considerate of other people’s feelings</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<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 children (treats, toys, pencils etc.)</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>

F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes, minor difficulties</th>
<th>Yes, definite difficulties</th>
<th>Yes, severe difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

F3. How long have these difficulties been present?

Less than a month ........[ ] 1 - 5 months ........[ ] 6-12 months ........[ ] Over a year ........[ ]

F4. Do the difficulties upset or distress your child?

Not at all ........[ ] Only a little ........[ ] Quite a lot ........[ ] A great deal ........[ ]

F5. Do the difficulties interfere with your child’s everyday life in the following areas?

<table>
<thead>
<tr>
<th>a. Home life</th>
<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Friendships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Classroom learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Leisure activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F6. Do the difficulties put a burden on you or the family as a whole?

Not at all ........[ ] Only a little ........[ ] Quite a lot ........[ ] A great deal ........[ ]
F7. Does <child> have any brothers or sisters?

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

F8. [CARD F8] In general, how does <child> get on with his/her siblings?

- Gets on well with his/her siblings .......................................................... [ ]
- Mixed ........................................................................................................ [ ]
- Does not get on well with his/her siblings .............................................. [ ]
- Does not see them .................................................................................... [ ]

---

Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?
Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

Yes ...................... [ ]  GO TO SECTION G1, QUESTION G2
No .......................... [ ]  GO TO SECTION G2, QUESTION G35
Child is homeschooled .... [ ]  GO TO SECTION G1, QUESTION G20

---

Section G1 – Child has started school

Subsection A – School details, school choice and transition to school

Now I’d like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? ________ month ______ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible
Name of school: _______________________________________
Address 1: ____________________________________________
Address 2: ____________________________________________
Address 3: ____________________________________________
Address 4: ____________________________________________
County: _______________________________________________

G4. And (can I just check) is it a single sex or mixed school?
Single sex .................. [ ]  Mixed sex .................. [ ]  Mixed sex Juniors, Single sex Seniors ... [ ]

G5. What class (or year) is <child> currently in?
[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]
Junior Infants ................................................ [ ]
Senior Infants ................................................ [ ]
First class ....................................................... [ ]
Other (please specify) _________________________________ [ ]

G6. When did you register or enroll Study Child with the school?
________ month ________ year

G7a. Had you registered or enrolled <child> in other primary schools?
Yes ............. [ ]  G7b. How many? _________
No ............... [ ]

G8. Does <child> have any older brothers or sisters in the school they are attending?
Yes ............ [ ]  No .................... [ ]
The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?

- Primary school staff ................................................................. Yes No
- Preschool staff (e.g. nursery or playgroup staff) ......................... 1 2
- Friends ....................................................................................... 1 2
- Other parents .............................................................................. 1 2
- Your siblings .............................................................................. 1 2
- School website ........................................................................... 1 2
- Other (please specify) ................................................................ 1 2

G10. Did you have a choice about which school <child> would go to? Yes No

[CARD G10] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

- It's the local school or nearest to home ................................... Very important Somewhat important Not very important Not at all important
- His/her friends go or were intending to go there ..................... 1 2 3 4
- His/her brother/sister went/go there ....................................... 1 2 3 4
- General good impression of school/good reputation ............. 1 2 3 4
- The ethos of the school in terms of religion or beliefs .......... 1 2 3 4
- The gender mix of the school (co-educational/single sex) ....... 1 2 3 4
- Language of instruction used in the school ......................... 1 2 3 4
- Other reason (specify) ......................................................... 1 2 3 4

G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?

- You attended an information meeting arranged by the school ... Yes No
- You decided to visit the school before the Study Child started .... 1 2
- Sought advice from friends, neighbours and/or family .......... 1 2
- Practised reading, writing or numbers .................................. 1 2
- Talked to the Study Child about school ................................ 1 2
- Something else (Please specify) .......................................... 1 2

G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.

a. I felt that <child> was able to mix with other children well enough to get along at primary school ........................................ Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
b. I believe that <child> understood enough about taking turns and sharing to manage at primary school .............................. 1 2 3 4 5
c. <Child> could go to the toilet on his/her own before starting primary school ........................................................... 1 2 3 4 5
d. I felt that <child> had the pre-reading and writing skills necessary to start school ..................................................... 1 2 3 4 5
e. I was worried that <child> would find being apart from me too difficult ................................................................. 1 2 3 4 5
f. I was concerned that <child> would be reluctant to go to primary school ................................................................. 1 2 3 4 5
g. I was worried that <child> was not independent enough to cope with primary school ...................................................... 1 2 3 4 5
G13. How often would you or your spouse / partner usually speak in person to <child's> teacher?  

Daily .............................................. 1  Weekly .............................................. 2  Monthly .............................................. 3  Less often .............................................. 4

G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...

<table>
<thead>
<tr>
<th>How often has &lt;child&gt; complained about school?</th>
<th>More than once a week</th>
<th>Once a week or less</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How often has &lt;child&gt; complained about school?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. How often has &lt;child&gt; said good things about school?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. How often has &lt;child&gt; looked forward to going to school?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. How often has &lt;child&gt; been upset or reluctant to go to school?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

The next few questions are about how you think <child> is getting on at school.

G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...

[INT: Read out]

Too fast for <child> .......................................................................................... 1
Just right for <child> .................................................................................... 2
Too slow for <child> ................................................................................... 3

G15b. And which of these statements best describes how <child> is finding his/her school work?

[INT: Read out]

<Child> usually finds school work hard .......................................................... 1
<Child> sometimes finds school work hard ...................................................... 2
<Child> never finds school work hard.............................................................. 3

G16. How confident are you that you know what your child is learning or doing in school?

Very confident ................................................................................. 1
Somewhat confident ......................................................................... 2
Not very confident ........................................................................... 3
Not at all confident ........................................................................... 4

G17. [CARD G17] How is information communicated to you from the school?

<table>
<thead>
<tr>
<th>How is information communicated to you from the school?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chatting informally with teacher .............................................. 1</td>
</tr>
<tr>
<td>b. Parent-teacher meeting / other formal meeting ......................... 1</td>
</tr>
<tr>
<td>c. Newsletter .................................................................................. 1</td>
</tr>
<tr>
<td>d. Written report ........................................................................... 1</td>
</tr>
<tr>
<td>e. Phone call .................................................................................. 1</td>
</tr>
<tr>
<td>f. Text message ............................................................................. 1</td>
</tr>
<tr>
<td>g. Letter or note with the child or in his / her journal ................. 1</td>
</tr>
<tr>
<td>h. What child tells me ................................................................... 1</td>
</tr>
<tr>
<td>i. School's website or blog ............................................................ 1</td>
</tr>
</tbody>
</table>

G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?

<table>
<thead>
<tr>
<th>How can you tell me how much you agree or disagree with these statements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. &lt;Child&gt; finds it hard to sit still and listen in class ................... 1</td>
</tr>
<tr>
<td>b. &lt;Child's&gt; teacher knows him/her well and gives him/her just the support he/she needs ...</td>
</tr>
<tr>
<td>c. &lt;Child&gt; was happier with the way he/she learned things in preschool/nursery ........................................................................................................</td>
</tr>
<tr>
<td>d. &lt;Child&gt; has adjusted easily to the way they do things in school ......</td>
</tr>
</tbody>
</table>

G19. Who usually minds <child> if he/she is too sick to attend school?

[Interviewer: Read out answer categories]

Mother .................................................................................. 1
Father .................................................................................... 2
Parents take turns ...................................................................... 3
Grandparents ........................................................................... 4
Other relative ............................................................................ 5
Friend/ Neighbour ...................................................................... 6
Chidminder ................................................................................ 7
Other (please specify) ................................................................ 8
Subsection B – Term-time out of school care for those who have started school

Now I’d like to ask you some questions about childcare arrangements for Study Child after school during the school term. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?

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

G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?

Yes ........................................... No ........................................... Go to G28

G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare

[Tick all that apply] Number of days Number of hours Cost per week Main type of care

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Number of hours</th>
<th>Cost per week</th>
<th>Main type of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
<tr>
<td>a. A relative in your home .............................................</td>
<td>N</td>
<td>N</td>
<td>€</td>
</tr>
<tr>
<td>b. A non-relative in your home .......................................</td>
<td>N</td>
<td>N</td>
<td>€</td>
</tr>
<tr>
<td>c. A relative in their home ...........................................</td>
<td>N</td>
<td>N</td>
<td>€</td>
</tr>
<tr>
<td>d. A non-relative in their home .....................................</td>
<td>N</td>
<td>N</td>
<td>€</td>
</tr>
<tr>
<td>e. After School Service within School ................................</td>
<td>N</td>
<td>N</td>
<td>€</td>
</tr>
<tr>
<td>f. Other After School Service (e.g. in creche, community centre etc)</td>
<td>N</td>
<td>N</td>
<td>€</td>
</tr>
<tr>
<td>g. Other (please specify) ...............................................</td>
<td>N</td>
<td>N</td>
<td>€</td>
</tr>
</tbody>
</table>

G22a. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child> .............................................
2. Grandfather of <child> ............................................
3. Aunt / Uncle of <child> ...........................................
4. Brother / Sister of <child> .......................................
5. Non-resident Parent ............................................... ...
6. Cousin of <child> ....................................................
7. Other relative .........................................................

G22b. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child> .............................................
2. Grandfather of <child> ............................................
3. Aunt / Uncle of <child> ...........................................
4. Brother / Sister of <child> .......................................
5. Non-resident Parent ............................................... ...
6. Cousin of <child> ....................................................
7. Other relative .........................................................

G23a. [CARD G23a] Which of the following best describes that person?

1. Au pair / Nanny (live in) ...........................................
2. Friend / Neighbour ..................................................
3. Childminder ..........................................................
4. Other ........................................................................

G23b. [CARD G23b] Which of the following best describes that person?

1. Friend / Neighbour ..................................................
2. Childminder ..........................................................
3. Other ........................................................................

G24. What age was <child> when you started to use the main childcare arrangement? _______ years _______ months

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

______ number of children

G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

______ number of adults

If more than one child in childcare arrangement, take the average cost per child
G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for. How often do the following statements describe your experience?

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are lots of creative activities going on.</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>b. It's an interesting place for my child.</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>c. There are plenty of toys, books, pictures, and music for my child.</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>d. In care, my child has many natural learning experiences.</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>e. The caregiver provides activities that are just right for my child.</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>f. My child gets a lot of individual attention.</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
<tr>
<td>g. My child likes the caregiver.</td>
<td>......</td>
<td>......</td>
<td>......</td>
<td>......</td>
</tr>
</tbody>
</table>

G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

Very easy .. □ 1  Easy ... □ 2  Neither easy nor difficult .. □ 3  Difficult .... □ 4  Or very difficult ...... □ 5  Don’t pay.... □ 6

Subsection C – Attendance at Preschool prior to starting school

Now I’d like to ask you some questions about attendance at preschool prior to starting school.

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G28. Did you avail of the free preschool year for the Study Child?

Yes ............... □ 1  No .............. □ 2  Never heard of it ........ □ 3

G28b. Why not? ____________________________________________________________

G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway ...... □ 1  No, wouldn’t have been able to send him / her ........ □ 2

G29. How best would you describe the setting in which the free preschool year was made available:

Preschool ................................................................................ □ 1
Naionra ..................................................................................... □ 2
Montessori ............................................................................... □ 3
Creche ..................................................................................... □ 4
Playgroup ............................................................................... □ 5
Other group care setting (please specify) ________________________________ □ 6

G30a. What age was <child> when he/she first attended Free Preschool Year? Age: _______ years _______ months

G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: _______ years _______ months

G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ............. □ 1  Topped up with more hours .................................................................................. □ 2

G31b. How many additional hours in this same preschool setting per week? ___________________ hours

G31c. How much did you pay per week in total for these additional hours? _________________ euros
G32. [CARD G32] The next questions are about <child>’s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.

How often did the following statements describe your experience

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There were lots of creative activities going on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It was an interesting place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. There were plenty of toys, books, pictures, and music for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. In care, my child had many natural learning experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The caregiver provided activities that are just right for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My child felt safe and secure in care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. The caregiver was warm and affectionate toward my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. It was a healthy place for my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. My child was treated with respect</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. My child was safe with this caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. My child got a lot of individual attention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. My caregiver and I shared information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. My caregiver was open to new information and learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. My caregiver showed she (he) knew a lot about children and their needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. The caregiver handled discipline matters easily without being harsh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. My child liked the caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. My caregiver was supportive of me as a parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. My caregiver was happy to see my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G33. How confident were you that you knew what your child was learning or doing in preschool?

<table>
<thead>
<tr>
<th>Level</th>
<th>1 Very confident</th>
<th>2 Somewhat confident</th>
<th>3 Not very confident</th>
<th>4 Not at all confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G34. Who usually minded <child> if he/she was too sick to attend preschool?

[Interviewer: Read out answer categories]

<table>
<thead>
<tr>
<th>Minder</th>
<th>1 Father</th>
<th>2 Other relative</th>
<th>3 Childminder</th>
<th>4 Grandparents</th>
<th>5 Parents take turns</th>
<th>6 Friend/ Neighbour</th>
<th>7 Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section G2 – Child has not started school**

Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I thought &lt;child&gt; was too young</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I didn’t think &lt;child&gt; was ready to start school</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Not able to due to &lt;child&gt; health problem/disability</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. &lt;Child&gt; has problems with his/her speech or language development</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Preschool/School advised deferring entry</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Someone else advised deferring entry(Please specify)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Something else (Please specify)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G36. Have you decided yet which school <child> will attend?

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

As you know, we would like to approach the schools being attended by the children in Growing Up in Ireland from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

Name of school: _______________________________________
Address 1: ____________________________________________
Address 2: ____________________________________________
Address 3: ____________________________________________
Address 4: ____________________________________________
County: _______________________________________________

G38. When will <child> start school? Which month and year?

______month _______year  Haven’t decided yet ...[1]

G39. When did you register or enroll Study Child with the school?

______month _______year

G40. Does <child> have any older brothers or sisters in the school they will attend?

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

G41a. Have you registered or enrolled <child> in other primary schools?

Yes ...........[1]  G41b. How many? ____________
No ...........[2]

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

a. Primary school staff .................................................. [1]
b. Preschool staff (e.g. nursery or playgroup staff) ..................[2]
c. Friends ........................................................................ [3]
d. Other parents .............................................................[4]
e. Your siblings ................................................................[5]
f. School Website ..........................................................[7]
g. Other (specify) ...........................................................[8]

G43. Did you have a choice about which school <child> would go to? Yes ...[1]  No ...........[2]

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

<table>
<thead>
<tr>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It’s the local school or nearest to home ..........</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
</tr>
<tr>
<td>b. His/her friends go or were intending to go there ..........</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
</tr>
<tr>
<td>e. The ethos of the school in terms of religion or beliefs ..........</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
</tr>
<tr>
<td>g. Language of instruction used in the school ..........</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
</tr>
<tr>
<td>h. Other reason (specify) ..........</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
</tr>
</tbody>
</table>
G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?

- a. Attend an information meeting arranged by the school ......................................
- b. Visit the school before the Study Child starts ..............................................
- c. Seek advice from friends, neighbours and/or family ......................................
- d. Practice reading, writing or numbers ...........................................................
- e. Talk to the Study Child about school ...........................................................
- f. Something else (Please specify) .................................................................

G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.

- a. I feel that <child> will be able to mix with other children well enough to get along at primary school .........................................................
- b. I believe that <child> understands enough about taking turns and sharing to manage at primary school ..................................................
- c. <Child> can go to the toilet on his/her own before starting primary school...........................................................
- d. I feel that <child> has the pre-reading and writing skills necessary to start school ..........................................................
- e. I am worried that <child> will find being apart from me too difficult ...........
- f. I am concerned that <child> will be reluctant to go to primary school ...........
- g. I am worried that <child> is not independent enough to cope with primary school ..........................................................

Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G47a. Have you availed of the Free Preschool Year for the Study Child?

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

G47b. Why not?

- Never heard of it ......................................

G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

- Yes, would have sent him/her anyway .......
- No, wouldn’t have been able to send him / her ............

G48. How best would you describe the setting in which the free preschool year was made available:

- Preschool .................................................................
- Naiorina .................................................................
- Montessori .............................................................
- Creche .................................................................
- Playgroup .............................................................
- Other group care setting (please specify) ............................................

G49a. What age was <child> when he/she first attended Free Preschool Year? Age: _______ years _______ months

G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age: _______ years _______ months
G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?  

Only 3 hours per day .......... □ 1 ......... Topped up with more hours ..................................... □ 2

G50b. How many additional hours in this same preschool setting?  ____________ hours

G50c. How much did you pay per week in total for these additional hours?  ________________ euros

G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...

<table>
<thead>
<tr>
<th></th>
<th>More than once a week</th>
<th>Once a week or less</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How often has &lt;child&gt; complained about preschool?</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How often has &lt;child&gt; said good things about preschool?</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. How often has &lt;child&gt; looked forward to going to preschool?</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How often has &lt;child&gt; been upset or reluctant to go to preschool?</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G52. [CARD G52] The next questions are about <child>’s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.

How often do/did the following statements describe your experience

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are/were lots of creative activities going on.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It is/was an interesting place for my child.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. There are/were plenty of toys, books, pictures, and music for my child.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. In care, my child has/had many natural learning experiences.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The caregiver provides/provided activities that are/were just right for my child...</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My child feels/felt safe and secure in care.</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. The caregiver is/was warm and affectionate toward my child</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. It is/was a healthy place for my child</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. My child is/was treated with respect</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. My child is/was safe with this caregiver</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. My child gets/got a lot of individual attention</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. My caregiver and I share/shared information</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. My caregiver is/was open to new information and learning</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. My caregiver shows/showed she (he) knows/knew a lot about children and their needs</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. The caregiver handles/handled discipline matters easily without being harsh</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. My child likes/liked the caregiver</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. My caregiver is/was supportive of me as a parent</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. My caregiver is/was happy to see my child</td>
<td>□ 1 □ 2 □ 3 □ 4 □ 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?  

Very confident ...... □ 1    Somewhat confident □ 2    Not very confident ...... □ 3    Not at all confident □ 4

G54. Who usually minds <child> if he/she is too sick to attend preschool?  
[Interviewer: Read out answer categories]

Mother ............ □ 1    Father ............ □ 2    Parents take turns □ 3    Grandparents ............ □ 4
Other relative .... □ 5    Friend/ Neighbour .... □ 6    Childminder ............ □ 7    Other (please specify) □ 8
Subsection C. Term-time care arrangement:
Additional care arrangements for children attending preschool
Alternative care arrangement for children not attending preschool

Now I'd like to ask you some questions about term-time childcare arrangements.

G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

Yes ........................................... □ No ........................................... □ If no go to g64

G56. (a) [Card G56] Who minds <child> on a regular basis each week?
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare

[If more than one child in childcare arrangement, take the average cost per child]

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Number of hours</th>
<th>Cost per week</th>
<th>Main type of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Go to G57a</td>
<td>Go to G57b</td>
<td>Go to G58a</td>
<td>Go to G58b</td>
</tr>
</tbody>
</table>

G57a. [Card G57] Please specify how this person is related to <child>:

a. A relative in your home ........................................... □
b. A non-relative in your home ........................................... □
c. A relative in their home ........................................... □
d. A non-relative in their home ........................................... □
e. Creche, Montessori, preschool, naíonra or other centre-based care setting ........................................... □
f. Other (please specify) ........................................... □

G57b. [Card G57] Please specify how this person is related to <child>:

a. Grandmother of <child> ........................................... □
b. Grandfather of <child> ........................................... □
c. Aunt /Uncle of <child> ........................................... □
d. Brother / Sister of <child> ........................................... □
e. Non-resident Parent ........................................... □
f. Cousin of <child> ........................................... □
g. Other relative ........................................... □

G58a. [Card G58a] Which of the following best describes that person?

a. Au pair / Nanny (live in) ........................................... □
b. Friend / Neighbour ........................................... □
c. Childminder ........................................... □
d. Other ........................................... □

G58b. [Card G58b] Which of the following best describes that person?

a. Friend / Neighbour ........................................... □
b. Childminder ........................................... □
c. Other ........................................... □

G59. What age was <child> when you started to use the main childcare arrangement? _______years _______months

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

____ number of children

G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

____ number of adults

G61. [Card G61] What is the main reason the Study Child is using regular child care at present?

1. Parent’s work or study commitments ........................................... □
2. Parent’s sport, shopping, social or community activities ........................................... □
3. Give parent a break or time alone ........................................... □
4. Good for child’s social development/to mix with other children ........................................... □
5. Good for child’s intellectual or language development ........................................... □
6. Establish relationships with grandparents or non-resident parents ........................................... □
7. Other ........................................... □
G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

How often do the following statements describe your experience

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are lots of creative activities going on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It's an interesting place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. There are plenty of toys, books, pictures, and music for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. In care, my child has many natural learning experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The caregiver provides activities that are just right for my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My child gets a lot of individual attention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. My child likes the caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very easy</td>
<td>1</td>
</tr>
<tr>
<td>Easy</td>
<td>2</td>
</tr>
<tr>
<td>Neither easy nor difficult</td>
<td>3</td>
</tr>
<tr>
<td>Difficult</td>
<td>4</td>
</tr>
<tr>
<td>Or very difficult</td>
<td>5</td>
</tr>
<tr>
<td>Don’t pay</td>
<td>6</td>
</tr>
</tbody>
</table>

Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

G64. What is the main reason the Study Child does not have any regular child care arrangements at present?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent is available, other care not needed</td>
<td>1</td>
</tr>
<tr>
<td>Problems with getting child care places around here</td>
<td>2</td>
</tr>
<tr>
<td>Childcare not available around here</td>
<td>3</td>
</tr>
<tr>
<td>Transport problems to childcare</td>
<td>4</td>
</tr>
<tr>
<td>Can’t afford it - cost too high</td>
<td>5</td>
</tr>
<tr>
<td>Concerned with quality of care</td>
<td>6</td>
</tr>
<tr>
<td>Child has disability or special needs</td>
<td>7</td>
</tr>
<tr>
<td>Didn’t want child cared for by strangers</td>
<td>8</td>
</tr>
<tr>
<td>Parent(s) is / are the best for the child at this age</td>
<td>9</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>10</td>
</tr>
</tbody>
</table>

Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?

Yes ...... [□] No ......... [□]

G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?

_________years _________months

Section H – Parenting and Family Context

I’d now like to ask you some general questions about parenting.

H1. How many times in the past week has the family sat down to eat an evening meal together? ____ (range 0 – 7)

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.
H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Never / almost never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always / almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hug or hold this child for no particular reason</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tell this child how happy he/she makes you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Have warm, close times together with this child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Enjoy listening to this child and doing things with him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Feel close to this child both when he/she was happy and when he/she was upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Express affection by hugging, kissing and holding this child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H3. [Card H3] When parents spend time with their children, sometimes things go well and sometimes they don’t. How often does the following happen...? (Tick one box per row only)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Never / almost never</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Of all the times you talk to this child about his/her behaviour, how often is this praise?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. If you tell this child he/she will get punished if he/she doesn’t stop doing something, but he/she keeps doing it, how often will you punish him/her?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. How often does this child get away with things that you feel should have been punished?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. How often are you angry when you punish this child?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. How often do you feel you are having problems managing this child in general?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. When you discipline this child, how often does he/she ignore the punishment?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. How often do you tell this child that he/she is bad or not as good as others?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. How often do you think that the level of punishment you give this child depends on your mood?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H4. [Card H4] If you are currently working outside the home, can I ask you the extent to which 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>N/A</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>
<tr>
<td>c. You have to turn down work activities or opportunities that 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>
H5. [Card H5] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help I don’t get enough help I don’t get any help at all I don’t need any help

1 ....................................................... 2 ....................................................... 3 ....................................................... 4 .......................................................  

H6. Are you in regular contact with <child’s> grandparents?

Yes.......... ☐1 No......... ☐2 All grandparents are deceased .... ☐3 All grandparents live abroad ☐4

H7. How many of <child’s> grandparents are still alive? _______ N

H8. With how many of his/her grandparents would you say <child> has a close or very close relationship? ____N

H9. [Card H9] For the following items could you indicate whether or not the Study Child has the item and, if not, if it is because you couldn’t afford it or for another reason?

a. Does the child have some new (not second hand) clothes? ........................................... ☐1 ☐2 ☐3
b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes? ................................................................................................. ☐1 ☐2 ☐3
c. Does the child eat fresh fruit and/or vegetables at least once a day? ........................................... ☐1 ☐2 ☐3
d. Does the child eat three meals a day? ................................................................................................. ☐1 ☐2 ☐3
e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day? ................................................................................................. ☐1 ☐2 ☐3
f. Does the child have books at home suitable for his/her age? ........................................... ☐1 ☐2 ☐3
g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)? ................................................................................................. ☐1 ☐2 ☐3
h. Does the child have indoor games (board games, computer games etc)? ................................................................................................. ☐1 ☐2 ☐3
i. Does the child participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)? ................................................................................................. ☐1 ☐2 ☐3
j. Does the child have celebrations on special occasions (birthdays, religious events)? ................................................................................................. ☐1 ☐2 ☐3
k. Does the child invite/have friends to your house to play and/or eat from time to time? ................................................................................................. ☐1 ☐2 ☐3
l. Does the child participate in school trips and school events that cost money? ................................................................................................. ☐1 ☐2 ☐3
m. Does the child have a suitable place to study or do homework? ................................................................................................. ☐1 ☐2 ☐3

H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

A. Death of a parent ................................................................................................. ☐1 ☐2
B. Death of other close family member (please specify) ........................................... ☐1 ☐2
C. Divorce/separation of parents ................................................................................................. ☐1 ☐2
D. Moving house ................................................................................................................. ☐1 ☐2
E. Moving country ................................................................................................................. ☐1 ☐2
F. Moving to a foster home/ residential care ................................................................................................. ☐1 ☐2
G. Serious illness/injury ................................................................................................................. ☐1 ☐2
H. Serious illness/injury of a family member ................................................................................................................. ☐1 ☐2
I. Drug taking/alcoholism in the immediate family ................................................................................................................. ☐1 ☐2
J. Mental disorder in immediate family ................................................................................................................. ☐1 ☐2
K. Conflict between parents ................................................................................................................. ☐1 ☐2
L. Parent in prison ................................................................................................................. ☐1 ☐2
M. Other disturbing event (please specify) ................................................................................................. ☐1 ☐2

Yes ☐5 No ☐6
Now some questions about the circumstances of your household.

J1. I would now like to ask you some questions about your accommodation: Is this accommodation a:
   [Interviewer: Read out answer categories]
   - House ...................................................................................................... [ ]
   - Apartment / flat / bedsit ........................................................................... [ ]
   - Duplex ...................................................................................................... [ ]
   - Other (specify) ___________________________________________ [ ]

J2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?
   Yes ......................... [ ]
   No .......................... [ ]

J3. Do you / someone else supervise <child> when <pronoun> is playing in this space?
   Always ............ [ ]
   Most of the time ....... [ ]
   Now and again ...... [ ]
   Never ............... [ ]

J4a. [Card J4a] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?
   [Interviewer: Note that where the PCG lives with the Study Child’s grandparent(s) in their house, occupancy should be recorded as ‘living with parents’ rather than owner occupier, i.e. the PCG’s nature of occupancy rather than the grandparents]
   - Owner occupied (with or without a mortgage) ........................................ [ ]
   - Being purchased from a Local Authority under a Tenant Purchase Scheme ......................................................... [ ]
   - Rented from a Local Authority ................................................................. [ ]
   - Rented from a Voluntary Body ........................................................................ [ ]
   - Rented from a Private Landlord ................................................................. [ ]
   - Living with and paying rent to your (or your partner’s) parent(s) ................................................................. [ ]
   - Occupied free of rent with your (or your partner’s) parent(s) ................................................................. [ ]
   - Occupied free of rent from your (or your partner’s) job ................................................................. [ ]

J4b. How many bedrooms do you have in your home? ____________ number of bedrooms

J5. Do you feel that your current accommodation (excluding location) is suitable for your family’s needs?
   Yes ............................ [ ]
   No .......................... [ ]

J6. [CARD J6] Why is that?
   - a. Too small ................................................................. [ ]
   - b. Not a child-friendly layout................................................................. [ ]
   - c. Too many steps .............................................................................. [ ]
   - 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) _________________________________________________ [ ]
J7. [Card J7] Which of these descriptions BEST describes your usual situation in regard to work?  
[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

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

J8. 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

J9. 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]

J10. [Card J10] 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 __________________________________________ 

[Interviewer: Ask J11 if code 0 or 1 at J7]

J11. [CARD J11] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?  

<table>
<thead>
<tr>
<th>Facility</th>
<th>Provide?</th>
<th>Used last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Subsidised child care</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>b. A crèche or nursery at work</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>c. Childcare vouchers</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>d. Assistance with finding childcare</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>e. Flexible working hours (i.e. changing times you start and finish)</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>f. Allow parents paid time off when a child is sick</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>(in addition to normal holiday allowance)</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>g. Allow parents unpaid time off when a child is sick</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>h. Allow parents unpaid time off during school holidays</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>i. Allow employees to work from home some or all of the time</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>j. Allow employees option to job-share</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>k. Other family friendly facilities (please specify)</td>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
</tbody>
</table>

J12. In general, how would you rate your employer in terms of allowing 'family friendly' working?  

Very good ............................................. [ ] 1  
Fairly good ........................................... [ ] 2  
Neither good nor poor ................................ [ ] 3  
Fairly poor .......................................... [ ] 4  
Very poor ............................................. [ ] 5
Interviewer: Ask J13 if code 0 or 1 at J7

J13a. Do you supervise or manage any personnel in your job?

[ ] Yes  [ ] No

J13b. How many?

[ ] 1 [ ] 2

Interviewer: Ask J14 if code 2 or 3 at J7

J14. How many employees (if any) do you have? _______ employees

NA [ ]

Interviewer: Ask J15 if code 3 at J7

J15. How many acres do you farm? _______ acres _______ hectares

Go to J28

J16. Apart from holiday or casual work, have you ever had a full-time job?

[ ] Yes  [ ] No

Go to J21

J17. In what year did you last work in that full-time job? _______ year

J18. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) [ ]

Self-employed outside farming [ ]

Farmer [ ]

J19. [Card J19] 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

______________________________________________________________________________

J20. [Ask only if Farmer at J18] How many acres did you farm? _______ acres _______ hectares

J21. Do you currently have a part-time job outside the home?

[ ] Yes  [ ] No

Go to J24

J22. On average, how many hours per week do you work in that part-time job?

[ ] _______ hours

J23. [Card J23] What is your occupation in your main job?

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

Use precise terms such as:

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:

- MANAGER
- TEACHER
- ENGINEER

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

Members of the 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 J25
J24. [Card J24] 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
d. I prefer be at home to look after my children myself     medical benefits if I was earning ................. ___
e. I cannot earn enough to pay for childcare ..........:___ i. Other reason ( please specify)____________ ___

J25. [Card J25] What is the occupation of your spouse / partner?
In all cases describe the occupation fully and precisely giving the full job title.
Use precise terms such as: Do not use general terms such as:
RETAIL STORE MANAGER MANAGER
SECONDARY TEACHER TEACHER
ELECTRICAL ENGINEER ENGINEER
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Garda or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION (If a farmer or a farm worker, please specify how many acres)

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

J26. [Card J26] Looking at the card, 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] [Card J29]

J27. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B]

J28. [Card J28] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI 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. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO J29.IF EXACT FIGURE GIVEN GO TO J31]

J29. [Card J29] I know that it is difficult to give an exact figure for household income but on Card J29 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, 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 these deductions have been applied. [Int: Tick the letter of the group your household falls into]
### HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €230</td>
<td>Under €1,000</td>
<td>Under €12,000</td>
<td>A</td>
</tr>
<tr>
<td>€231 to €350</td>
<td>€1,001 to €1,500</td>
<td>€12,001 to €18,000</td>
<td>B</td>
</tr>
<tr>
<td>€351 to €460</td>
<td>€1,501 to €2,000</td>
<td>€18,001 to €24,000</td>
<td>C</td>
</tr>
<tr>
<td>€461 to €575</td>
<td>€2,001 to €2,500</td>
<td>€24,001 to €30,000</td>
<td>D</td>
</tr>
<tr>
<td>€576 to €800</td>
<td>€2,501 to €3,000</td>
<td>€30,001 to €42,000</td>
<td>E</td>
</tr>
<tr>
<td>€801 to €925</td>
<td>€3,001 to €4,000</td>
<td>€42,001 to €48,000</td>
<td>F</td>
</tr>
<tr>
<td>€926 to €1,150</td>
<td>€3,501 to €5,000</td>
<td>€48,001 to €60,000</td>
<td>G</td>
</tr>
<tr>
<td>€1,151 to €1,500</td>
<td>€4,001 to €5,000</td>
<td>€60,001 to €78,000</td>
<td>H</td>
</tr>
<tr>
<td>€1,501 to €1,850</td>
<td>€4,501 to €6,500</td>
<td>€78,001 to €96,000</td>
<td>I</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€5,001 or more</td>
<td>€96,001 or more</td>
<td>J</td>
</tr>
</tbody>
</table>

Refused ................................  Don't Know ..............

#### J30. [CARD J30] Would that be

- [ ] Yes  
- [ ] No

#### Section A, Card J28

#### Section B, Card J28

#### Section C, Card J28

#### Section D, Card J28

#### Section E, Card J28

#### Section F, Card J28

#### Section G, Card J28

#### Section H, Card J28

#### Section I, Card J28

#### Section J, Card J28

Go to J30

#### J31. Does anyone in your household currently receive any Social Welfare payments?

- [ ] Yes
- [ ] No

#### J32. [Card J32] Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card J32, 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>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td>Rural Social Scheme</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Widow’s/Widower’s or Surviving Civil Partner (Contributory) Pension</td>
<td>Deserted Wife's Allowance</td>
</tr>
<tr>
<td>Deserted Wife’s Benefit</td>
<td>Prisoner’s Wife’s Allowance</td>
</tr>
<tr>
<td>Widowed or Surviving Civil Partner Grant</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Widow’s/Widower’s or Surviving Civil Partner (Non-Contrib) Pension</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Guardian’s Payment (Contributory)</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>Guardian’s Payment (Non-Contributory)</td>
</tr>
<tr>
<td>Health &amp; Safety Benefit</td>
<td>Guardian/Orphan’s pension</td>
</tr>
<tr>
<td><strong>DISABILITY AND SAFETY PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Illness Benefit</td>
<td>Prescribed Relative’s Allowance</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>Injury Benefit</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>Incapacity Supplement</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Disablement Benefit</td>
</tr>
<tr>
<td>Carer’s Benefit</td>
<td>Medical Care Scheme</td>
</tr>
<tr>
<td>Domiciliary Care Allowance</td>
<td>Constant Attendance Allowance</td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>Death Benefits (Survivor’s Benefits)</td>
</tr>
<tr>
<td>Half-rate Carer’s Allowance</td>
<td></td>
</tr>
<tr>
<td><strong>RETIRED PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>State Pension (Transition)</td>
<td>State Pension Non-Contributory</td>
</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>Pre-Retirement Allowance</td>
</tr>
<tr>
<td><strong>OTHER PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Fuel/Smokeless Fuel Allowance</td>
<td>Diet/heating supplements</td>
</tr>
<tr>
<td>Household Benefits Package (electricity/gas/phone)</td>
<td>Other (please specify)</td>
</tr>
</tbody>
</table>

J33a. Does anyone in your household currently receive rent or mortgage supplement? Yes... No...

J33b. How much does the household receive PER WEEK in rent or mortgage supplement? €---------------------

J34. Do you receive or have you received in the last 12 months, any of the following payments?
   a. Back to school clothing and footwear allowance .............................................................
   b. Exceptional and urgent needs payments (from Community Welfare Officer) ............
   c. Foster Care Allowance ........................................................................

J35. Looking at Card J35 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?

[Interviewer: Note that Child Benefit rates are €130 per month for 1st, 2nd and 3rd child and €140 for 4th and subsequent children]

<table>
<thead>
<tr>
<th>None</th>
<th>Less than 5%</th>
<th>5% to less than 20%</th>
<th>20% to less than 50%</th>
<th>50% to less than 75%</th>
<th>75% to less than 100%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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J36. [Card J36] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn’t afford it or for another reason?

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

J37. [Card J37] 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? Would you say...

- With great difficulty
- With difficulty
- With some difficulty
- Fairly easily
- Easily
- Very easily

J38. 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 ...............[ ]

J39a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

J39b. [CARD J39b] Why was that?

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

J40a. Does your family have a car?

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

J40b. Would your family like to have a car but you cannot afford it?

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

J41. Since our last interview in [MM/YYYY] we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had... …[INT: READ OUT]

A very significant effect on your family
A significant effect on your family
A small effect on your family
No effect at all on your family

J42. [Card J42] How has it affected your family?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You were made redundant / lost your job ...........................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Your spouse/partner was made redundant / lost their job ..................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Your or your spouse/partner’s working hours were reduced .................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Your or your spouse/partner’s wages were reduced .........................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Your or your spouse/partner’s social welfare benefits were reduced ..........</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Your family can’t afford luxuries (holidays, meals out etc) ............</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Your family can’t afford / had to cut back on basics (food, clothes etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. You are behind with rent / mortgage payments ....................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. You are behind with utility bills (e.g. electricity, gas bills etc) ....</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Took out an extra loan or increased your debt ...................................</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Other (please specify) ____________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section K – About You

Now some more questions about yourself

K1a. [Card K1a] What is the highest level of education (full-time or part-time) which you have completed to date?

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

Second Level


4. Upper Secondary (Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCVA Level 1 Certificate or equivalent) .................................................................................................................. 4

5. Technical or Vocational qualification (Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent) .............................................................................................. 5

Third Level

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma... 6
   (Non Degree)
7. Primary Degree .................................................................................................................... 7
   (Third Level Bachelor Degree)
8. Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor) ....... 8
9. Both a Degree and a Professional qualification ....................................................................... 9
10. Postgraduate Certificate or Diploma .......................................................................................... 10
11. Postgraduate Degree (Masters) ................................................................................................ 11
12. Doctorate (Ph.D) .................................................................................................................... 12

[INTERVIEWER: ASK K1B ONLY IF K1A IS CODE 3 OR HIGHER]

K1b. In what year did you get this qualification? ______________

[INTERVIEWER: ASK K1C ONLY IF K1A IS CODE 5 OR HIGHER]

K1c. What is the name of this qualification?

[INTERVIEWER: Please record as much detail as possible]

______________________________________________________________________________________
______________________________________________________________________________________

[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]

K1d. Did you complete your Upper Secondary education (Leaving Certificate/’A’Levels or equivalent) before gaining this qualification?

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

K2. What is <child’s> first language?

   English .................... 1  Irish ............ 2  Other (please specify) ______________ 3

K3. What language is usually spoken to <child> in the home?

   English .................... 1  Irish ............ 2  Other (please specify) ______________ 3

[BLAISE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K4. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s story book written in your native language?

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

K5. Can I just check, can you read aloud to a child from a children’s story book written in English?

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

K6. Can you usually read and fill out forms you might have to deal with in English?

Yes .................... 1  No .................... 2
K7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

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

K8. Do you belong to any religion?

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


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

K10. Are you a citizen of Ireland?

Yes .......... □ No ........... □

K11. What citizenship do you hold?

____________________________________

K12. Were you born in Ireland?

Yes ....... □ No ........ □

K13. In which country were you born?

___________________________________

K14. How long ago did you first come to live in Ireland?

Within the last ........................... year □ 1-5 years ago □ 6-10 years ago □ 11-20 years ago □ More than 20 years ago □ Don’t know □

K15. [Card K15] Looking at card K15, 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.......................... □

L. Neighbourhood / Community

Time Section Started  □□□□□□□□ (24 hour clock)

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

L1. How long have you lived in your local area? _________ years OR _________ months
L2. [CARD L2] How strongly do you agree or disagree with these statements about your neighbourhood?

<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>a. This is a safe neighbourhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. There are good parks, playgrounds and play spaces</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. The state of the footpaths, roads and street lighting is good</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. There is access to close, affordable, regular public transport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. There is access to basic shopping facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. There is access to basic services such as banks, medical clinics, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. There is heavy traffic on my street or road</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. It is safe for children to play outside during the day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. People around here are willing to help their neighbours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Most people in your neighbourhood can be trusted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. If you need information about local services, you know where to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. You are well informed about local affairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. You feel a strong sense of identity with your neighbourhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L3. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?

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

L4. [CARD L4] 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>Item</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Homes and gardens in bad condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Vandalism and deliberate damage to property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. People being drunk or taking drugs in public</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L5. [CARD L5] How often do you and your neighbours do each of the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Do favours for each other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Share information on schools or children’s activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Visit each other’s houses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L6. How do you feel about your neighbourhood as a place for bringing up children?

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

L7. [CARD L7] Would you describe the place where the household is situated as being....?

<table>
<thead>
<tr>
<th>Place</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
<th>[ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>In open country ..............</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a village (200-1,499)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a town (1,500-2,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a town (3,000-4,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a town (5,000-9,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>In a town (10,000 or more)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waterford city ................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Galway city</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limerick city</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cork city</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin city (incl. Dun Laoghaire)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) urban</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) rural</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B2 Primary Caregiver Sensitive Questionnaire
We have a few final questions for 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 the questionnaire to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE. 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.

X1. Are you male or female?
   Male .............. 1
   Female ............ 2

X2. What is your date of birth?  __ __ / __ __ / __ __ __ __
   DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.
   He/she is deceased ................................................................. 1
   We separated/divorced .......................................................... 2
   He/she moved out to set up own household............................. 3
   Long-term absence (e.g. hospital, prison, military service abroad) 4
   Other (please specify) ......................................................... 5

AS2. When did <Person from Wave 2> stop living with you: Since what month? _______ mth

AS3. When did <Person from Wave 2> stop living with you: Since what year?  [YYYY]

S1. Are you the biological parent of <child>?
   Yes ................ 1  Go to S12  No ............... 2  Go to S2

S2. Are you the adoptive parent of <child>?
   Yes ................ 1  Go to S7  No ............... 2  Go to S2

S3. Was that a domestic or an inter-country adoption?
   Domestic ........ 1
   Inter-country ....... 2

S4. Was this a within family adoption?
   Yes ........ 1  No ...... 2

S5. From which country?
   ________________________________

S6. What age was <child> when you adopted him/ her?  ___________ months

NOW PLEASE GO TO S12
S7. Are you the foster parent of <child>?  Yes………………..☐   No………………..☐  ➔ Go to S12

S8. How many months has <child> been with your family? ________ months

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

S10. How many previous foster placements has <child> been in?  ________ previous placements DK☐

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?
   Another foster family……..☐   Own family…………..☐   Institutional care ……..☐  
NOW PLEASE GO TO S12

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

S12. Can you tell me which of these best describes your current marital status?
   Married and living with husband / wife ………..☐  ➔ Go to S13a
   Married and separated from husband / wife ………..☐  ➔ Go to S13b
   Divorced ………..☐  ➔ Go to S13b
   Widowed ………..☐  ➔ Go to S13b
   Never married (including living with partner) ………..☐  ➔ Go to S15

S13a. In what year did you marry your husband / wife? ________ (year)  Go to S16

S13b. In what year did you marry your (former) spouse? ________ (year)

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

S15. May I just check whether you are currently living with someone in the household as a couple?
   Yes………………..☐   No………………..☐  ➔ Go to S21

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
   Most days……………………☐  ➔ Go to S18
   At least once a week……………………☐  ➔ Go to S18
   Less than once a week ………..☐  ➔ Go to S18
   Hardly ever ………..☐  ➔ Go to S18
   Never ………..☐  ➔ Go to S19

S18. When you and your partner argue, how often do you?
   a. Shout or yell at each other ………..☐  ➔ Go to S19
   b. Throw something at each other ………..☐  ➔ Go to S19
   c. Push, hit or slap each other ………..☐  ➔ Go to S19

S19. How often would you say the following happen in your relationship?
   a. You discuss or have considered divorce, separation, or terminating your relationship ………..☐  ➔ Go to S19
   b. You think that things between you and your partner are going well ………..☐  ➔ Go to S19
   c. You confide in your spouse/partner ………..☐  ➔ Go to S19

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

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

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S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I am happy in my role as a parent .................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Caring for my child sometimes takes more time and energy than I have to give ................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I sometimes worry whether I am doing enough for my child .............................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I enjoy spending time with my child ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The major source of stress in my life is my child ........................................</td>
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<td></td>
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</tr>
<tr>
<td>f. Having a child leaves little time and flexibility in my life. ........................................</td>
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<td></td>
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<tr>
<td>g. Having a child has been a financial burden ................................................</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>h. It is difficult to balance different responsibilities because of my child. ........................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I am satisfied as a parent .................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not very good at being a parent ...............................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A person who has some trouble being a parent ............................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An average parent .........................................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A better than average parent .......................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A very good parent ......................................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[BLAISE CONDITION: ASK S23 ONLY OF FEMALE RESPONDENTS]

S23. Are you currently pregnant? Yes.........[1] No.........[2]

S24. Which of the following best describes how often you usually drink alcohol?

1. Never ....................................................................................... [1] Go to S27
2. Less than once a month ................................................................. [2]
3. 1-2 times a month ........................................................................ [3]
4. 1-2 times a week ......................................................................... [4]
5. 3-4 times a week ......................................................................... [5]
6. 5-6 times a week ......................................................................... [6]
7. Every day .................................................................................... [7]

If currently drink alcohol between everyday and 1-2 times a week ask:
S25. 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

[BLAISE CONDITION: ASK S26a ONLY OF FEMALE RESPONDENTS]

S26a. How often do you have 6 or more alcoholic drinks on one occasion?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>h</td>
<td>k</td>
<td>l</td>
<td>m</td>
<td>n</td>
</tr>
</tbody>
</table>

[BLAISE CONDITION: ASK S26b ONLY OF MALE RESPONDENTS]

S26b. How often do you have 8 or more alcoholic drinks on one occasion?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>h</td>
<td>k</td>
<td>l</td>
<td>m</td>
<td>n</td>
</tr>
</tbody>
</table>
S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

S26d. How often during the last year have you failed to do what was expected of you because of drinking?

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

S26e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No………[1] Yes, on one occasion…….[2] Yes on more than one occasion………. [3]

S27. Do you currently smoke daily, occasionally or not at all?


S28. About how many cigarettes or cigars do you smoke on average each day

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

S29. Including yourself, how many members of the household smoke? _____N

S30. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Yes, regularly...... [1]  Yes, occasionally.....[2]  No, not at all...........[3]

S31. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

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

S32. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

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

S33. 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>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>e. My sleep was restless</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>

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes………[1]  No...........[2] ➔Go to S36

S35. Have you ever been to prison?  Yes ........[1]  No ......[2]
S36. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?

I do much less than my fair share .......................................................... 1
I do less than my fair share ................................................................. 2
I do my fair share .................................................................................. 3
I do much more than my fair share ....................................................... 4
I do more than my fair share ................................................................. 5

S37. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?

I do much less than my fair share .......................................................... 1
I do less than my fair share ................................................................. 2
I do my fair share .................................................................................. 3
I do much more than my fair share ....................................................... 4
I do more than my fair share ................................................................. 5

S38. Can we check, does <child’s> biological father/mother live here with you or elsewhere?

Lives here ............................................................................................. 1
Deceased ............................................................................................... 2
temporarily lives elsewhere ................................................................. 3
Lives elsewhere .................................................................................... 4

S39. Were you ever married to or did you ever live with <child’s> biological father/mother?

Yes, married to ...................................................................................... 1
    Yes, lived with .................................................................................... 2
    No ....................................................................................................... 3
Adoptive / Foster parent ........................................................................ 4

S40. What age was the Study Child when you split or separated from their biological father/mother?

Child’s age __________ years

S41. Do you have a formal or informal parenting arrangement regarding <child> and where he/she lives?

Formal ..................................................................................................... 1
Informal .................................................................................................. 2
No parenting arrangement ..................................................................... 3

S42. Briefly describe that arrangement

____________________________________________________________________
____________________________________________________________________

S43. 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

S44. Is this written or verbal? Written ...................................................... 1
     Verbal ................................................................................................ 2

S45. How far does <child’s> biological father/mother live from here?

Within ½ hour’s drive from here ........................................................... 1
Between ½ and 1 hour’s drive from here ............................................... 2
Outside the country ............................................................................. 3

S46a. How often does <child> have face-to-face contact with his/her biological father/mother?

Daily ........................................................................................................ 1
More than once a week ......................................................................... 2
Weekly .................................................................................................... 3
Every second week/weekend ............................................................... 4

S46b. How often does <child> have other contact (not face-to-face) with his/her biological father/mother?

Daily ........................................................................................................ 1
More than once a week ......................................................................... 2
Weekly .................................................................................................... 3
Every second week/weekend ............................................................... 4

S47. How often does <child> have face-to-face contact with <adoptive/foster/joint biological parents>?

Daily ........................................................................................................ 1
More than once a week ......................................................................... 2
Weekly .................................................................................................... 3
Every second week/weekend ............................................................... 4

S48. How often does <child> have other contact (not face-to-face) with <adoptive/foster/joint biological parents>?

Daily ........................................................................................................ 1
More than once a week ......................................................................... 2
Weekly .................................................................................................... 3
Every second week/weekend ............................................................... 4
S47. On average, how often does <child> stay over or spend the night with his / her biological father / mother?

- 4 or more nights per week .................................................................
- Monthly ...............................................................................................
- 1 – 3 nights per week ........................................................................
- Less than once a month .....................................................................
- Fortnightly ...........................................................................................
- Never ..................................................................................................

S48. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.

- Over-excited and hard to settle for a long period (more than a few hours) ..............................................
- Over-excited and hard to settle for a short period ..................................................................................
- Relaxed and comfortable ......................................................................................................................
- Withdrawn, sad or restless for a short period ..........................................................................................
- Withdrawn, sad or restless for a long period (more than a few hours) ..................................................

S49. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?

- Yes - a little ........................................................................................................
- Yes – somewhat ..............................................................................................
- Yes – very ........................................................................................................
- No ...................................................................................................................
- Don’t know ...................................................................................................

S50. Does <child’s> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment ..................................................
- Yes, he/she makes a regular payment .....................................................
- Yes, he/she makes payments as required ..............................................

S51. How often do you talk to <child’s> biological father/ mother about <child>?

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

S52. How often do you disagree with <child’s> biological father/ mother about basic child-rearing issues?

- Never/Almost never ..............................................................................
- Rarely .........................................................................................................
- Sometimes ................................................................................................
- Always/Almost always ..........................................................................
- Don’t discuss ...........................................................................................

S53. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child’s> biological father/ mother for his/her views?

- Never/Almost never ..............................................................................
- Rarely .........................................................................................................
- Sometimes ................................................................................................
- Always/Almost always ..........................................................................
- Don’t discuss ...........................................................................................

S54. How involved do you think <child’s> biological father/ mother should be in <child’s> life?

- A lot more involved ...................................................................................
- A little less involved ...................................................................................
- A little more involved ..................................................................................
- Much less involved ...................................................................................
- Level of involvement is about right ......................................................

S55. How often does <child’s> biological father/ mother do any of these additional things:

- Buy clothes, toys or presents for child .....................................................
- Pay for child’s medical or dental bills, health insurance or medicines ....
- Give you extra money to help out, like pay the rent, household bills or car repairs ..................................................
- Look after child when you need to do other things such as working, studying or attending appointments ....
S56. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

- Very positive
- Positive
- Neither positive nor negative
- Somewhat negative
- Very negative

S57. Does <child's> biological father / mother have any other children living with him/her at the moment?

- Yes \(\square_1\)
- No \(\square_2\)

S58. How many of these are:

- Full brothers / sisters of the Study Child \(N\)
- Half brothers / sisters of the Study Child
- Other children (not related to Study Child)

S59. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes \(\square_1\)
- No, I do not wish other parent to be contacted \(\square_2\)
- No, I do not have contact details for other parent \(\square_3\)

S60. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND STUDY.
B3 Secondary Caregiver Main Questionnaire
GROWING UP IN IRELAND
STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13
SECONDARY CAREGIVER QUESTIONNAIRE

GROUP                                                  HHOLD                                       RESPONDENT
INTERVIEWER NAME ______________________
INTERVIEWER NO:___________________________________________

Time Section Started        (24 hour clock)              DATE:___dd___mm___yy

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

The Department of 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 Skills 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

INT: IS RESPONDENT MALE OR FEMALE? Male ............ 1 Female............. 2

X1. What is your date of birth? ___ / ___ / ___ ___ ___ ___

Section A - Introduction

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

1. Biological mother/ father ........................................... 1
2. Adoptive mother/ father ............................................. 2
3. Step-mother / Step-father / Partner of child’s parent . . . . 3
4. Foster mother / father . ................................................ 4
5. Grandparent ......................................................... 5
6. Aunt/uncle ............................................................. 6
7. Other relative/ in law .............................................. 7
8. Unrelated guardian ................................................. 8
Section B - Parent-Child Relationships
B1. [CARD B1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Does not really apply</th>
<th>Neutral not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I share an affectionate, warm relationship with my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. My child and I always seem to be struggling with each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. If upset, my child will seek comfort from me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. My child is uncomfortable with physical affection or touch from me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. My child values his/her relationship with me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. When I praise my child he/she beams with pride</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. My child spontaneously shares information about his/herself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. My child easily becomes angry at me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. It is easy to be in tune with what my child is feeling</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. My child remains angry or is resistant after being disciplined</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. Dealing with my child drains my energy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. When my child is in a bad mood I know we’re in for a long and difficult day</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. My child’s feelings toward me can be unpredictable or can change suddenly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. My child is sneaky or manipulative with me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>o. My child openly shares his/her feelings and experiences with me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

B2. [CARD B2] How often do you do the following when <child> misbehaves?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Now and again</th>
<th>Regularly</th>
<th>Always</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Discuss/Explain why behaviour was wrong</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. Ignore him/her</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. Smack him/her</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. Shout or yell at him/her</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e. Send him/her out of the room or to his/her bedroom or naughty step</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>f. Take away treats</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>g. Tell him/her off</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>h. Bribe him/her</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Section C - Child’s physical health and development

Now I’d like to ask you a few questions about <child’s> health

C1. [CARD C1] Which of these best describes <child’s> weight?
[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight.................................................. 1
Normal weight.................................................. 2
Somewhat overweight........................................... 3
Very overweight ................................................ 4
Section D - Parental Health

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

D1. [CARD D1] In general, how would you say your current health is?
   Excellent........... □1     Very good .... □2     Good ....... □3     Fair ....... □4     Poor ........... □5

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?
   Yes ............ □1  No .......................... □2

D3. 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.]
   ______________________________________________________________________________________
   ______________________________________________________________________________________

D4. Since when have you had this problem, illness or disability? __________(mth) _____(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?
   Yes, severely....... □1     Yes, to some extent........... □2     No ........... □3

D6. 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

D7. [CARD D7] Do you think that you are:
   [INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]
   Very underweight ................................................................. □1
   Moderately underweight ........................................................ □2
   Slightly underweight ............................................................... □3
   About the right weight ............................................................ □4
   Slightly overweight ................................................................. □5
   Moderately overweight ......................................................... □6
   Very overweight ................................................................. □7
   Don't know ........................................................................... □8

D8. [CARD D8] 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

Section E - Child’s play and activities

E1. Overall, compared to other children of the same age, do you think <child> is… [INT: READ OUT]
   Easier than average ....................... □1
   About average.............................. □2
   More difficult than average ........... □3
Section H – Parenting and Family Context

I’d now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H1. [Card H1] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never / almost never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always / almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hug or hold this child for no particular reason</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Tell this child how happy he/she makes you</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Have warm, close times together with this child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Enjoy listening to this child and doing things with him/her</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Feel close to this child both when he/she was happy and when he/she was upset</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Express affection by hugging, kissing and holding this child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

H2. [Card H2] When parents spend time with their children, sometimes things go well and sometimes they don’t. How often does the following happen...? (Tick one box per row only)

<table>
<thead>
<tr>
<th>Question</th>
<th>Never / almost never</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Of all the times you talk to this child about his/her behaviour, how often is this praise?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. If you tell this child he/she will get punished if he/she doesn’t stop doing something, but he/she keeps doing it, how often will you punish him/her?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. How often does this child get away with things that you feel should have been punished?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. How often are you angry when you punish this child?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. How often do you feel you are having problems managing this child in general?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. When you discipline this child, how often does he/she ignore the punishment?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. How often do you tell this child that he/she is bad or not as good as others?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. How often do you think that the level of punishment you give this child depends on your mood?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
H3. [Card H3] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>N/A</th>
</tr>
</thead>
</table>

Because of your work responsibilities:

a. You have missed out on home or family activities that you would have liked to have taken part in.................. 
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6

b. Your family time is less enjoyable and more pressured ........................................................................ 
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6

Because of your family responsibilities:

c. You have to turn down work activities or opportunities that you would prefer to take on .................. 
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6

d. The time you spend working is less enjoyable and more pressured ............................................. 
   □ 1 □ 2 □ 3 □ 4 □ 5 □ 6

J: SOCIO-DEMOGRAPHICS

Now some questions about yourself

J1. [Card J1] Which of these descriptions BEST describes your usual situation in regard to work?

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

0. Currently on maternity leave, but have a job to return to ................................ 
   □ 0

1. Employee (incl. apprenticeship or Community Employment) .................. 
   □ 1

2. Self-employed outside farming ................................ 
   □ 2

3. Farmer .................................................. 
   □ 3

4. Student full-time ........................................ 
   □ 4

5. On State training scheme (FAS, Failte Ireland etc) .................. 
   □ 5

6. Unemployed, actively looking for a job ................................ 
   □ 6

7. Long-term sickness or disability ................................ 
   □ 7

8. Home duties / looking after home or family ........................ 
   □ 8

9. Retired .................................................. 
   □ 9

10. Other (please specify) ...................................... 
    □ 10

J2. 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

J3. 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]

J4. [Card J4] 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

Do not use general terms such as: 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

__________________________________________________________________________________________
J5. [CARD J5] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?

<table>
<thead>
<tr>
<th>Provide?</th>
<th>Used last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>a. Subsidised child care</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>b. A crèche or nursery at work</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>c. Childcare vouchers</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>d. Assistance with finding childcare</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>e. Flexible working hours (i.e. changing times you start and finish)</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>f. Allow parents paid time off when a child is sick (in addition to normal holiday allowance)</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>g. Allow parents unpaid time off when a child is sick</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>h. Allow parents unpaid time off during school holidays</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>i. Allow employees to work from home some or all of the time</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>j. Allow employees option to job-share</td>
<td>a. a. 1 b. 2</td>
</tr>
<tr>
<td>k. Other family friendly facilities (please specify)</td>
<td>a. a. 1 b. 2</td>
</tr>
</tbody>
</table>

J6. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good
- Fairly good
- Neither good nor poor
- Fairly poor
- Very poor

J7. Do you supervise or manage any personnel in your job?

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

J8. How many?

J9. How many employees (if any) do you have? ______ employees

NA ....

J10. How many acres do you farm? ______ acres ______ hectares

Go to Section K

J11. Apart from holiday or casual work, have you ever had a full-time job? Yes .............. No ..............

Go to J16

J12. In what year did you last work in that full-time job? ______ year

J13. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) .............. Self-employed outside farming .... Farmer ........
J14. [Card J14] What (was) your occupation in your main job?

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

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

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

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

Write in your main OCCUPATION
______________________________________________________________________________

J15. [Ask only if Farmer at J13] How many acres did you farm? _______ acres _______ hectares

J16. Do you currently have a part-time job outside the home?  
Yes ☐  No ☐  Go to J19

J17. On average, how many hours per week do you work in that part-time job? ___________ hours

J18. [Card J18] What is your occupation in your main job?

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

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

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

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

Write in your main OCCUPATION
______________________________________________________________________________

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

J19. [Card J19] 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
- d. I prefer be at home to look after my children myself medical benefits if I was earning ....................___
- e. I cannot earn enough to pay for childcare ..........:___  i. Other reason (please specify)___________________ ___
Section K – About You

Now some more questions about yourself

K1a. [Card K1a] What is the highest level of education (full-time or part-time) which you have completed to date?

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

Second Level

3. Lower Secondary .................................................................................................................. 3
4. Upper Secondary .................................................................................................................. 4
   (Leaving Certificate (including Applied and Vocational Programmes). ‘A’ Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification .................................................................................. 5
   (Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

Third Level

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma .................................................................................................................. 6
   (Non Degree)
7. Primary Degree .................................................................................................................. 7
   (Third Level Bachelor Degree)
8. Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor) .................................................................................................................. 8
9. Both a Degree and a Professional qualification ..................................................................... 9
10. Postgraduate Certificate or Diploma .................................................................................... 10
11. Postgraduate Degree (Masters) .......................................................................................... 11
12. Doctorate (Ph.D) ................................................................................................................... 12

[INTERVIEWER: ASK K1B ONLY IF K1A IS CODE 3 OR HIGHER]

K1b. In what year did you get this qualification? ________________

[INTERVIEWER: ASK K1C ONLY IF K1A IS CODE 5 OR HIGHER]

K1c. What is the name of this qualification?

[INTERVIEWER: Please record as much detail as possible]

____________________________________________________________________________________
____________________________________________________________________________________

[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]

K1d. Did you complete your Upper Secondary education (Leaving Certificate/’A’Levels or equivalent) before gaining this qualification?

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

[BLAIS CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K2. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s story book written in your native language?

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

K3. Can I just check, can you read aloud to a child from a children’s story book written in English?

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

K4. Can you usually read and fill out forms you might have to deal with in English?

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

[BLAIS CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

K5. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes ........................ 1
No ........................ 2
K6. Do you belong to any religion?  
Yes .................... [ ]  
No .................... [ ]

K7. [Card K7] 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) __________________ [ ]

K8. Are you a citizen of Ireland?  
Yes ...... [ ]  
No .......... [ ]

K9. What citizenship do you hold?  
__________________________________________

[BLAISE CONDITION: Ask K10 – K12 if non respondent at time 2 or new respondent at time 3]

K10. Were you born in Ireland?  
Yes ...... [ ]  
No .......... [ ]

K11. In which country were you born?  
_______________________________________

K12. How long ago did you first come to live in Ireland?  
Within the last year ................ [ ]  
1-5 years ago ......................... [ ]  
6-10 years ago ....................... [ ]  
11-20 years ago ..................... [ ]  
More than 20 years ago .......... [ ]  
Don't know ......................... [ ]

K13. [Card K13] Looking at card K13, 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........ [ ]

L. Neighbourhood / Community

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

L1. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?  
Yes ............... [ ]  
No ............... [ ]

L2. How do you feel about your neighbourhood as a place for bringing up children?  
Excellent .......... [ ]  
Good .............. [ ]  
Average ........... [ ]  
Poor ............. [ ]  
Very Poor ........ [ ]  
Don't Know ...... [ ]
B4 Secondary Caregiver Sensitive Questionnaire
We have a few final questions for 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 the questionnaire to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE. 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.

X1. Are you male or female?
   Male .............. ☐  Female ............ ☐

X2. What is your date of birth? __ __ /__ __/ __ __ __ __
   DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.
   He/she is deceased ........................................................................................................... ☐
   We separated/divorced .................................................................................................... ☐
   He/she moved out to set up own household .................................................................... ☐
   Long-term absence (e.g. hospital, prison, military service abroad).............................. ☐
   Other (please specify) ..................................................................................................... ☐

AS2. When did <Person from Wave 2> stop living with you: Since what month? _______ mth

AS3. When did <Person from Wave 2> stop living with you: Since what year? [YYYY]

S1. Are you the biological parent of <child>?
   Yes ................ ☐  No ................ ☐

S2. Are you the adoptive parent of <child>?
   Yes ................ ☐  No ................ ☐

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

S4. Was this a within family adoption?
   Yes ........ ☐  No ........ ☐

S5. From which country?
   __________________________________________________________

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

NOW PLEASE GO TO S12
S7. Are you the foster parent of <child>?  
Yes ...........  ☐  
No ............  ☒  Go to S12

S8. How many months has <child> been with your family? ________ months

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

S10. How many previous foster placements has <child> been in? ________ previous placements DK... ☐

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

NOW PLEASE GO TO S12

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

S12. Can you tell me which of these best describes your current marital status?  
Married and living with husband / wife ......................... ☐  Go to S13a  
Married and separated from husband / wife ....................... ☐  Go to S13b  
Divorced ................................................. ☐  Go to S13b  
Widowed .................................................. ☐  Go to S13b  
Never married (including living with partner) ........................... ☐  Go to S15

S13a. In what year did you marry your husband / wife? ________(year) Go to S16

S13b. In what year did you marry your (former) spouse? ________ (year)

S14. May I just check whether you are currently living with someone in the household as a couple?  
Yes ................. ☐  
No ................. ☒  Go to S21

S15. Since when have you been living apart / spouse deceased? ________ (year)

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?  
Most days ............................................ ☐  Go to S18  
At least once a week ..................................... ☒  Go to S18  
Less than once a week ................................... ☐  Go to S18  
Hardly ever ............................................... ☐  Go to S18  
Never ...................................................... ☐  Go to S19

S18. When you and your partner argue, how often do you ....  
Almost never/ not very often Sometimes Often Almost always/ always
a. Shout or yell at each other ......................... ☐ 2 3 4 5  
b. Throw something at each other ................... ☐ 2 3 4 5  
c. Push, hit or slap each other ....................... ☐ 2 3 4 5

S19. How often would you say the following happen in your relationship?  
All the time Most of the time More often than not Occasionally Rarely Never
a. You discuss or have considered divorce, separation, or terminating your relationship .......... 1 2 3 4 5 6  
b. You think that things between you and your partner are going well ........................................ 1 2 3 4 5 6  
c. You confide in your spouse/partner ........................................ 1 2 3 4 5 6

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

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

Go to S18
S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> _____. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I am happy in my role as a parent ..............................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Caring for my child sometimes takes more time and energy than I have to give</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I sometimes worry whether I am doing enough for my child ..................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I enjoy spending time with my child .............................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The major source of stress in my life is my child ...........................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Having a child leaves little time and flexibility in my life ..............</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Having a child has been a financial burden ....................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. It is difficult to balance different responsibilities because of my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I am satisfied as a parent ................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

- Not very good at being a parent .......................................................... 1
- A person who has some trouble being a parent ........................................ 2
- An average parent ...................................................................................... 3
- A better than average parent ..................................................................... 4
- A very good parent .................................................................................... 5

[BLAISE CONDITION: ASK S23 ONLY OF FEMALE RESPONDENTS]

S23. Are you currently pregnant? Yes........ 1, No......... 2

S24. Which of the following best describes how often you usually drink alcohol?

1. Never........................................................................................................ 1  Go to S27
2. Less than once a month............................................................................ 2
3. 1-2 times a month .................................................................................. 3
4. 1-2 times a week .................................................................................... 4
5. 3-4 times a week .................................................................................... 5
6. 5-6 times a week .................................................................................... 6
7. Every day .................................................................................................. 7

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

S25. 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

[BLAISE CONDITION: ASK S26a ONLY OF FEMALE RESPONDENTS]

S26a. How often do you have 6 or more alcoholic drinks on one occasion?

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

[BLAISE CONDITION: ASK S26b ONLY OF MALE RESPONDENTS]

S26b. How often do you have 8 or more alcoholic drinks on one occasion?

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

S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never</th>
<th>Less than monthly</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
S26d. How often during the last year have you failed to do what was expected of you because of drinking?

- Never [□ 1]
- Less than monthly [□ 2]
- Monthly [□ 3]
- Weekly [□ 4]
- Daily or almost daily [□ 5]

S26e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No [□ 1]
- Yes, on one occasion [□ 2]
- Yes on more than one occasion [□ 3]

S27. Do you currently smoke daily, occasionally or not at all?

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

S28. About how many cigarettes or cigars do you smoke on average each day

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

S29. Including yourself, how many members of the household smoke? ____N

S30. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

- Yes, regularly [□ 1]
- Yes, occasionally [□ 2]
- No, not at all [□ 3]

S31. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

- Yes [□ 1]
- No [□ 2]

S32. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

- Yes [□ 1]
- No [□ 2]

S33. 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>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>e. My sleep was restless</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>

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

- Yes [□ 1]
- No [□ 2] → Go to S36

S35. Have you ever been to prison?

- Yes [□ 1]
- No [□ 2]

[BLAISE CONDITION: ASK S36 ONLY IF RESIDENT SPOUSE/PARTNER]

S36. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?

- I do much less than my fair share [□ 1]
- I do more than my fair share [□ 4]
- I do less than my fair share [□ 2]
- I do much more than my fair share [□ 5]
- I do my fair share [□ 3]
[BLAISE CONDITION: ASK S37 ONLY IF RESIDENT SPOUSE/PARTNER]

S37. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?

I do much less than my fair share .............................................. 1
I do less than my fair share ....................................................... 2
I do my fair share ........................................................................ 3
I do more than my fair share ...................................................... 4
I do much more than my fair share ....................................... 5

S38. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

Lives here ........................................................................... 1 → Go to S60
Deceased .............................................................................. 2 → Go to S60
Temporarily lives elsewhere .................................................. 3 → Go to S60
Lives elsewhere ..................................................................... 4 → Go to S39

S39. Were you ever married to or did you ever live with <child's> biological father / mother?

Yes, married to ................................................................. 1
Yes, lived with ................................................................. 2
No ......................................................................................... 3
Go to S41
Adoptive / Foster parent ................................................... 4 Go to S60

S40. What age was the Study Child when you split or separated from their biological father / mother?

Child's age ___________________ years

S41. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal ............................................................................. 1
Informal ............................................................................. 2
No parenting arrangement ................................................... 3

S42. Briefly describe that arrangement

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

S43. 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

S44. Is this written or verbal?

Written ............................................................................. 1
Verbal .................................................................................. 2

S45. How far does <child's> biological father / mother live from here?

Within ½ hour's drive from here ................................................. 1
Between ½ and 1 hour's drive from here ...................................... 2
More than 1 hour's drive from here ........................................... 3
Outside the country .................................................................... 4

S46a. How often does <child> have face-to-face contact with his / her biological father / mother?

Daily ..................................................................................... 1
More than once a week ............................................................ 2
Weekly ................................................................................... 3
Every second week / weekend .................................................. 4
Monthly .................................................................................. 5
Less than once a month ............................................................ 6
No contact ................................................................................ 7

S46b. How often does <child> have other contact (not face-to-face) with his / her biological father / mother?

Daily ..................................................................................... 1
More than once a week ............................................................ 2
Weekly ................................................................................... 3
Every second week / weekend .................................................. 4
Monthly .................................................................................. 5
Less than once a month ............................................................ 6
No contact ................................................................................ 7

S47. On average, how often does <child> stay over or spend the night with his / her biological father / mother?

4 or more nights per week ....................................................... 1
1 – 3 nights per week .............................................................. 2
Fortnightly ............................................................................. 3
Monthly .................................................................................. 5
Less than once a month ............................................................ 6
Never ..................................................................................... 7
S48. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.

- Over-excited and hard to settle for a long period (more than a few hours) .................
- Over-excited and hard to settle for a short period ..................................................
- Relaxed and comfortable ....................................................................................
- Withdrawn, sad or restless for a short period ......................................................
- Withdrawn, sad or restless for a long period (more than a few hours) ..................

S49. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?

- Yes - a little .............................................
- Yes – somewhat ...............................
- Yes – very ........................................
- No ..................................................
- Don’t know .....................................

S50. Does <child’s> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment ..................................................
- Yes, he/she makes a regular payment ..........................................
- Yes, he/she makes payments as required .............................

S51. How often do you talk to <child’s> biological father/ mother about <child>?

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

S52. How often do you disagree with <child’s> biological father / mother about basic child-rearing issues?

- Never/Almost never ..........................................
- Rarely ........................................................................
- Sometimes ..................................................
- Always/Almost always ..................................
- Don’t discuss ................................................................

S53. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child’s> biological father / mother for his/her views?

- Never/Almost never ..........................................
- Rarely ........................................................................
- Sometimes ..................................................
- Always/Almost always ..................................
- Don’t discuss ................................................................

S54. How involved do you think <child’s> biological father / mother should be in <child’s> life?

- A lot more involved ..................................................
- A little less involved ..................................................
- A little more involved ..................................................
- Much less involved ..................................................
- Level of involvement is about right ................................

S55. How often does <child’s> biological father / mother do any of these additional things:

- Buy clothes, toys or presents for child ..................................................
- Pay for child’s medical or dental bills, health insurance or medicines ..................................
- Give you extra money to help out, like pay the rent, household bills or car repairs ..................................
- Look after child when you need to do other things such as working, studying or attending appointments ..................................

S56. How well do you get on with <child’s> biological father/ mother? Would you say your relationship is?

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

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S57. Does <child's> biological father / mother have any other children living with him/her at the moment?

Yes ☑️ ☐  No ☐ ☑️

S58. How many of these are:

N

- Full brothers / sisters of the Study Child
- Half brothers / sisters of the Study Child
- Other children (not related to Study Child)

S59. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

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

Please give contact details

S60. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND STUDY.
B5 Primary Caregiver Twin Questionnaire
GROWING UP IN IRELAND

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

PRIMARY CAREGIVER TWIN QUESTIONNAIRE

GROUP ___________________________ HHOLD ________ RESPONDENT ________

INTERVIEWER NAME ______________________ INTERVIEWER NO: ______________________

Time Section Started _______ (24 hour clock) DATE: ___dd___mm___yy

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

The Department of 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 Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

Section A - Introduction

Child’s Name: _______________________

[Interviewer: please record, height and weight of the Study Twin below:]

Height: _________ cms

Weight: _________ kgs

1. Can the following people usually tell the twins apart?
   a. You ..........................................
   b. Other family members. ............
   c. Other people ...........................

2a. Have you had any other multiple births, since the twins were born ? Yes ..........

2b. _____ number of other children in multiple births

3. Compared to typical siblings of a similar age, would you say that the twins’ relationship is?
   Much closer Somewhat closer About the same Somewhat more distant Much more distant

   □ 1 □ 2 □ 3 □ 4 □ 5

The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson’s Quay
Dublin 2
Ph: 01-863 2000  Fax 01-863 2100

University of Dublin
Trinity College
College Green
Dublin 2
Section B - Child’s Sleep and Relationships

I’d now like to ask you a few questions about <child’s> habits and routines.

B1a. On a normal day, what time in the evening does <child> usually go to bed? ______ (24 hour clock)

B1b. On a normal day, what time does <child> wake up at in the morning? ______ (24 hour clock)

B2. On a normal day how many hours would the <child> sleep during the day _____ hours _____ mins

[INT: IF NONE THEN ENTER ‘0’ FOR BOTH HOURS AND MINUTES]

B3. How much is <child’s> sleeping pattern or habits a problem for you? Would you say… [INT: READ OUT]

A large problem A moderate problem A small problem No problem at all

B4a. How often does <child> take comfort from a special blanket or toy during the daytime?

Most of the time ..........□; Sometimes ............... □; Never.............. □;

B4b. How often does <child> take comfort from a special blanket or toy during the nighttime?

Most of the time ..........□; Sometimes ............... □; Never.............. □;

B5a. How often does <child> suck a soother during the daytime?

Most of the time ..........□; Sometimes ............... □; Never.............. □;

B5b. How often does <child> suck a soother during the nighttime?

Most of the time ..........□; Sometimes ............... □; Never.............. □;

B6a. How often does <child> suck their thumb/finger(s) during the daytime?

Most of the time ..........□; Sometimes ............... □; Never.............. □;

B6b. How often does <child> suck their thumb/finger(s) during the nighttime?

Most of the time ..........□; Sometimes ............... □; Never.............. □;

B7. [CARD B7] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

a. I share an affectionate, warm relationship with my child.□□□□□
b. My child and I always seem to be struggling with each other □□□□□
c. If upset, my child will seek comfort from me □□□□□
d. My child is uncomfortable with physical affection or touch from me □□□□□
e. My child values his/her relationship with me □□□□□
f. When I praise my child he/she beams with pride □□□□□
g. My child spontaneously shares information about his/herself □□□□□
h. My child easily becomes angry at me □□□□□
i. It is easy to be in tune with what my child is feeling □□□□□
j. My child remains angry or is resistant after being disciplined □□□□□
k. Dealing with my child drains my energy □□□□□
l. When my child is in a bad mood I know we’re in for a long and difficult day □□□□□
m. My child’s feelings toward me can be unpredictable or can change suddenly □□□□□
n. My child is sneaky or manipulative with me □□□□□
o. My child openly shares his/her feelings and experiences with me □□□□□
B8. [CARD B8] How often do you do the following when <child> misbehaves?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Now and again</th>
<th>Regularly</th>
<th>Always</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>b.</td>
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<td>5</td>
<td>6</td>
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<tr>
<td>c.</td>
<td>1</td>
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<td>6</td>
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<tr>
<td>d.</td>
<td>1</td>
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<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e.</td>
<td>1</td>
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<tr>
<td>f.</td>
<td>1</td>
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<tr>
<td>g.</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>5</td>
<td>6</td>
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<tr>
<td>h.</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</tbody>
</table>

Section C - Child’s physical health and development

Now I’d like to ask you a few questions about <child’s> health

C1. [CARD C1] In general, how would you describe <child’s> current health?

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

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

- Yes ........................................... [1]  
- No .......................................... [2]  Go to C5

C3. [CARD C3] What longstanding illness, condition or disability does <child> have?

[INT – code for up to 3 illnesses]

- a. Asthma ........................................... [1]
- b. Cystic Fibrosis ........................................... [2]
- c. Heart abnormalities .............................. [3]
- d. Eczema or any kind of skin allergy ............ [4]
- e. Any kind of respiratory allergy (including hayfever) .... [5]
- f. Any kind of food or digestive allergy or food intolerance ........................................... [6]
- g. Problem with non-food allergies, such as to dust, animals or medicine ........................ [7]
- h. Bone, joint or muscle problems .................. [8]
- i. A problem using his/her arms or legs .......... [9]
- j. A problem using his/her hands or fingers ...... [10]
- k. Hyperactivity/Problems with attention ADD / ADHD ................................................ [11]
- l. Severe behavioural problems .................... [12]
- m. Diabetes .......................................... [13]
- n. Kidney disease .................................... [14]
- o. Migrainous headaches ............................ [15]
- p. Epilepsy or seizures ............................... [16]
- q. Down syndrome ................................... [17]
- r. Spina bifida/hydrocephalis ........................ [18]
- s. Cerebral palsy ...................................... [19]
- t. Autism Spectrum Disorder ....................... [20]
- u. Other (please specify) .......................... [21]

[INT – CODE FOR UP TO 3 ILLNESSES]

C3_1. Has this illness, condition or disability been diagnosed by a medical professional?

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

C3_2. Since when has <child> had this illness, condition or disability? ________ year
C3. Since when has <child> had this illness, condition or disability? ________ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

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

C3f. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: ___________________  Food 2: ___________________  Food 3: ____________________

C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

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

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? ______ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

Yes  No

a) An inhaler ........□□ □□  

b) Antibiotics ........□□ □□

c) A nebuliser ........□□ □□

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes........................□□  No........................□□  Don't Know/Never heard of it.........□□

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes........................□□  No........................□□  Don't Know/Never heard of it.........□□

C8. [CARD C8] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child’s> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

a. A general practitioner (GP) .............................................  ______N

b. A paediatrician / consultant / hospital doctor .............................................  ______N

c. A public health nurse .............................................................  ______N

d. A practice nurse (i.e. a nurse in a GP’s surgery/clinic) .............................................  ______N

e. A psychiatrist/psychologist ..................................................  ______N

f. Accident and Emergency ..................................................  ______N

g. A social worker .................................................................................. □□  ______N

h. A speech therapist .................................................................  ______N

i. Other medical professional (please specify) .............................................  ______N

C9a. Has <child> received a course of antibiotics in the past 12 months?

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

C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? ______ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? ____ nights

[Int: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']
C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

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

C12. How many separate accidents has <child> ever had? ____________ accidents

C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?

Loss of consciousness / knocked out ....................................................[ ]
Bang on the head / injury to head without being knocked out ................[ ]
Broken bone or fracture .................................................................[ ]
Near drowning .................................................................................[ ]
Swallowed household cleaner / other poison / pills ............................[ ]
Swallowed object ............................................................................[ ]
Cut needing stitches or glue.............................................................[ ]
Injury to mouth or tooth ..................................................................[ ]
Burn or scald ..................................................................................[ ]
Other (please specify) _____________________________________[ ]

C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?

___________ Years     ___________ Months

C15a. Did <child> go to the hospital?

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

C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

Casualty / Accident and Emergency only ....................................[ ]
Admitted to a Hospital Ward .....................................................[ ]

C16. Where did this accident happen?

In your home ..................................................................................[ ]
A friend’s, neighbour’s or relative’s house .......................................[ ]
In childcare – childminder’s house or creche/preschool ....................[ ]
In school .....................................................................................[ ]
Outside in your local neighbourhood .........................................[ ]
Outside, somewhere else – not in your local neighbourhood ..........[ ]
Other (please specify) ____________________________________[ ]

C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that ‘correction’ includes being prescribed glasses]

Yes, currently................[ ] Yes, in the past...............[ ] No............[ ]

C18a. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently................[ ] Yes, in the past...............[ ] No............[ ]

C18b. Has <child> ever had grommets inserted in his / her eardrums?

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

C18c. When? Month _____________ Year _______________

C19. [CARD C19] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INT: READ OUT]

a. You couldn’t afford to pay ........................................................................ Yes[ ] No[ ]

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 <child> ...............[ ]
d. You wanted to wait and see if the problem got better ............................[ ]
e. Child refused / fear of doctor ................................................................[ ]
f. Child is still on the waiting list ................................................................[ ]
g. Other (please specify) _____________________________________[ ]

Yes[ ] No[ ]
C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?

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

C20b. Please specify ____________________________

C21. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

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

C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reluctant to speak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Speech not clear to the family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Speech not clear to others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Speech is developing slowly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Difficulty finding words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Difficulty putting words together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Voice sounds unusual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Stutters, stammers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Lisp or difficulty pronouncing certain letter combinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C23. Has <child> received any treatment for his/her speech or language problem?

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

C24. Has <child> been to visit the dentist because of a problem with his/her teeth?

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

C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

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

C25b. Was this because you could not afford it, or some other reason?

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

C26. [CARD C26] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.

<table>
<thead>
<tr>
<th>Food</th>
<th>Never</th>
<th>Less than once a month</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Most days</th>
<th>Once a day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Ready to eat breakfast cereals</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>b. Other breakfast cereals</td>
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<td></td>
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<tr>
<td>e.g. porridge</td>
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<tr>
<td>c. White bread and rolls</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>d. Wholesome,brown bread and rolls</td>
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<td></td>
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<tr>
<td>e. Other breads e.g. scones, croissants</td>
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<tr>
<td>f. Savoury breads, e.g. pizza</td>
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<tr>
<td>g. Rice, pasta, noodles</td>
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<tr>
<td>h. Cakes, pastries, buns</td>
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<tr>
<td>i. Biscuits - any</td>
<td></td>
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<tr>
<td>j. Chocolate or confectionery</td>
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<td>k. Other sweets</td>
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<tr>
<td>l. Ice cream or ice lollies</td>
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<td></td>
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<tr>
<td>m. Puddings &amp; chilled desserts</td>
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<tr>
<td>n. Yoghurt (flavoured or plain but not fromage frais)</td>
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<tr>
<td>o. Fromage frais (e.g. Petit Filous)</td>
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<td>p. Cheese or cheese spread</td>
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<td>q. Milk (cow's)</td>
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<td>r. Any variation</td>
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</table>
r. Eggs (include in home cooking) .........................................................
s. Fruit squash (tropical fruit, lemon barley, etc) .........................
t. Fruit juice (not squash) ..............................................................
u. Blackcurrant only drinks ...........................................................
v. Fizzy drinks (not mineral water, sugar-free or diet) ....................
w. Baked beans - canned .................................................................
x. Peas, in any form ...........................................................................
y. Leafy green vegetables 
   e.g. spinach, cabbage .................................................................
z. Other green vegetables 
   e.g. green beans, broccoli .........................................................
   a. Chips, fried potatoes 
      (e.g. waffles etc) ..................................................................
   ab. Other potatoes ....................................................................... 
   ac. Carrots .................................................................................... 
   ad. Other root vegetables apart from 
      carrots and potatoes e.g. 
      parsnips, turnips ....................................................................
   ae. Mushrooms ...........................................................................
   af. Apples or pears (fresh) .............................................................
   ag. Soft fruits (e.g. peaches, nectarines, grapes) .........................
   ah. Citrus fruits (e.g. orange, tangerines, satsumas) .................
   ai. Bananas ...................................................................................
   aj. Cucumber ................................................................................
   ak. Fresh tomatoes ......................................................................
   al. Salad (e.g. lettuce) .................................................................
   am. Butter .....................................................................................
   an. Low fat spread ......................................................................
   ao. Other spreads ........................................................................
   ap. Oils (e.g. vegetable, olive sunflower) ....................................
   aq. Fish or shellfish including 
      fish fingers ...........................................................................
   ar. Sausage, frankfurters ............................................................
   as. Liver (but not liver products 
      e.g. pâté) ...............................................................................
   at. Beef, e.g. roast, steak, in stews ..............................................
   au. Beef, e.g. minced, burgers ....................................................
   av. Lamb, e.g. roast, steak, in stews ............................................
   aw. Pork, e.g. as a roast or chops in stir fries etc ......................
   ax. Bacon, rashers, ham .............................................................
   ay. Chicken and poultry, e.g. as a roast, in casseroles ..............
   az. Chicken and poultry, e.g. as nuggets or breaded chicken ......
   ba. Crisps or other packet snacks .............................................

C27. [CARD C27] Which of these best describes <child's> weight?
   [INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight......................................................... 1
Normal weight.................................................. 2
Somewhat overweight................................... 3
Very overweight .............................................. 4
C28. Is <child> right or left-handed? Right-handed □ □ □ □
Left-handed □ □ □ □
Don’t know □ □ □ □

C29. [CARD C29] How often would you say <child>.....

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Often</th>
<th>Almost always</th>
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<tbody>
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<td>a</td>
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Section E - Child’s play, activities and temperament

The next section is about activities you may carry out with <child>.

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child’s> behaviour at the present time.

<table>
<thead>
<tr>
<th></th>
<th>Almost</th>
<th>Not</th>
<th>Variable, usually does not</th>
<th>Variable, usually does</th>
<th>Frequently</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
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</tbody>
</table>
i. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells ....... 
   | 1 | 2 | 3 | 4 | 5 | 6 |

j. When unknown adults visit our home, this child is immediately friendly and approaches them .......... 
   | 1 | 2 | 3 | 4 | 5 | 6 |

k. If this child is upset, it is hard to comfort him/her ............ 
   | 1 | 2 | 3 | 4 | 5 | 6 |
l. When a toy or game becomes difficult, this child quickly turns to another activity .................................................. 
   | 1 | 2 | 3 | 4 | 5 | 6 |

E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

   Easier than average.............................................
   About average....................................................
   More difficult than average.................................

E3a. [CARD E3a] How often would you do any of the following with <child>?

   | Never | Hardly ever | Occasionally | One or two times a week | Everyday | N/A |

a. Play with <child> using toys or games / puzzles .......... 
   | 1 | 2 | 3 | 4 | 5 |
b. Play computer games with <child> ............................
   | 1 | 2 | 3 | 4 | 5 |
c. Visit the library................................................... 
   | 1 | 2 | 3 | 4 | 5 |
d. Listen to <child> read............................................
   | 1 | 2 | 3 | 4 | 5 |
e. Read to <child> ...................................................
   | 1 | 2 | 3 | 4 | 5 |
f. Use computer with <child> in educational ways .......... 
   | 1 | 2 | 3 | 4 | 5 |
g. Sport or physical activities ......................................
   | 1 | 2 | 3 | 4 | 5 |
h. Go on educational visits outside home such as museums, farms ..............................................
   | 1 | 2 | 3 | 4 | 5 |
i. Go shopping ................................................................
   | 1 | 2 | 3 | 4 | 5 |

E3b. [CARD E3b] Does <child> do any of the following at home?

   | Never | Hardly ever | Occasionally | One or two times a week | Everyday |

a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves ..............................
   | 1 | 2 | 3 | 4 | 5 |
b. Plays “make believe” or pretend games ........................................
   | 1 | 2 | 3 | 4 | 5 |
c. Paints, draws or makes models ...........................................
   | 1 | 2 | 3 | 4 | 5 |
d. Enjoys dance, music, movement ..........................................
   | 1 | 2 | 3 | 4 | 5 |

E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?

   | Yes | No |

a. Gone to a movie ................................................................
   | 1 | 2 |
b. Gone to a sporting event in which the child was not a player .................................................................
   | 1 | 2 |
c. Gone to a concert, play, museum, art gallery, community or school event...................................................
   | 1 | 2 |
d. Attended a religious service, church, temple, synagogue or mosque ........................................................
   | 1 | 2 |
e. Visited a library ................................................................
   | 1 | 2 |
f. Swimming ........................................................................
   | 1 | 2 |

E5. [CARD E5] Does <child> attend a sports club or sports group

   | Never | Less than once per week | 1-2 times per week | 3-6 times per week | Every day | Don’t know |

|     | 1 | 2 | 3 | 4 | 5 | 6 |

E6. Looking at Card E6, can you tell me how often <child>?

   | Never | Less than once per week | 1-2 times per week | 3-6 times per week | Every day | Don’t know |

|     | 1 | 2 | 3 | 4 | 5 | 6 |

a) Climbs on trees, climbing frame, wall bars etc.................................
   | 1 | 2 | 3 | 4 | 5 | 6 |
b) Plays with a ball .............................................................................
   | 1 | 2 | 3 | 4 | 5 | 6 |
c) Plays chasing ...................................................................................
   | 1 | 2 | 3 | 4 | 5 | 6 |
d) Rides a bike, tricycle or scooter ....................................................
   | 1 | 2 | 3 | 4 | 5 | 6 |
e) Skates ................................................................................................
   | 1 | 2 | 3 | 4 | 5 | 6 |
E7. About how many children’s books does <child> have access to in your home now, including any library books? Would you estimate… [INT: READ OUT]

None..................................................................... 1 21 to 30…………………………... 4
Less than 10 ............................................................. 2 More than 30……………………... 5
10 to 20 .................................................................... 3

E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any ‘screen’ (computer or TV or game) in an average weekday. How much time would <child> spend on this type of ‘screen time’ on an average weekday?

None ........................................... 1 1- less than 2 hours ............................ 2 2- less than 3 hours .... 3 3 or more hours .......... 4

E8b. What does <child> MOSTLY do on that ‘screen time’? Is s/he usually:

- Playing educational games .................. 1
- Playing other games.............................. 2
- Watching movies, videos, other TV....... 3
- Doing a mixture of all types of activities. 4

E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?

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

E10. Is <child> supervised by you or another adult when he/she accesses the internet?

Always............................ 1 Sometimes ............. 2 Never .............. 3

Section F - Child’s Functioning and relationships

Now I’d like to ask you some questions about <child’s> emotional health and wellbeing.

F1. [CARD F1] Listed below is a set of statements which could be used to describe the Study Child’s behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child’s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Considerate of other people’s feelings</td>
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<tr>
<td>b. Restless, overactive, cannot stay still for long</td>
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<tr>
<td>c. Often complains of headaches, stomach-aches or sickness</td>
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<td>d. Shares readily with other children (treats, toys, pencils etc.)</td>
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<td>e. Often has temper tantrums or hot tempers</td>
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<td>f. Rather solitary, tends to play alone</td>
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<td>g. Generally obedient, usually does what adults request</td>
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<td>h. Many worries, often seems worried</td>
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<tr>
<td>i. Helpful if someone is hurt, upset or feeling ill</td>
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<tr>
<td>j. Constantly fidgeting or squirming</td>
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<td>k. Has at least one good friend</td>
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<td>l. Often fights with other children or bullies them</td>
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<tr>
<td>m. Often unhappy, down-hearted or tearful</td>
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<tr>
<td>n. Generally liked by other children</td>
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<td>o. Easily distracted, concentration wanders</td>
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<td>p. Nervous or clingy in new situations, easily loses confidence</td>
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<td>q. Kind to younger children</td>
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<td>r. Often lies or cheats</td>
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<td>s. Picked on or bullied by other children</td>
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<td>t. Often volunteers to help others (parents, teachers, other children)</td>
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<td>u. Thinks things out before acting</td>
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<td>v. Steals from home, school or elsewhere</td>
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<tr>
<td>w. Gets on better with adults than with other children</td>
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<tr>
<td>x. Many fears, easily scared</td>
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<tr>
<td>y. Sees tasks through to the end, good attention span</td>
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</tbody>
</table>
F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes, minor difficulties</th>
<th>Yes, definite difficulties</th>
<th>Yes, severe difficulties</th>
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<tbody>
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F3. How long have these difficulties been present?

- Less than a month .......................... 1
- 1 - 5 months .......................... 2
- 6 - 12 months .......................... 3
- Over a year .................................. 4

F4. Do the difficulties upset or distress your child?

- Not at all .................................. 1
- Only a little .......................... 2
- Quite a lot .......................... 3
- A great deal .......................... 4

F5. Do the difficulties interfere with your child’s everyday life in the following areas?

<table>
<thead>
<tr>
<th>a. Home life</th>
<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Friendships</td>
<td>Not at all</td>
<td>Only a little</td>
<td>Quite a lot</td>
<td>A great deal</td>
</tr>
<tr>
<td>c. Classroom learning</td>
<td>Not at all</td>
<td>Only a little</td>
<td>Quite a lot</td>
<td>A great deal</td>
</tr>
<tr>
<td>d. Leisure activities</td>
<td>Not at all</td>
<td>Only a little</td>
<td>Quite a lot</td>
<td>A great deal</td>
</tr>
</tbody>
</table>

F6. Do the difficulties put a burden on you or the family as a whole?

- Not at all .................................. 1
- Only a little .......................... 2
- Quite a lot .......................... 3
- A great deal .......................... 4

F7. Does <child> have any brothers or sisters?

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

F8. [CARD F8] In general, how well does <child> get on with his/her siblings?

- Gets on well with his/her siblings ........................................ 1
- Mixed ......................................................................................... 2
- Does not get on well with his/her siblings .................................. 3
- Does not see them ....................................................................... 4

Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?

Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

- Yes .................................. 1
- No .................................. 2
- Child is homeschooled .................................. 3

Section G1 – Child has started school

Subsection A – School details, school choice and transition to school

Now I’d like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? ________ month ______ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: ____________________________

Address 1: ____________________________

Address 2: ____________________________

Address 3: ____________________________

Address 4: ____________________________

County: ____________________________
G4. And (can I just check) is it a single sex or mixed school?

Single sex ☐ 1  Mixed sex ☐ 2  Mixed sex Juniors, Single sex Seniors ☐ 3

G5. What class (or year) is <child> currently in?

[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]

Junior Infants .......................................................... ☐ 1
Senior Infants ............................................................... ☐ 1
First class ................................................................. ☐ 1
Other (please specify) ................................................... ☐ 1

G6. When did you register or enroll Study Child with the school?

______ month ______ year

G7a. Had you registered or enrolled <child> in other primary schools?

Yes ☐ 1  No ☐ 2

G7b. How many?

G8. Does <child> have any older brothers or sisters in the school they are attending?

Yes ☐ 1  No ☐ 2

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?

a. Primary school staff .................................................. ☐ 1  ☐ 2
b. Preschool staff (e.g. nursery or playgroup staff) ............. ☐ 1  ☐ 2
c. Friends ................................................................. ☐ 1  ☐ 2
d. Other parents ........................................................... ☐ 1  ☐ 2
e. Your siblings ............................................................ ☐ 1  ☐ 2
f. School website ......................................................... ☐ 1  ☐ 2
g. Other (please specify) ................................................... ☐ 1  ☐ 2

G10. Did you have a choice about which school <child> would go to? Yes ☐ 1  No ☐ 2

[CARD G10] When thinking about schools that <child> might go to, how important were the following factors?

If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

<table>
<thead>
<tr>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It’s the local school or nearest to home ................. ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
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<tr>
<td>b. His/her friends go or were intending to go there ....... ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
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<td></td>
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<tr>
<td>c. His/her brother/sister went/go there ..................... ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. General good impression of school/good reputation ....... ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e. The ethos of the school in terms of religion or beliefs ... ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. The gender mix of the school (co-educational/single sex) ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Language of instruction used in the school ............... ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Other reason (specify) ........................................... ☐ 1  ☐ 2  ☐ 3  ☐ 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?

a. You attended an information meeting arranged by the school ......................................................... ☐ 1  ☐ 2
b. You decided to visit the school before the Study Child started ........................................................... ☐ 1  ☐ 2
c. Sought advice from friends, neighbours and/or family .............................................................. ☐ 1  ☐ 2
d. Practised reading, writing or numbers .............................................................................................. ☐ 1  ☐ 2
e. Talked to the Study Child about school ............................................................................................. ☐ 1  ☐ 2
f. Something else (Please specify) ........................................................................................................... ☐ 1  ☐ 2
G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.

a. I felt that <child> was able to mix with other children well enough to get along at primary school............................... Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree
b. I believe that <child> understood enough about taking turns and sharing to manage at primary school ...........................................................

c. <Child> could go to the toilet on his/her own before starting primary school...........................................................
d. I felt that <child> had the pre-reading and writing skills necessary to start school ...........................................................
e. I was worried that <child> would find being apart from me too difficult...........................................................
f. I was concerned that <child> would be reluctant to go to primary school.............................................................
g. I was worried that <child> was not independent enough to cope with primary school ...........................................................

G13. How often would you or your spouse / partner usually speak in person to <child’s> teacher?

Daily ................................ Weekly ............ Monthly .......... Less often ............

G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...

a. How often has <child> complained about school?................................. More than once a week Once a week or less Not at all
b. How often has <child> said good things about school? ...........................
c. How often has <child> looked forward to going to school?......................
d. How often has <child> been upset or reluctant to go to school?..............

The next few questions are about how you think <child> is getting on at school.

G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...

[INT: Read out]

Too fast for <child> ...........................................................................
Just right for <child> ........................................................................
Too slow for <child> ........................................................................

G15b. And which of these statements best describes how <child> is finding his/her school work?

[INT: Read out]

<Child> usually finds school work hard .............................................
<Child> sometimes finds school work hard .......................................<Child> never finds school work hard...........................................

G16. How confident are you that you know what your child is learning or doing in school?

Very confident ...... Somewhat confident Not very confident Not at all confident

G17. [CARD G17] How is information communicated to you from the school?

a. Chatting informally with teacher ............................................................. Yes No
b. Parent-teacher meeting / other formal meeting ........................................
c. Newsletter .........................................................................................
d. Written report ...................................................................................
e. Phone call .........................................................................................
f. Text message ....................................................................................
g. Letter or note with the child or in his/her journal ................................
h. What child tells me ...........................................................................
i. School's website or blog .................................................................
G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?

- <child> finds it hard to sit still and listen in class ...........................................
- <child>’s teacher knows him/her well and gives him/her just the support he/she needs ...........................................
- <child> was happier with the way he/she learned things in preschool/nursery ...........................................
- <child> has adjusted easily to the way they do things in school......

G19. Who usually minds <child> if he/she is too sick to attend school?
[Interviewer: Read out answer categories]

Mother ...........................................  Father ...........................................  Parents take turns ...........................................  Grandparents ...........................................
Other relative ...................................  Friend/ Neighbour ...................................  Childminder ....................................  Other (please specify) ...................................

Subsection B – Term-time out of school care for those who have started school

Now I’d like to ask you some questions about childcare arrangements for Study Child after school during the school term G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?

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

G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare

<table>
<thead>
<tr>
<th>Main type of care</th>
<th>Number of days</th>
<th>Number of hours</th>
<th>Cost per week</th>
<th>Main type of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Tick all that apply]</td>
<td>Number of days</td>
<td>Number of hours</td>
<td>Cost per week</td>
<td>Main type of care</td>
</tr>
<tr>
<td>a. A relative in your home</td>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
<tr>
<td>b. A non-relative in your home</td>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
<tr>
<td>c. A relative in their home</td>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
<tr>
<td>d. A non-relative in their home</td>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
<tr>
<td>e. After School Service within School</td>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
<tr>
<td>f. Other After School Service (e.g. in creche, community centre etc)</td>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
<tr>
<td>g. Other (please specify)</td>
<td>N</td>
<td>N</td>
<td>€</td>
<td></td>
</tr>
</tbody>
</table>

If more than one child in childcare arrangement, take the average cost per child

G22a. [CARD G22] Please specify how this person is related to <child>


G22b. [CARD G22] Please specify how this person is related to <child>


G23a. [CARD G23a] Which of the following best describes that person?

1. Au pair / Nanny (live in)  2. Friend / Neighbour  3. Childminder  4. Other

G23b. [CARD G23b] Which of the following best describes that person?

1. Friend / Neighbour  2. Childminder  3. Other
G24. What age was <child> when you started to use the main childcare arrangement? ______years ______months

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

____ number of children

G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

____ number of adults

G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

How often do the following statements describe your experience?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are lots of creative activities going on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It’s an interesting place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. There are plenty of toys, books, pictures, and music for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. In care, my child has many natural learning experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The caregiver provides activities that are just right for my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My child gets a lot of individual attention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. My child likes the caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

[INT:Read out]

Very easy .. □ 1 Easy ...□ 2 Neither easy nor difficult .....□ 3 Difficult .... □ 4 Or very difficult... □ 5 Don’t pay □ 6

Subsection C – Attendance at Preschool prior to starting school

Now I'd like to ask you some questions about attendance at preschool prior to starting school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G28. Did you avail of the free preschool year for the Study Child?

Yes ................. □ 1 No ............. □ 2 Never heard of it...........□ 3

G28b. Why not? _______________________________________________________
________________________________________________
________________________________________________

G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway ......□ 1 No, wouldn’t have been able to send him / her .......... □ 2

G29. How best would you describe the setting in which the free preschool year was made available:

Preschool ................................................................. □ 1
Naionra ................................................................. □ 2
Montessori ............................................................... □ 3
Creche ................................................................. □ 4
Playgroup ............................................................. □ 5
Other group care setting (please specify) ________________ □ 6

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Section G2 – Child has not started school

Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I thought &lt;child&gt; was too young</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I didn’t think &lt;child&gt; was ready to start school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Not able to due to &lt;child&gt; health problem/disability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. &lt;Child&gt; has problems with his/her speech or language development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Preschool/School advised deferring entry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Someone else advised deferring entry (Please specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Something else (Please specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
G36. Have you decided yet which school <child> will attend?

Yes \[\square\]  No \[\square\]

As you know, we would like to approach the schools being attended by the children in **Growing Up in Ireland** from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

<table>
<thead>
<tr>
<th>Name of school:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 1:</td>
<td></td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>Address 3:</td>
<td></td>
</tr>
<tr>
<td>Address 4:</td>
<td></td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
</tbody>
</table>

G38. When will <child> start school? Which month and year?

_____ \[\square\]  _____ \[\square\]  Haven't decided yet \[\square\]

G39. When did you register or enroll Study Child with the school?

_____ \[\square\]  _____ \[\square\]

G40. Does <child> have any older brothers or sisters in the school they will attend?

Yes \[\square\]  No \[\square\]

G41a. Have you registered or enrolled <child> in other primary schools?

Yes \[\square\]  G41b. How many? \[\square\]

No \[\square\]

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

<table>
<thead>
<tr>
<th>Source</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Primary school staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Preschool staff (e.g. nursery or playgroup staff)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Other parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Your siblings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. School Website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G43. Did you have a choice about which school <child> would go to? Yes \[\square\]  No \[\square\]

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It’s the local school or nearest to home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. His/her friends go or were intending to go there</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. His/her brother/sister went/go there</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. General good impression of school/good reputation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The ethos of the school in terms of religion or beliefs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. The gender mix of the school (co-educational / single sex)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Language of instruction used in the school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Other reason (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?

a. Attend an information meeting arranged by the school .............................................................. Yes No
b. Visit the school before the Study Child starts ...........................................................................

c. Seek advice from friends, neighbours and/or family ..................................................................

d. Practice reading, writing or numbers ......................................................................................

e. Talk to the Study Child about school ......................................................................................

f. Something else (Please specify) ..............................................................................................

G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, 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>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I feel that &lt;child&gt; will be able to mix with other children well enough to get along at primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I believe that &lt;child&gt; understands enough about taking turns and sharing to manage at primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. &lt;Child&gt; can go to the toilet on his/her own before starting primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. I feel that &lt;child&gt; has the pre-reading and writing skills necessary to start school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. I am worried that &lt;child&gt; will find being apart from me too difficult</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. I am concerned that &lt;child&gt; will be reluctant to go to primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. I am worried that &lt;child&gt; is not independent enough to cope with primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G47a. Have you availed of the Free Preschool Year for the Study Child?

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

G47b. Why not? ...................................................................................................................................................

G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway ......... No, wouldn’t have been able to send him / her .............

G48. How best would you describe the setting in which the free preschool year was made available:

Preschool .............................................................................................................. 1
Naisonra .................................................................................................................. 2
Montessori ................................................................................................................ 3
Creche ...................................................................................................................... 4
Playgroup .............................................................................................................. 5
Other group care setting (please specify) .................................................................... 6

G49a. What age was <child> when he/she first attended Free Preschool Year? Age: _______ years _______months

G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age: _______ years _______months
G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?  
Only 3 hours per day .......... 1  Topped up with more hours ........................................ 2

G50b. How many additional hours in this same preschool setting?  _____________________ hours

G50c. How much did you pay per week in total for these additional hours?  ________________ euros

G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...

a. How often has child complained about preschool? ........................................ 1  2  3  4  5
b. How often has child said good things about preschool? ............................ 1  2  3  4  5
c. How often has child looked forward to going to preschool? ....................... 1  2  3  4  5
d. How often has child been upset or reluctant to go to preschool? .......... 1  2  3

G52. [Card G52] The next questions are about child’s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.

How often do/did the following statements describe your experience

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are/were lots of creative activities going on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is/was an interesting place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>There are/were plenty of toys, books, pictures, and music for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>In care, my child has/had many natural learning experiences.</td>
<td></td>
<td></td>
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<tr>
<td>The caregiver provides/provided activities that are/were just right for my child.</td>
<td></td>
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</tr>
<tr>
<td>My child feels/felt safe and secure in care.</td>
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</tr>
<tr>
<td>The caregiver is/was warm and affectionate toward my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is/was a healthy place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is/was treated with respect.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is/was safe with this caregiver.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My child gets/got a lot of individual attention.</td>
<td></td>
<td></td>
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<tr>
<td>My caregiver and I share/shared information.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My caregiver is/was open to new information and learning.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My caregiver shows/showed she (he) knows/knew a lot about children and their needs</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>The caregiver handles/handled discipline matters easily without being harsh</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>My child likes/liked the caregiver.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My caregiver is/was supportive of me as a parent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My caregiver is/was happy to see my child.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?

Very confident .......... 1  Somewhat confident ...................... 2  Not very confident .......... 3  Not at all confident .......... 4

G54. Who usually minds child if he/she is too sick to attend preschool?
[Interviewer: Read out answer categories]

Mother .................. 1  Father .................... 2  Parents take turns ........ 3  Grandparents .......... 4
Other relative ............ 5  Friend/ Neighbour .......... 6  Childminder .............. 7  Other (please specify) ...... 8
Subsection C. Term-time care arrangement:
Additional care arrangements for children attending preschool
Alternative care arrangement for children not attending preschool

Now I'd like to ask you some questions about term-time childcare arrangements.

G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

Yes ..................................  1
No ....................................  2
If no go to g64

G56. (a) [Card G56] Who minds <child> on a regular basis each week?
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare

[Tick all that apply]  Number of days  Number of hours  Cost per week  Main type of care
a. A relative in your home .............................. Go to G57a
b. A non-relative in your home .......................... Go to G57a
c. A relative in their home ............................. Go to G57b
d. A non-relative in their home ...................... Go to G57b
e. Creche, Montessori, preschool, naíonra or other centre-based care setting .........................
f. Other (please specify) ..............................

G57a. [Card G57] Please specify how this person is related to <child>.

a. Grandmother of <child> ......................... 1
b. Grandfather of <child> ......................... 2
c. Aunt /Uncle of <child> ......................... 3
d. Brother / Sister of <child> ..................... 4
e. Non-resident Parent .............................. 5
f. Cousin of <child> ................................. 6
g. Other relative .................................. 7

G57b. [Card G57] Please specify how this person is related to <child>.

a. Grandmother of <child> ......................... 1
b. Grandfather of <child> ......................... 2
c. Aunt /Uncle of <child> ......................... 3
d. Brother / Sister of <child> ..................... 4
e. Non-resident Parent .............................. 5
f. Cousin of <child> ................................. 6
g. Other relative .................................. 7

G58a. [Card G58a] Which of the following best describes that person?

a. Au pair / Nanny (live in) ....................... 1
b. Friend / Neighbour .............................. 2
c. Childminder ..................................... 3
d. Other ............................................ 4

G58b. [Card G58b] Which of the following best describes that person?

a. Friend / Neighbour .............................. 1
b. Childminder ..................................... 2
c. Other ............................................ 3

g. Other relative .................................. 4

G59. What age was <child> when you started to use the main childcare arrangement? _____years _____months

[Int: If answer at G56 is (A) or (B) please go to G61]

G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G61. [Card G61] What is the main reason the Study Child is using regular child care at present?

1. Parent’s work or study commitments ................................................................. 1
2. Parent’s sport, shopping, social or community activities .................................. 2
3. Give parent a break or time alone ....................................................................... 3
4. Good for child’s social development/to mix with other children ...................... 4
5. Good for child’s intellectual or language development ..................................... 5
6. Establish relationships with grandparents or non-resident parents ................ 6
7. Other .................................................................................................................... 7
G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

How often do the following statements describe your experience

Never  Rarely  Sometimes  Often  Always

a. There are lots of creative activities going on. ...........................................  

- [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5

b. It's an interesting place for my child. ...........................................................  

- [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5

c. There are plenty of toys, books, pictures, and music for my child. .............  

- [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5

d. In care, my child has many natural learning experiences. ..........................  

- [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5

e. The caregiver provides activities that are just right for my child ..................  

- [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5

f. My child gets a lot of individual attention ....................................................  

- [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5

g. My child likes the caregiver ........................................................................  

- [ ] 1  - [ ] 2  - [ ] 3  - [ ] 4  - [ ] 5

G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

Very easy .. [ ] 1 Easy ... [ ] 2 Neither easy nor difficult .. [ ] 3 Difficult .... [ ] 4 Or very difficult..... [ ] 5 Don't pay [ ] 6

Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

G64. What is the main reason the Study Child does not have any regular child care arrangements at present?

- [ ] 1 Parent is available, other care not needed
- [ ] 2 Problems with getting child care places around here
- [ ] 3 Childcare not available around here
- [ ] 4 Transport problems to childcare
- [ ] 5 Can’t afford it - cost too high
- [ ] 6 Concerned with quality of care
- [ ] 7 Child has disability or special needs
- [ ] 8 Didn’t want child cared for by strangers
- [ ] 9 Parent(s) is / are the best for the child at this age
- [ ] 10 Other (please specify)

Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?

Yes [ ] 1 No [ ] 2

G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?

_________years _________months
### Section H – Parenting and Family Context

I’d now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

**H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never / almost never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always / almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hug or hold this child for no particular reason</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Tell this child how happy he/she makes you</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Have warm, close times together with this child</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Enjoy listening to this child and doing things with him/her</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. Feel close to this child both when he/she was happy and when he/she was upset</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. Express affection by hugging, kissing and holding this child</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**H3. [Card H3] When parents spend time with their children, sometimes things go well and sometimes they don’t. How often does the following happen...? (Tick one box per row only)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never / almost never</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Of all the times you talk to this child about his/her behaviour, how often is this praise?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. If you tell this child he/she will get punished if he/she doesn’t stop doing something, but he/she keeps doing it, how often will you punish him/her?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. How often does this child get away with things that you feel should have been punished?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. How often are you angry when you punish this child?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g. How often do you feel you are having problems managing this child in general?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>i. When you discipline this child, how often does he/she ignore the punishment?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>j. How often do you tell this child that he/she is bad or not as good as others?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>k. How often do you think that the level of punishment you give this child depends on your mood?</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**H9. [Card H9] For the following items could you indicate whether or not the Study Child has the item and, if not, if it is because you couldn’t afford it or for another reason?**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No, cannot afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the child have some new (not second hand) clothes?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c. Does the child eat fresh fruit and/or vegetables at least once a day?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d. Does the child eat three meals a day?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f. Does the child have books at home suitable for his/her age?</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)? .............. □ □ □
h. Does the child have indoor games (board games, computer games etc)? .............. □ □ □
i. Does the child participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)? .................................................. □ □ □
j. Does the child have celebrations on special occasions (birthdays, religious events)? ........................................................................................................ □ □ □
k. Does the child invite/have friends to your house to play and/or eat from time to time? ........................................................................................................ □ □ □
l. Does the child participate in school trips and school events that cost money? .......... □ □ □
m. Does the child have a suitable place to study or do homework? ................................ □ □ □

H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:
[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

C. Death of close friend .................................................. □ □ □
E. Moving house .......................................................... □ □ □
F. Moving country .......................................................... □ □ □
G. Stay in foster home/ residential care.......................... □ □ □
H. Serious illness/injury.................................................. □ □ □
N. Other disturbing event (please specify) ...................... □ □ □
B6  Secondary Caregiver Twin Questionnaire
**Section B - Parent-Child Relationships**

B1. [CARD B1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Does not really apply</th>
<th>Neutral not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I share an affectionate, warm relationship with my child.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. My child and I always seem to be struggling with each other</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. If upset, my child will seek comfort from me</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. My child is uncomfortable with physical affection or touch from me</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. My child values his/her relationship with me</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>f. When I praise my child he/she beams with pride</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>g. My child spontaneously shares information about his/herself</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>h. My child easily becomes angry at me</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>i. It is easy to be in tune with what my child is feeling</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>j. My child remains angry or is resistant after being disciplined</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>k. Dealing with my child drains my energy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>l. When my child is in a bad mood I know we’re in for a long and difficult day</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>m. My child's feelings toward me can be unpredictable or can change suddenly</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>n. My child is sneaky or manipulative with me</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>o. My child openly shares his/her feelings and experiences with me</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

The Department of 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 Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.
Section C - Child’s physical health and development

Now I’d like to ask you a few questions about <child’s> health

C1. [CARD C1] Which of these best describes <child’s> weight?
[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight.........................☐ 1
Normal weight..........................☐ 2
Somewhat overweight.................☐ 3
Very overweight .......................☐ 4

Section E - Child’s play and activities

E1. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

Easier than average ..................☐ 1
About average .........................☐ 2
More difficult than average ..........☐ 3

E2a. [CARD E2a] How often would you do any of the following with <child>?

Never   Hardly ever Occasionally One or two times a week Everyday N/A

a. Play with <child> using toys or games / puzzles ..................[CARD E2a]  
   Never   Rarely   Now and again   Regularly   Always Can’t say
b. Play computer games with <child> ..........................[CARD E2a]
c. Visit the library .........................................................[CARD E2a]
d. Listen to <child> read ........................................................[CARD E2a]
e. Read to <child> ..............................................................[CARD E2a]
f. Use computer with <child> in educational ways ..................[CARD E2a]
g. Sport or physical activities ........................................[CARD E2a]
h. Go on educational visits outside home such as museums, farms .................[CARD E2a]
i. Go shopping ................................................................[CARD E2a]
Section H – Parenting and Family Context

I’d now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H1. [Card H1] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

<table>
<thead>
<tr>
<th>a. Hug or hold this child for no particular reason</th>
<th>Never / almost never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always / almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Tell this child how happy he/she makes you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Have warm, close times together with this child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Enjoy listening to this child and doing things with him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Feel close to this child both when he/she was happy and when he/she was upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Express affection by hugging, kissing and holding this child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H2. [Card H2] When parents spend time with their children, sometimes things go well and sometimes they don’t. How often does the following happen...? (Tick one box per row only)

<table>
<thead>
<tr>
<th>a. Of all the times you talk to this child about his/her behaviour, how often is this praise?</th>
<th>Never / almost never</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. When you give this child an instruction or request to do something, how often is this praise?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. If you tell this child he/she will get punished if he/she doesn’t stop doing something, but he/she keeps doing it, how often will you punish him/her?</td>
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<tr>
<td>e. How often does this child get away with things that you feel should have been punished?</td>
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<tr>
<td>f. How often are you angry when you punish this child?</td>
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<tr>
<td>g. How often do you feel you are having problems managing this child in general?</td>
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<tr>
<td>h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?</td>
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<tr>
<td>i. When you discipline this child, how often does he/she ignore the punishment?</td>
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<tr>
<td>j. How often do you tell this child that he/she is bad or not as good as others?</td>
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<tr>
<td>k. How often do you think that the level of punishment you give this child depends on your mood?</td>
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</tbody>
</table>
B7  Non-resident Parent Questionnaire
Growing Up in Ireland – national longitudinal study of children

Infants at 5 years

Strictly Confidential

Questionnaire for Parent Living Elsewhere

Group [ ] HHOLD [ ] [ ] [ ] [ ] Date: ______day ______month ______year

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw the Study Child? _____ days ______ weeks ______ months

Q2. How many nights do you and the Study Child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the Study Child spend together in a typical month? ___ days

Q4. How long would an average or typical contact with the Study Child last? ___ days or ___ hours

Q5. How do you feel about the amount of time you spend with the Study Child? Please tick one of the following:

- Nowhere near enough [ ]
- Not quite enough [ ]
- About right [ ]
- A little too much [ ]
- Way too much [ ]

Q6. If you feel that you do not spend enough time with the Study Child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

- Work commitments …………………………….. [ ]
- Commitments to other family/new partner ………….. [ ]
- Physical distance between self and child ………….. [ ]
- Other parent is uncooperative……………………… [ ]
- Court-imposed custody rules ………………………... [ ]
- Other ................................................................ [ ]

Q7. When you are spending time with the Study Child, where do you bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

Rank

- At your home ..............................................................
- At the other parent’s home ............................................
- At another relative’s home (e.g. child’s grandparents)...
- Recreational/amenity area (e.g. park, swimming pool)..
- Shopping centre /cinema /McDonald’s etc .................
- Specific events (e.g. football match) ...........................
- Other ..............................................................................
Q8. Please tick one box below to indicate how you and your former spouse / partner arrived at the current arrangements for time spent with the Study Child?

Court-imposed arrangements ........................................... 1
Formal, negotiated arrangements other than legal (e.g. counsellor) ....... 2
Mutual arrangement with no third party negotiator ........................................... 3
No regular arrangements ........................................................................... 4

Q9. Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

Showing my child love and affection ...........................................
Taking time to play with my child ...........................................
Taking care of my child financially ...........................................
Giving my child moral and ethical guidance ...........................................
Making sure my child is safe and protected ...........................................
Teaching my child and encouraging his or her curiosity ...........................................
Other (specify) ...........................................................................

Q10. We would like to get a sense of how you rate the quality of the time you spend with the Study Child. Please indicate a rating of between 1 and 5, where ‘1’ is “excellent” and ‘5’ is “very poor”.

Excellent 1 2 3 4 5 Very Poor

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

Prepare food for the child at home
- Every day ...........................................................................
- At least once a week ...................................................
- At least once a month ...................................................
- Rarely or never ...................................................

Put the child to bed
- Every day ...........................................................................
- At least once a week ...................................................
- At least once a month ...................................................
- Rarely or never ...................................................

Bathe child
- Every day ...........................................................................
- At least once a week ...................................................
- At least once a month ...................................................
- Rarely or never ...................................................

Take the child to doctor /dentist etc
- Every day ...........................................................................
- At least once a week ...................................................
- At least once a month ...................................................
- Rarely or never ...................................................

Take the child to or from crèche/school
- Every day ...........................................................................
- At least once a week ...................................................
- At least once a month ...................................................
- Rarely or never ...................................................

We would like to record some information about the kind of financial support you provide for the Study Child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the Study Child’s home (i.e. the house or apartment where the Study Child resides with his or her other parent NOT your own home)?

Yes, I pay the full amount due .............................. 1
Yes, I pay a contribution ............................................. 2
No, I don’t pay towards the rent or mortgage directly ....... 3
There is no rent or mortgage owing on the home ........... 4

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month?  € ________ per month

Q14. Do you provide financial support to the Study Child’s other parent (other than direct rent or mortgage)?

Never ... 1
Yes........ 2 a regular payment to the value of € _____ per month (excluding direct rent/mortgage payment)
Yes........ 3 on an as-required basis (e.g. Christmas) to the value of € _____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

Your decision ................................................................. 1
Mutual agreement with other parent .............................. 2
Legally imposed arrangement ........................................ 3
Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

- Never □1
- Yes, occasionally □2
- Yes, frequently □3

Q17. What was the status of your relationship with the Study Child’s other parent when she/you became pregnant with the study child? (Please tick one box only).

- Married and living together □1
- Going out but not living together □5
- Cohabitating/living as married □2
- Just friends □6
- Separated □3
- No relationship □7
- Divorced □4

Q18. What age was the Study Child when you separated from his/her other parent for the first time?

AGE: ___ months OR ___ years OR

- Had separated before birth □1
- OR
- Never lived with other parent □2

Q19. [For fathers only] Are you named on the Study Child’s birth certificate?

- Yes □1
- No □2
- Not sure □3

Q20. [For fathers only] If you have never been married to the Study Child’s mother have you applied for guardianship?

- No □1
- Yes, through mother only □2
- Yes, through court □3

Q21. If yes, was this application successful?

- Yes □1
- No □2
- Ongoing □3

Q22. How often do you talk about the Study Child with his/her other parent?

- Every day □1
- A few times a month □4
- Several times a week □2
- Several times a year □5
- About once a week □3
- Not at all □6

Q23. How well do you get on with the Study Child’s other parent? Would you say your relationship is . . .?

- Very positive □1
- Somewhat positive □2
- Neutral □3
- Somewhat negative □4
- Very negative □5

Q24. Often parents have to make major decisions concerning the Study Child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the Study Child:

- A lot of influence □1
- Some influence □2
- No influence □3
- Don’t know □4

Q25. Do you want to be involved in raising the Study Child in the coming years?

- Yes □1
- No □2
- Not sure □3

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

<table>
<thead>
<tr>
<th>Feeling or Activity</th>
<th>All of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You talk a lot about your child to your friends and family</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>b. You carry pictures of your child with you wherever you go</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>c. You often find yourself thinking about your child</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>d. You think holding and cuddling your child is fun</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>e. You think it’s more fun to get your child something new than to get yourself something new</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>
Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) ___________ (day) ___________ (mth) ___________ (yr)

Q28. How old were you when your first ever child was born? _______ years

Q29. How would you describe your current employment status?

- Working for payment or profit .......................................................... □
- Retired from employment .......................................................... □
- Looking for first regular job .......................................................... □
- Unable to work due to permanent sickness or disability ............. □
- Student or pupil .......................................................... □
- Other (please specify) .......................................................... □
- Looking after home/family .......................................................... □

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

___________________________________________________________________________________________________

Q31. What is the highest level of education that you have completed? (Please tick one box only)

- No formal education .......................................................... □
- Certificate .......................................................... □
- Primary .......................................................... □
- Diploma .......................................................... □
- Junior Cert. or equivalent .......................................................... □
- Degree .......................................................... □
- Leaving Cert. or equivalent .......................................................... □
- Postgraduate Degree .......................................................... □
- Trade Qualification .......................................................... □

Q32. Which of the following best describes your current marital status?

- Single .......................................................... □
- Separated .......................................................... □
- First marriage (or cohabitation) .......................................................... □
- Divorced .......................................................... □
- Remarried (or cohabitating) following divorce .......................................................... □
- Widowed .......................................................... □
- Remarried (or cohabitating) following widowhood .......................................................... □

Q33. Are you currently living with a partner?

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

Q34. If yes, how long have you been in this relationship? _______ years or _______ months

Q35. How many other children (not including the Study Child) do you have? Please write in the number of children

- None ............. □
- ______ by same parent as Study Child’s □
- ______ by a different partner(s) □

Q36. What nationality are you?

____________________________

Q37. If you are NOT Irish, how long have you been living in Ireland? _______ years OR _______ months

Q38. How would you describe your general state of health?

- Excellent □
- Very good □
- Good □
- Fair □
- Poor □

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE THE GROWING UP IN IRELAND TEAM AT 1800 200 434
B8 School Principal Questionnaire
Growing Up in Ireland – Survey of 5-Year-Olds

STRICTLY CONFIDENTIAL

PRINCIPAL’S QUESTIONNAIRE

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

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

All information provided will be treated in the strictest confidence.

An information leaflet outlining in more detail the objectives of the study accompanies this questionnaire.

School ID (from blue sheet with list of pupils’ names)  

Date: _______day_______ month_______ year
1. Are you male or female?  Male ...... ☐  Female ...... ☐

2. To which age group do you belong?
   20 - 29 yrs ...... ☐  30 - 39 yrs ...... ☐  40 - 49 yrs ...... ☐  50 - 59 yrs ...... ☐  60 yrs or older ...... ☐

3. For how many years have you been a Principal:
   (a) in this school? _______ years  (b) in other Primary School(s)? _______ years

4a. What is the school’s DEIS status?  
   DEIS – Urban Band 1 ...... ☐  DEIS – Urban Band 2 ...... ☐  DEIS – Rural ................. ☐  Non-disadvantaged ........ ☐

4b. Is this a private fee-paying school?  Yes ............. ☐  No .................. ☐

5. How many boys and how many girls were enrolled in the school on 30th September 2013?
   Boys __________  Girls __________  Total Pupils __________

6. In addition to your duties as Principal, do you have a teaching class assigned to you?
   Yes ............ ☐  No ........... ☐

7a. How many full-time and part-time teachers work in this school? Please indicate how many are male and how many are female. (Please include the Principal among the teaching staff.)

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

7b. Excluding yourself, how many full-time and part-time administrative staff work in your school? (Please include the Principal among the teaching staff.)

   Full-time admin. staff ________  Part-time admin. staff ________ [If none, please write none. Do not leave blank]

8. Approximately how many staff does your school currently have in the following capacities? Please indicate the number employed on a full-time and part-time basis.

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning support/resource teachers</td>
<td></td>
</tr>
<tr>
<td>Language support teachers</td>
<td></td>
</tr>
<tr>
<td>Special needs assistants</td>
<td></td>
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<tr>
<td>Other teaching assistants</td>
<td></td>
</tr>
</tbody>
</table>

9. How many rooms (including prefabs, etc) are used as classrooms in the school? ______ classrooms

10. Of these, how many portable classrooms (prefabs) are there in the school? ______ portable classrooms

11. How many classes (across all year-groups) are there in the school? ______ classes

12. Approximately how many children is the school designed for? ______ children

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

13b. In what year was the school most recently refurbished?  Year ____________  Never ☐

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14. How would you rate the school's resources in each of the following areas?  

<table>
<thead>
<tr>
<th>Area</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of teachers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of classrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Books and worksheets</td>
<td></td>
<td></td>
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<tr>
<td>Computing facilities</td>
<td></td>
<td></td>
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<tr>
<td>Arts and crafts facilities</td>
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<tr>
<td>Sports facilities</td>
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<td></td>
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<tr>
<td>Music facilities</td>
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<tr>
<td>Playground</td>
<td></td>
<td></td>
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<tr>
<td>Mathematics resources/facilities</td>
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<tr>
<td>Library/media centre</td>
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<tr>
<td>Staff room</td>
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<td></td>
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<tr>
<td>Toilet facilities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Learning support provision</td>
<td></td>
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<tr>
<td>After-school facilities (e.g. homework clubs)</td>
<td></td>
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<tr>
<td>Administrative support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition of the school building, classrooms etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities for children with disabilities</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Provision of Special Needs Assistants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condition of the school building, classrooms etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Does the school have a Home-School Community Liaison Co-ordinator? Yes ....... □1 No ...... □2

16a. Does the school provide a 'breakfast club'?  
Yes, every day .............. □1 Yes, some days .............. □2 No ...... □3

16b. Is this provided under DEIS? Yes .... □1 No .......... □2

17a. Does the school provide free school meals at lunchtime?  
Yes, every day .............. □1 Yes, some days .............. □2 No ...... □3

17b. Is this provided under DEIS? Yes .... □1 No ...... □2

18. Does the school have the following facilities or services?  

Yes No
(a) An active parents' association/council .............................................. □1 ........ □2
(b) A parents' room within the school .................................................. □1 ........ □2
(c) Parenting courses ............................................................................... □1 ........ □2
(d) Other courses for parents (e.g. literacy, art/craft) .......................... □1 ........ □2
(e) Access to health or social service professionals on the school premises □1 ........ □2

19. Approximately how many computers in total does the school have? _______ computers

20. Of these, how many can be used by the pupils, i.e. excluding those used solely by administrative or teaching staff? _______ used by the pupils

21. Does the school have a dedicated computer room for pupils? Yes ....... □1 No .......... □2

22. Are the school buildings and other facilities (playing fields, etc if relevant) open to the local community?  

(a) in the evenings during the week Yes ........ □1 No .......... □2
(b) at weekends Yes ........ □1 No .......... □2
(c) out of term time Yes ........ □1 No .......... □2
23. For each of the following extracurricular activities, (a) are they provided in your school for pupils, either at lunchtime or after school hours, and (b) are they provided under either DEIS or the School Completion Programme (SCP)?

(a) Provided in school

(b) If yes, Provided under:

<table>
<thead>
<tr>
<th>Provided in school</th>
<th>DEIS</th>
<th>SCP</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team sports (e.g. football)</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Individual sports (e.g. judo, running)</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Music/dance</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Drama</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Arts/crafts</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Computers/technology</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Homework club</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td>Other activities/clubs</td>
<td>No...</td>
<td>Yes</td>
<td>2</td>
</tr>
</tbody>
</table>

24. We are interested in the importance your school places on various educational goals. From the following nine goals, which do you consider the most important, the second most important, and the third most important? Please mark ‘1’ in the box beside the goal you consider the most important, ‘2’ in the box beside the second most important and ‘3’ in the box beside the third most important.

Educational goals:  

<table>
<thead>
<tr>
<th>Rank</th>
<th>Educational goals:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>i. Basic literacy and numeracy skills (reading, math, writing, speaking)</td>
</tr>
<tr>
<td>2</td>
<td>ii. Encouraging the child to achieve his/her best</td>
</tr>
<tr>
<td>3</td>
<td>iii. Promoting good work habits and self-discipline</td>
</tr>
<tr>
<td></td>
<td>iv. Promoting personal growth (self-esteem, self-knowledge, self-confidence, self awareness, etc)</td>
</tr>
<tr>
<td></td>
<td>v. Promoting social skills</td>
</tr>
<tr>
<td></td>
<td>vi. Promoting specific moral values</td>
</tr>
<tr>
<td></td>
<td>vii. Promoting inclusive multicultural awareness or understanding</td>
</tr>
<tr>
<td></td>
<td>viii. Fostering religious or spiritual development</td>
</tr>
<tr>
<td></td>
<td>ix. Promoting school attendance</td>
</tr>
<tr>
<td></td>
<td>x. Developing critical thinking skills and understanding</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Group</th>
<th>(Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign-national pupils</td>
<td></td>
</tr>
<tr>
<td>Pupils of families from the Travelling Community</td>
<td></td>
</tr>
<tr>
<td>Pupils whose native language is other than English / Irish</td>
<td></td>
</tr>
<tr>
<td>Pupils with physical / sensory disabilities</td>
<td></td>
</tr>
<tr>
<td>Pupils with learning / intellectual disabilities</td>
<td></td>
</tr>
</tbody>
</table>

26. Approximately, what was the **Average Daily Attendance** for your school in the academic year 2012 / 2013?  

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Average Daily Attendance OR Average number attending daily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. What percentage of pupils missed 20 days or more in the academic year 2012 / 2013 (as per the figures the school returned to the NEWB)?  

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
28. Approximately what percentage of the pupils in your school would you say come from the immediate area, that is, live within about 20 minutes’ walking distance of the school?  

________ %

29. Please indicate which of the following get involved in supporting children with emotional / behavioural problems in your school. (Please tick all that apply).

- Principal ................................................................. 1
- Classroom teacher ..................................................... 2
- Learning support / resource teacher ................................. 3
- Other staff member ..................................................... 4
- External assistance (please specify) ______________________ 5

30. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely affect their educational development? Please tick one box on each line to indicate approximate percentage.

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

31. Over the past five years, has the number of pupils coming to this school ....

- Increased ............ 1
- Decreased .......... 2
- Remained fairly stable ........ 3

32. Are there any other local schools to which pupils in your school might go? Yes ............ 1

33a. In general, do more pupils apply to come to this school than there are places available?

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

33b. If Yes, what criteria are used to admit pupils? (Please tick all that apply)

- Designated catchment area ............................................. 1
- Other siblings in the school .......................................... 2
- Parents attended the school .......................................... 3
- Language(s) spoken by child .......................................... 4
- Date of application .................................................... 5
- Religion ........................................................................ 6
- Other (please specify) ................................................ 7

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

- Randomly/alphabetically ............................................ 1
- Performance on standardised tests ................................ 2
- Performance on other tests ......................................... 3
- Special educational need/disability .............................. 4
- Other (please specify) ................................................ 5
- Only 1 class per year-group ........................................... 6

35a. Does the school hold formal parent-teacher meetings at least once per year? Yes .... 1

35b. Approximately what percentage of parents attend parent-teacher meetings? ________ per cent
36. To what extent are parents actively encouraged to get involved in the life of the school in:

(a) Curricular activities e.g. participation in reading / maths groups, support for specific area of curriculum (e.g. SPHE) .................................................................
(b) Extra-curricular activities ........................................................................

<table>
<thead>
<tr>
<th>A lot</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pupils, in general</th>
<th>Nearly all</th>
<th>More than half</th>
<th>Less than half</th>
<th>Only a few</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Enjoy being at school</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
<tr>
<td>(b) Are well-behaved in class</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
<tr>
<td>(c) Show respect for their teachers</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
<tr>
<td>(d) Show respect for their peers</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
<tr>
<td>(e) Are rewarding to work with</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
<tr>
<td>(f) Are well behaved in the playground/school yard</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
<tr>
<td>(g) Settle into junior infants quickly</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
<tr>
<td>(h) Feel they are an important part of the school/community/school life</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
<td>![ ] 4</td>
</tr>
</tbody>
</table>

38a. Does the school have a written Code of Behaviour (discipline policy)?

Yes ............. ![ ] 1
No ................. ![ ] 2

38b. To what extent were the following involved in developing this policy?

<table>
<thead>
<tr>
<th>To a great extent</th>
<th>To some extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Teachers</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
</tr>
<tr>
<td>(b) Parents</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
</tr>
<tr>
<td>(c) Pupils</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
</tr>
<tr>
<td>(d) Board of Management</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
</tr>
</tbody>
</table>

39. In addressing inappropriate behaviour in your school, to what extent are the following forms of discipline used in your school?

<table>
<thead>
<tr>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Extra classwork</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(b) Extra homework</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(c) Writing of ‘lines’</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(d) Detention</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(e) Exclusion from sports or other popular activities</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(f) Verbal (phone or otherwise) report to parents</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(g) Written report to parents</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(h) Cancellation of popular lesson e.g. art</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(i) Warning card system</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(j) Suspension</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(k) Expulsion / permanent exclusion</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
<tr>
<td>(l) Other (specify)</td>
<td>![ ] 1</td>
<td>![ ] 2</td>
<td>![ ] 3</td>
</tr>
</tbody>
</table>

40. To what extent is bullying a problem in your school?

A major problem ............. ![ ] 1
A minor problem ............. ![ ] 2
No problem at all ............. ![ ] 3
41. Please indicate the extent to which you believe each of the following to be true of teachers, in general, in your school.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True of nearly all</th>
<th>True for more than half</th>
<th>True for less than half</th>
<th>True of only a few</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Teachers are positive about the school</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>(b) Teachers get a lot of help and support from colleagues</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>(c) Teachers are open to new developments and challenges</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>(d) Teachers are eager to take part in professional development</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

42. Compared with other Primary Schools of your size, would you say that the scale of day-to-day problems in running the school are: (please tick one box only)

- Much greater than in other schools
- Slightly greater than in other schools
- About the same as in other schools
- Slightly less than in other schools
- Much less than in other schools

43. What makes you say that? (Please describe as fully as possible)

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

44. Compared with other Primary Schools of your size, would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers?

- Happier
- As happy
- Less happy

(a) Pupils .................................................. □ 1 ........................ □ 2 ........................ □ 3 ........................ □ 4 ........................

(b) Teachers .................................................. □ 1 ........................ □ 2 ........................ □ 3 ........................ □ 4 ........................

45. In general terms:

- Very
- Fairly
- Not very
- Not at all

(a) How stressed do you feel by your job? □ 1 ................ □ 2 ............. □ 3 ................ □ 4 ................

(b) How satisfied do you feel with your job? □ 1 ................ □ 2 ............. □ 3 ................ □ 4 ................

Thank you very much for having completed this part of Growing Up in Ireland.

Please collect the sealed envelopes containing their completed questionnaires from the teachers involved in this Study and return all questionnaires to the Economic and Social Research Institute (ESRI), using the enclosed freepost plastic envelope.

Again, many thanks to you and your staff for your help in this very important study of children.
B9  Teacher-on-Self Questionnaire
Growing Up in Ireland – Survey of 5-Year-Olds

STRICTLY CONFIDENTIAL

‘TEACHER-ON-SELF QUESTIONNAIRE’

Growing Up in Ireland (GUI) is a major government study of children. Its purpose is to improve our understanding of all aspects of children and their development. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

This questionnaire records information about the Study Child’s main class teacher. One of these questionnaires should be completed by each class teacher who has any of the Study Children listed on the blue sheet sent to the Principal.

An information leaflet outlining in more detail the objectives of the study accompanies this questionnaire.

School ID (from blue sheet with list of pupils’ names)  

Teacher’s name (block capitals please)  

Date: ______day_______month_______year
1. Are you male or female?  
   Male ........... 1  
   Female .......... 2

2. To which age group do you belong?  
   20 - 29 yrs .................. 1  
   30 - 39 yrs .................. 2  
   40 - 49 yrs .................. 3  
   50 - 59 yrs .................. 4  
   60 yrs or older .............. 5

3. How many years have you been teaching at primary school level?  
   ____ years

4. How long have you been teaching in this school?  
   ____ years

5. Which of the following qualifications do you hold?  (Please tick all that apply)
   (a) A primary school teaching diploma or certificate, or other primary school qualification ....... 1  
   (b) A primary degree in education (BEd) ................................................................. 2  
   (c) A primary degree in another subject ................................................................. 3  
   (d) A postgraduate diploma in education ................................................................. 4  
   (e) A qualification in learning support, special education or resource teaching ............. 5  
   (f) A higher degree in education (PhD, Master’s, etc) ............................................. 6  
   (g) A higher degree in another subject (PhD, Master’s, etc) ..................................... 7  
   (h) No qualification ................................................................................................. 8  
   (i) Other (please specify) ...................................................................................... 9

6. Which year group(s) do you teach? Please tick all that apply.  
   Junior Infants .......... 1  
   Senior Infants .......... 2  
   First Class .......... 3  
   Second Class .......... 4  
   Third Class .......... 5  
   Fourth Class .......... 6  
   Fifth Class .......... 7  
   Sixth Class .......... 8

7. How many pupils are in your regular classroom?  

<table>
<thead>
<tr>
<th>Class</th>
<th>Junior Infants</th>
<th>Senior Infants</th>
<th>First Class</th>
<th>Second Class</th>
<th>Third Class</th>
<th>Fourth Class</th>
<th>Fifth Class</th>
<th>Sixth Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8a. In this school, are children allocated to their class on the basis of their ability, achievement or special educational need?  
   Yes ........... 1  
   No ........... 2

8b. If yes, which class do you teach?  
   Higher ability ................. 1  
   Middle/average ability .......... 2  
   Lower ability ................. 3  
   Special class ................. 4
9a. Did you do any continuing professional development (in-service training or upskilling) in the last 12 months?  
Yes ........ [ ]  No ......... [ ]

9b. How many days or hours of professional development did you do?  ______ days _____ hours

9c. Please specify the areas in which you did the professional development:

____________________________________________________________________________
____________________________________________________________________________

10. In your opinion, how many children in your classroom (including the Study Child if relevant) experience any of the following long-term difficulties?  (some children may belong to more than one category)

   a. A limited knowledge of the main language of instruction ...................................... ______ children
   b. An emotional or behavioural problem ................................................................. ______ children
   c. A learning/intellectual disability ........................................................................ ______ children
   d. A physical/sensory disability ............................................................................. ______ children

11a. In a typical week, would you have any Special Needs Assistants working with you in the Study Child’s classroom?  
Yes ........ [ ]  No ......... [ ]

11b. If yes, for approximately how many hours per week?  _______________ hours per week

12a. Within normal school hours, approximately how many minutes PER WEEK does the Study Child’s class spend on each of the following subjects? Your best estimate is fine. If the class does not receive instruction in a subject, please write ‘none’.

<table>
<thead>
<tr>
<th>Subject</th>
<th>No. of minutes per week</th>
<th>Subject</th>
<th>No. of minutes per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>mins/wk</td>
<td>Drama</td>
<td>mins/wk</td>
</tr>
<tr>
<td>Gaeilge</td>
<td>mins/wk</td>
<td>Visual Arts</td>
<td>mins/wk</td>
</tr>
<tr>
<td>Maths</td>
<td>mins/wk</td>
<td>Music</td>
<td>mins/wk</td>
</tr>
<tr>
<td>History</td>
<td>mins/wk</td>
<td>Religion/Ethical education</td>
<td>mins/wk</td>
</tr>
<tr>
<td>Geography</td>
<td>mins/wk</td>
<td>Other 1 (specify)</td>
<td>mins/wk</td>
</tr>
<tr>
<td>Science</td>
<td>mins/wk</td>
<td>Other 2 (specify)</td>
<td>mins/wk</td>
</tr>
<tr>
<td>Social Personal Health Education (SPHE)</td>
<td>mins/wk</td>
<td>Other 3 (specify)</td>
<td>mins/wk</td>
</tr>
<tr>
<td>Physical Education</td>
<td>mins/wk</td>
<td>Other 4 (specify)</td>
<td>mins/wk</td>
</tr>
</tbody>
</table>

12b. In an average week, about what percentage of your time in the classroom is based around play-based activity?  
___________ per cent
13. Below we have a number of statements about teaching. Please indicate how frequently the following things happen in the Study Child’s class.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never or almost never</th>
<th>Some days</th>
<th>Most days</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Pupils listen to you read stories where they can see the print</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(b) Pupils listen to you read stories where they don’t see the print</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(c) Pupils interact in class by listening, discussing and taking turns in conversations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(d) Pupils engage in creative play (e.g. painting, using play-dough, etc)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(e) Pupils work in pairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(f) Pupils work individually in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(g) Pupils engage in physical play (such as running, jumping, skipping etc)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(h) Pupils work in groups in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(i) You ask pupils questions in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(j) Pupils ask you questions in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(k) Pupils ask each other questions in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(l) Pupils work on phonics/word sounds</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(m) Pupils take part in pretend play (e.g. make-believe, dressing up, playing shop)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(n) Pupils suggest subjects or topics to be covered in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(o) Pupils are encouraged to find things out for themselves</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(p) You use video or audio recordings in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(q) Children play games with rules (e.g. board games)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(r) You use a computer/interactive whiteboard to show something to the pupils</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(s) Pupils themselves use computer facilities or other electronic equipment (e.g. iPads) in class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(t) You provide differentiated activities, as appropriate, to pupils</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(u) Pupils get the opportunity to engage in hands-on activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(v) The pupil’s experience and their environment is the starting point for learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(w) You address learning outcomes across a number of subjects at the same time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(x) You teach pupils as a whole class</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(y) Pupils count out loud</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(z) Pupils play games related to maths/numbers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>(aa) You discuss new or difficult vocabulary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

14a. How often do the children in the Study Child’s class use a computer(s) or other electronic device (e.g. iPad) in the SCHOOL?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Never</th>
<th>Once a month or less</th>
<th>Two or three times a month</th>
<th>Once or twice a week</th>
<th>Three or four times a week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

14b. Is there an interactive whiteboard in your CLASSROOM?

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

14c. Do the children in the Study Child’s class use a computer (or other electronic device) to access the Internet?

Yes ........... □1          No ........... □2
15a. How often would you assess your pupils’ progress by using:

- **Weekly**
- **Twice a month**
- **Monthly**
- **Every term**
- **Never/Almost never**

(a) Teacher observations
(b) Teacher-designed tasks and tests
(c) Teacher’s questions

15b. To what extent do you use the results of this assessment in the planning of your teaching?

- A lot
- A little
- Not at all

16. How much control do you feel you have in your school over the following areas:

<table>
<thead>
<tr>
<th>Control Level</th>
<th>No control</th>
<th>Slight control</th>
<th>Some control</th>
<th>Moderate control</th>
<th>A great deal of control</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Deciding how much time to spend on different subject areas</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(b) Deciding about the content of subjects to be taught</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(c) Deciding about teaching techniques</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(d) Choosing textbooks and other learning materials</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(e) Disciplining children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>(f) Selecting the year group you teach</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

17. How important do you believe the following characteristics are for a child to be ready for primary school?

Tick one box on each line.

- Not important
- Not very important
- Somewhat important
- Very important
- Essential

(a) Can count to 20 or more
(b) Takes turns and shares
(c) Is able to use pencils and paintbrushes
(d) Is not disruptive of the class
(e) Is sensitive to other children’s feelings
(f) Sits still and pays attention
(g) Knows most of the letters of the alphabet
(h) Identifies primary colours and shapes
(i) Communicates needs, wants, and thoughts verbally in English/Gaelige
(j) Can manage personal care

18. Please indicate the extent to which you agree with each of the following statements on children’s preparation for school. Tick one box on each line.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

(a) Attending pre-school (for example, Montessori or Early Start) is very important for success in primary school
(b) Children who begin formal reading and maths instruction in pre-school will do better in primary school
(c) Parents should make sure their children know the alphabet before they start primary school
(d) Parents need help in learning how to encourage their child’s reading
(e) Parents should set aside time every day for their children to practise schoolwork
(f) Parents should read to their children and play counting games at home regularly
19. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

Pupils, in general:

(a) Are well-behaved in class ....................................
(b) Show respect for their teachers ............................
(c) Show respect for their peers ................................
(d) Settle into the school quickly ................................
(e) Are rewarding to work with ...................................
(f) Feel they are an important part of the school community / school life

20. Please tick on each line to indicate: (a) whether or not you usually receive information in each of the five areas below about the children in your class and (b) if you receive the information, how satisfied you are with it.

<table>
<thead>
<tr>
<th>Information on:</th>
<th>(a) Receive information?</th>
<th>(b) If information is received, how satisfied are you with it?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>i. Whether they have attended pre-school</td>
<td>![ ]1</td>
<td>![ ]2</td>
</tr>
<tr>
<td>ii. What skills they developed at pre-school</td>
<td>![ ]1</td>
<td>![ ]2</td>
</tr>
<tr>
<td>iii. Family circumstances</td>
<td>![ ]1</td>
<td>![ ]2</td>
</tr>
<tr>
<td>iv. Whether they have special needs</td>
<td>![ ]1</td>
<td>![ ]2</td>
</tr>
<tr>
<td>v. Individual child’s strengths, interests and challenges</td>
<td>![ ]1</td>
<td>![ ]2</td>
</tr>
</tbody>
</table>

21. In general, what proportion of parents from the children in your class attend:

a. Parent-teacher meetings
b. Other meetings organised by the school

22. What proportion of parents would approach you informally to discuss their child’s progress?

Nearly all........... 1 More than half........... 2 Less than half ...... 3 Only a few........... 4

23. Compared with other Primary Schools of similar size, would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers?

Happier As happy Less happy
(a) Pupils .................................. 1 ............ 2 ............ 3 ...........
(b) Teachers ................................ 1 ............ 2 ............ 3 ...........

24. In general terms:

(a) How stressed do you feel by your job............................................. 1 ............ 2 ............ 3 ...........
(b) How satisfied do you feel with your job............................................. 1 ............ 2 ............ 3 ...........

Thank you very much for completing this part of the Growing Up In Ireland survey.

Please ensure that you complete a green questionnaire in respect of each pupil whom you teach and who is listed on the blue sheet as being involved in Growing Up in Ireland.

When you have finished all your questionnaires, please seal them in the enclosed envelope and return the sealed envelope to the Principal, for return of all questionnaires in the school to the Economic and Social Research Institute (ESRI).
B10 Teacher-on-Child Questionnaire
Growing Up in Ireland (GUI) is a major government study of children. Its purpose is to improve our understanding of all aspects of children and their development. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

This questionnaire should be completed by the child’s class teacher. Please complete one of these questionnaires in respect of each child who is listed on the blue sheet sent to the Principal.

The parents/guardians of each of the children listed have already filled out questionnaires in their home. They have also signed a consent form which gives permission to have this questionnaire completed about their child. All information provided will be treated in the strictest confidence. This information will not be seen by the child or by his/her parents/guardians.

An information leaflet outlining in more detail the objectives of the GUI study accompanies this questionnaire.

School ID (from blue sheet with list of pupils’ names) ____________________________

Pupil ID (from blue sheet with list of pupils’ names) __________

Pupil’s DoB (from blue sheet with list of pupils’ names) __________

   Day                     Month                     Year

Teacher’s name (block capitals please) ____________________________________________
1. Date of completion ______day_______ month _______ year

2. Study Child’s initials Initial of first name: ______ Initial of surname: ______

3. Study Child’s gender Male ..............[ ] Female ..............[ ]

4. What class is the Study Child in? Junior Infants ....[ ] Senior Infants ....[ ] Other (specify) ________

5. For how many school years and months have you taught the Study Child?

______________________school year(s) __________ months

6. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

(a) inadequately dressed for the weather conditions .................[ ] ..............[ ] ..............[ ] ..............[ ] ..............[ ]

(b) too tired to participate as he/she should in class ..................[ ] ..............[ ] ..............[ ] ..............[ ] ..............[ ]

(c) without a lunch/snack .................................................................[ ] ..............[ ] ..............[ ] ..............[ ] ..............[ ]

(d) hungry ..........................................................................................[ ] ..............[ ] ..............[ ] ..............[ ] ..............[ ]

(e) with a general lack of cleanliness ...........................................[ ] ..............[ ] ..............[ ] ..............[ ] ..............[ ]


(g) unwell/suffering a minor ailment (cold, cough, etc) ................[ ] ..............[ ] ..............[ ] ..............[ ] ..............[ ]

7. (a) In the Study Child’s class, is there within-class ability grouping for reading/literacy?

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

Which group is the Study Child in?

Highest ....[ ] Middle ............[ ] Lowest ...........[ ]

7. (b) In the Study Child’s class, is there within-class ability grouping for maths?

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

Which group is the Study Child in?

Highest ....[ ] Middle ............[ ] Lowest ...........[ ]
8. Listed below is a series of statements regarding what the Study Child can currently do or how s/he currently behaves. You are asked to say whether or not the Study Child has achieved this competency.

While a child’s behaviour may vary somewhat from day to day and from context to context, the assessment you give should be the best description of the Study Child’s achievement overall.

*Please read each question carefully, and tick ‘Yes’ if the Study Child has achieved the competency and ‘No’ if not.*

### A. Study Child’s attitudes

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

**The Study Child:**

(a) Shows an interest in classroom activities through observations or participation .................................................................................. ![ ]

(b) Dresses, undresses, and manages own personal hygiene with adult support ........................................................................................................ ![ ]

(c) Displays high levels of involvement in self-chosen activities .......................................................................................................................... ![ ]

(d) Dresses and undresses independently and manages own personal hygiene .................................................................................................. ![ ]

(e) Selects and uses activities and resources independently .......................................................................................................................... ![ ]

(f) Continues to be interested, motivated, and excited to learn ............................................................................................................................ ![ ]

(g) Is confident to try new activities, initiate ideas, and to speak in a familiar group ......................................................................................... ![ ]

(h) Maintains attention and concentrates ...................................................................................................................................................... ![ ]

(i) Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion .......................................................................................................................... ![ ]

### B. Language for communication and thinking

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

**The Study Child:**

(a) Listens and responds .......................................................................................................................................................... ![ ]

(b) Initiates communication with others, displaying greater confidence in more informal contexts .......................................................................................................................... ![ ]

(c) Talks activities through, reflecting on and modifying actions .......................................................................................................................... ![ ]

(d) Listens with enjoyment to stories, songs, rhymes and poems; sustains attentive listening and responds with relevant comments, questions, or actions .......................................................................................................................... ![ ]

(e) Uses language to imagine and to recreate roles and experiences .................................................................................................................. ![ ]

(f) Interacts with others in a variety of contexts; negotiates plans and activities; takes turns in conversation .......................................................................................................................... ![ ]

(g) Uses talk to organise, sequence and clarify thinking, ideas, feelings, and events; explores the meanings and sounds of new words .......................................................................................................................... ![ ]

(h) Speaks clearly with confidence and control; shows awareness of the listener .......................................................................................................................... ![ ]

(i) Talks and listens confidently and with control, consistently showing awareness of the listener by including relevant detail. Uses language to work out and clarify ideas, showing control of a range of appropriate vocabulary .......................................................................................................................... ![ ]

### C. Linking sounds and letters

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

**The Study Child:**

(a) Joins in rhyming and rhythmic activities .......................................................................................................................... ![ ]

(b) Shows an awareness of rhyme and alliteration .......................................................................................................................... ![ ]

(c) Links some sounds to letters ...................................................................................................................................................... ![ ]

(d) Links sounds to letters, naming and sounding letters of the alphabet .......................................................................................................................... ![ ]

(e) Hears and says initial and final sounds in words .......................................................................................................................... ![ ]

(f) Hears and says vowel sounds within words ...................................................................................................................................................... ![ ]

(g) Uses phonic knowledge to read simple and regular words .......................................................................................................................... ![ ]

(h) Attempts to read more complex words, using phonic knowledge .......................................................................................................................... ![ ]

(i) Uses knowledge of letters, sounds and words when reading and writing independently .......................................................................................................................... ![ ]
Daily  At least once a week  At least twice a month  Monthly  Less often  Never

10b. How often do the following happen?

(a) You meet informally with the child’s mother/father ………………………………………..……..…
(b) The child’s mother/father talks to you about the child’s behaviour ………………………………………..……..…
(c) The child’s mother/father talks to you about the child’s schoolwork ………………………………………..……..…
(d) You ask the child’s mother/father to come to the school to discuss the child ………………………………………..……..…
(e) The child’s mother/father encourages the child’s learning at home (e.g. reading with them) ………………………………………..……..…

D. Reading  

The Study Child:

(a) Is developing an interest in books ……………………………………………………………..……..…
(b) Knows that print conveys meaning ……………………………………………………………..……..…
(c) Recognises a few familiar words ……………………………………………………………..……..…
(d) Knows that, in English or Irish, print is read from left to right and top to bottom ……………………………………………………………..……..…
(e) Shows an understanding of the elements of stories, such as main character, sequence of events, and openings ……………………………………………………………..……..…
(f) Reads a range of familiar and common words and simple sentences independently ……………………………………………………………..……..…
(g) Retells narratives in the correct sequence, drawing on language patterns of stories ……………………………………………………………..……..…
(h) Shows an understanding of how information can be found in non-fiction texts to answer questions about where, who, why, and how ……………………………………………………………..……..…
(i) Reads books of own choice with some fluency and accuracy ……………………………………………………………..……..…

E. Numbers  

The Study Child:

(a) Says some number names in familiar contexts, such as in nursery rhymes ……………………………………………………………..……..…
(b) Counts reliably up to three everyday objects ……………………………………………………………..……..…
(c) Counts reliably up to six everyday objects ……………………………………………………………..……..…
(d) Counts reliably up to 10 everyday objects ……………………………………………………………..……..…
(e) Orders numbers up to 10 …………………………………………………………………………………..……..…
(f) Counts reliably up to 10 everyday objects ……………………………………………………………..……..…
(g) Orders numbers up to 10 …………………………………………………………………………………..……..…
(h) Uses developing mathematical ideas and methods to solve practical problems ……………………………………………………………..……..…
(i) Recognises, counts, orders, writes, and uses numbers up to 20 ……………………………………………………………..……..…

9. In so far as your professional experience allows, please rate the Study Child in relation to all children of this age (not just in their present class or, even, school).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Well above average</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>Well below average</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Speaking and listening in English</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>(b) Speaking and listening in Irish</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>(c) Reading in English</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>(d) Reading in Irish</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>(e) Writing in English</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>(g) Science...</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>(h) Maths and numeracy...</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>(j) Arts (e.g. art/design, music, drama)...</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

10a. With regard to the Study Child’s education, how interested do the Study Child’s parents/guardians appear to be?

<table>
<thead>
<tr>
<th>Interest Level</th>
<th>Very Interested</th>
<th>Moderately interested</th>
<th>Very little interest</th>
<th>Uninterested</th>
<th>Cannot say</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother appears to be</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>Father appears to be</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
</tbody>
</table>

10b. How often do the following happen?

(a) You meet informally with the child’s mother/father ……………………………………………………………..……..…
(b) The child’s mother/father talks to you about the child’s behaviour ……………………………………………………………..……..…
(c) The child’s mother/father talks to you about the child’s schoolwork ……………………………………………………………..……..…
(d) You ask the child’s mother/father to come to the school to discuss the child ……………………………………………………………..……..…
(e) The child’s mother/father encourages the child’s learning at home (e.g. reading with them) ……………………………………………………………..……..…
11. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for 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 your answers on the basis of the child’s behaviour over the last six months or this school year.

<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 children (treats, toys, pencils, etc)</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>

12. Please reflect on the degree to which each of the following statements currently applies to your relationship with the Study Child. Using the scale below, tick the appropriate box for each item.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Does not really apply</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) I share an affectionate, warm relationship with this child...........</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) This child and I always seem to be struggling with each other.........</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) If upset, this child will seek comfort from me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) This child is uncomfortable with physical affection or touch from me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e) This child values his/her relationship with me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(f) When I praise this child, he/she beams with pride</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) This child spontaneously shares information about him/herself..........</td>
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<td>(h) This child easily becomes angry with me</td>
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<td>(i) It is easy to be in tune with what this child is feeling</td>
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<td>(j) This child remains angry or is resistant after being disciplined</td>
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<td>(k) Dealing with this child drains my energy</td>
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<td>(l) When this child is in a bad mood, I know we're in for a long and difficult day.</td>
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<td>(m) This child’s feelings toward me can be unpredictable or can change suddenly.</td>
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<td>(n) This child is sneaky or manipulative with me.</td>
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<td>(o) This child openly shares his/her feelings and experiences with me....</td>
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</table>
13. Do any of the following limit the kind or amount of activity the Study Child can do at school?  
(Please tick ‘Yes’ or ‘No’ for each)

- (a) Physical disability or visual or hearing impairment .............................................................. Yes  No
- (b) Speech impairment .................................................................................................................... Yes  No
- (c) Autism spectrum disorders ........................................................................................................ Yes  No
- (d) General learning disability: mild ............................................................................................ Yes  No
- (e) General learning disability: moderate/severe/profound .......................................................... Yes  No
- (f) Specific learning difficulties (e.g. dyslexia) .................................................................................. Yes  No
- (g) Emotional or behavioural problem  
  (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD) .................................................... Yes  No
- (h) Home environment / problems at home...................................................................................... Yes  No
- (i) Has limited knowledge of the main language of instruction ..................................................... Yes  No
- (j) Discipline problems .................................................................................................................... Yes  No
- (k) Poor attendance ........................................................................................................................ Yes  No
- (l) Other (please specify) ................................................................................................................. Yes  No

14. If you answered ‘yes’ to any of the questions at Q.13 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

   Yes ..................  No ..................  Don’t know ..................

15. If yes, what extra services has the Study Child received that are specifically provided through school to support his/her learning? (Please tick all that apply)

   Speech therapy ........................................... Learning support / resource teaching ............
   Psychological assessment ..................................... Special Needs Assistant ........................
   Behavioural management programmes ............... Occupational therapy ............................
   Other (please specify) ____________________________

Thank you for completing this questionnaire about the Study Child.  
When you have completed both your Teacher-on-Self and all the Teacher-on-Pupil questionnaires, please seal them in the enclosed envelope and give them to the Principal, for return to the Economic and Social Research Institute (ESRI).