Appendices to Report on Design, Instrumentation and Procedures at Wave One of the Infant Cohort (at 9 months)

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- Respondent Information Sheet
- Parent Consent form
- Consent form for respondents under 16 years of age
- NPRS consent form
- PPSN consent form
- Tracing Information Sheet
- National Immunisation consent form

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Appendix A: Introductory Letter to Respondent
Dear Ms «Mothers_sn»,

We are writing to you about a major new and exciting study of infants called Growing Up in Ireland. It is the first and most important of its kind ever to take place in this country. You and your baby have been chosen to take part.

The study will improve our understanding of children and their development. It will help us to understand the main issues facing families in Ireland today and it will also help us to advise 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.

Growing Up in Ireland will include 10,000 nine-month-old babies and their parents from all across Ireland. Your name was selected at random from the Child Benefit (Children’s Allowance) records kept by the Department of Social and Family Affairs.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children, in association with the Department of Social & Family Affairs 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.

Taking part in Growing Up in Ireland is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

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

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

Thanking you in anticipation,

Yours sincerely,

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

Sheila Greene  
(Director, Children’s Research Centre, TCD 
Co-director, Growing Up in Ireland study)
Appendix A: Respondent Information Sheet
Your baby has been chosen to take part in a new and historic national study of 10,000 children in Ireland called *Growing Up in Ireland*.

**What is the Growing Up in Ireland study?**

*Growing Up in Ireland* is a new, national, Government funded study of children.

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.

**What will it tell us?**

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

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 does taking part involve?**

Taking part in *Growing Up in Ireland* is very simple.

An interviewer will call to your home to discuss the survey with you and arrange a time, which suits you and your family, to carry out an interview with you and one with your spouse/partner (where relevant). The interviews in your home will last about 110-120 minutes.

If there is another parent living outside the home or someone else, such as a childminder, who looks after the child on a regular basis, we would like to send them a questionnaire in the post. If you prefer, however, we will not send a questionnaire to him/her.

**If you don’t wish to take part, simply tell the interviewer when he/she calls.**

**Why should your family take part?**

By taking part, your family will play a crucial role in helping us to find out what it’s like to be a child growing up in 21st century Ireland. 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 and families for many years to come.
Who is running the study?

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

The Office of the Minister for Children 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. They are the Study Team.

Confidentiality

All the information given to the Growing Up in Ireland interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your partner, childminder, and so on will not be seen by anyone – not even you will have access to it.

Growing Up in Ireland is being carried out under the Statistics Act 1993. All personnel associated with the study have been appointed Officers of Statistics under the Act by the Director General of the CSO. This means that study personnel are legally obliged to treat all information collected during the study as strictly confidential. This protects all the information you give as part of the study. Your information will be used only for statistical purposes. Under no circumstances could any government department identify information given by you.

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

How was your child selected?

Each family has been selected on a random basis from the Child Benefit Register (Children’s Allowance records). This will make sure that the study will cover children and families from all parts of the country. We have been able to access the Child Benefit Register under the Statistics Act 1993 which allows Officers of Statistics access to the records of public bodies for statistical purposes only.

What kind of questions will your family be asked?

You and your partner (if relevant) will be asked questions about:

- your baby’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 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:

The unique part of *Growing Up in Ireland* is that it is a long-term study. This means that we would like to return to your home in three years time when your child is three years of age.

When the time comes we will arrange another visit to your home and ask some more questions about how your child has grown and changed over these years.

**Who are the Interviewers?**

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). They are Officers of Statistics appointed by the Central Statistics Office and are similar to those 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 subject to security vetting by An Garda Siochána.

The interviewer is not allowed to be alone with your child. You or another adult must be present in the room. This is for the protection of both your child and the interviewer.

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

**What are your rights if you take part?**

- If you decide to take part you and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

**Your participation counts.**

Taking part in *Growing Up in Ireland* is entirely 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 you find out more information?

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

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

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

**Post:**
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
Appendix A: Parent Consent form
Name of Baby: ___________________________   Baby’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 my child has been selected on a purely random basis from the Child Benefit Register.
- 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 childminder (if relevant).
- I understand that the information will be stored, on a confidential basis, on a computer and will be used for research purposes only.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child’s other parent (where different) or childminder (if relevant).
- I understand that, because this study looks at children’s development over time, I will be asked to participate in a follow-up study when my child is 3 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

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

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

Signature of Parent / Guardian: ____________________ Date: ____________________
Contact telephone: ________________
If relevant:
Name of parent/guardian not resident in your household: ________________________________
(BLOCK CAPITALS PLEASE)

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

Signature of parent/guardian not resident in your household: ________________________________
Date: ____________________ Contact telephone: ________________
Appendix A: Consent form for respondents under 16 years of age
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 my child has been selected on a purely random basis from the Child Benefit Register.

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 childminder (if relevant).

I understand that the information will be stored, on a confidential basis, on a computer and will be used for research purposes only.

I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child’s other parent (where different) or childminder (if relevant).

I understand that, because this study looks at children’s development over time, I will be asked to participate in a follow-up study when my child is 3 years of age.

I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Please complete this form in BLOCK CAPITALS

Name of Parent/Guardian of the baby: ______________________________

Address of Parent/Guardian: ___________________________________

Signature of Parent / Guardian: ___________________ Date: ________________

Contact telephone: ________________

If relevant:
Name of baby’s parent/guardian not resident in your household: _______________________________

Address of parent/guardian not resident in your household: ___________________________________

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

Date: ___________________ Contact telephone: ________________

As you are under 16 years of age we would also like to get the signature of your own parent / guardian

Name of your Parent/Guardian: _______________________________

Signature of your Parent / Guardian: ___________________ 

Date: ___________________ Contact telephone: ________________
Appendix A:

- NPRS consent form
- PPSN consent form
- Tracing Information Sheet
- National Immunisation consent form
ACCESS TO INFORMATION IN THE NATIONAL PERINATAL REPORTING SYSTEM

The National Perinatal Reporting System (NPRS) records details on all births in the country. The sort of information it records includes:

- time, date of birth, gender, birth weight and gestation period of the child
- nationality, country of origin, occupation and date of birth of the parents
- marital status and date of marriage of the mother
- date of last birth and number of previous births to the mother
- mother’s health, ante-natal care and diseases
- mode of delivery, infant’s health and feeding
- hospital details such as mother’s and infant’s admission and discharge dates

This information was recorded by the hospital when your baby was born. Growing Up in Ireland would like to be able to access this information for statistical purposes as part of this study. If you agree to allow us to access this information please sign below.

I hereby give permission to the Growing Up in Ireland project to access information from the National Perinatal Reporting System (NPRS) 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 National Perinatal Reporting System will be treated in the strictest confidence and would not be released in any way which would allow me or my family to be identified.

Signed: ______________________________ (parent / guardian)

of ________________________________ (baby’s name)

Witnessed: ______________________________ Date: __ / __ / ___
PERSONAL PUBLIC SERVICE NUMBER (PPSN)

MUM

R1 As you know, we hope to interview you again when your child is 3 years of age. It might assist us in tracing you at that time if we were able to use your Personal Public Service number (PPSN) or that of your child. Your number and your child’s number are available from the Child Benefit Register which we used for selecting the sample used for Growing Up in Ireland. We have not been provided with these by the Department of Social and Family Affairs. Would you be willing to allow us to have access to (a) your number and (b) your child’s number from the Child Benefit Register to assist us in the tracking or tracing of respondents who move between our visits?

(a) Your own number
Yes...........☐1
No...........☐2

(b) Your child’s number
Yes...........☐1
No...........☐2

R2. In the future it might be possible to link to databases which would have information which would be of great assistance in the sort of statistical analysis which we carry out as part of this survey. If it were possible to use the PPS number to link to other data sources would you be willing to allow us to do so (a) on your own behalf and (b) on behalf of your child. This would be used only for statistical purposes. No government department or similar body would have access to your personal details.

Would you be willing to allow us to have access to your and your child’s PPS number to assist us in linking to other data sources for statistical purposes?

(a) Your own number
Yes...........☐1
No...........☐2

(b) Your child’s number
Yes...........☐1
No...........☐2

(Signed) ____________________________________________________
FOLLOW UP / TRACING INFORMATION

R.1 Thank you very much for your participation in the Growing Up in Ireland survey.

As we said at the outset, we will be contacting you again with a view to interviewing you when your child is 3 years old. We will also 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 move between now and then.

[Int: Record details on two contacts below].

Contact 1
Name: ________________________________  Name: ________________________________
Address: ________________________________  Address: ________________________________
Phone: (__) ___________________________  Phone: (__) ___________________________
Relationship to respondent: ___________________________

Contact 2
Name: ________________________________  Name: ________________________________
Address: ________________________________  Address: ________________________________
Phone: (__) ___________________________  Phone: (__) ___________________________
Relationship to respondent: ___________________________

Qualitative Study

R3 As part of the Growing Up in Ireland study we will be randomly selecting 120 households for inclusion in what we describe as a qualitative study. This involves a further interview of your family, though in a slightly less structured way to the one which we have just completed. We will be selecting the 120 households for this qualitative sample in about 2-3 months time. Would it be OK if we were to include your family among those to be considered for inclusion in that qualitative study? Please note that there is no guarantee that your family would be selected for the qualitative study.

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

Nested Study

R4 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]
ACCESS TO INFORMATION IN THE
NATIONAL IMMUNISATION DATABASE

The Health Service Executive (HSE) Immunisation Databases record details on the immunisations which your child has received. These may include the BCG, 5-in-1\(^1\) and Men C injections given at 2, 4 and 6 months and MMR\(^2\) and Hib given at 13 months.

The sort of information it records includes:

- Child’s contact details, date of birth, gender, place of birth, PPS Number
- Immunisations schedule/due dates
- Immunisations given, date given, dose, site of injection, name of vaccinator
- Vaccinations: name, manufacturer, batch number, expiry date
- Adverse reactions – if any
- Client refusals information – if any
- Mother’s contact details and PPSN
- Father’s details

I hereby give permission to the Growing Up in Ireland project to access information from the HSE Immunisation Databases 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 National Immunisation Databases will be treated in the strictest confidence and would not be released in any way which would allow me or my family to be identified.

Signed: _____________________________________ (parent / guardian)

of _________________________________________ (baby’s name)

Witnessed: __________________________________________ Date:   _ _ /  _ _ / _ _ _ _

\(^1\) 5 in 1 = Diphtheria / Tetanus / Whooping cough / Polio / Haemophilus influenza b

\(^2\) Measles, Mumps, Rubella
Appendix B: Primary Caregiver Main Questionnaire
We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.
A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?  

______________ persons

In this section, I would like to ask you a few details about yourself and the others in your household.

A5. For each member of the household could you tell me:

a) their gender?

b) their Date of Birth (DOB)

c) if DOB not available - their age last birthday

d) their relationship to the child’s mother / or lone father and <baby>?

e) tick one box to best describe their current economic status

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<th>No.</th>
<th>First name/Initial</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>
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Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. Father / Partner on line 3 (if relevant).

A6. Do you have any other biological children who live outside the household [Full or half brother/sister of the Study Child]?

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

A6a. How many children     n

A6b. For each biological child living outside the household can you please indicate their gender and date of birth.

1. Male Female Date of Birth  
   Male Female   __ __ / __ __ / __ __ __ __  

2. Male Female Date of Birth  
   Male Female __ __ / __ __ / __ __ __ __  

3. Male Female Date of Birth  
   Male Female __ __ / __ __ / __ __ __ __  

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started  (24 hour clock)

Now I’d like to ask you some questions about your relationship with <baby>

B1. [Card B1] When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave ...................................................... 1

Is unhappy at first but quickly settles down ................................................. 2

Remains unsettled and unhappy during your entire absence ........................ .. 3

Have never left <baby> with someone else .................................................. 4 Go to B3.
B2. [Card B2] And when you return, having left <baby> with someone else, how does he or she usually act?

With delight ........................................................................................................... □1
With a mixture of delight and annoyance ......................................................... □2
Hard to tell, no particular emotion ................................................................. □3
Seems to be annoyed/angry with me for leaving him/her ........................... □4

B3. [Card B3] The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel attachment scale

a.  
b.  
c.  
d.  
e.  
f.  
g.  
h.  
i.  

B4a. A one-year-old knows right from wrong. Do you agree or disagree?

Agree....................... □1  Disagree ....................... □2

B4b. Would a child be younger or older than one year when he/she first knows right from wrong? Or are you not sure?

Younger ................ □1  Older ....................... □2  Not sure ............. □3

B4c. When <baby> cries how often does he/she get on your nerves?

Never/ Rarely Sometimes Often Always /
Almost never          □1                          □2                          □3                          □4                          □5

B5. [Card B5] I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of ‘1’ to ‘7’ for each question. Temperament Scale

A.  
B.  
C.  
D.  
E.  
F.  
G.  
H.  
I.  
J.  
K.  
L.  
M.  
N.  
O.  
P.  
Q.  
R.  
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V.  
W.  
X.  

21
Now I’d like to ask you some questions about <baby’s> development.

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<th>Yes</th>
<th>Sometimes</th>
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CX1. Do you talk to your baby while you are busy doing other things? (eg. while you do housework).

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<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
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<th>Always</th>
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</tbody>
</table>

CX2a. Do you have any other concerns about any aspects of baby’s behaviour or development?

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

CX2b. What concerns do you have?

____________________________________________________________________________
____________________________________________________________________________

D. BABY’S HABITS

Time Section Started [_______] (24 hour clock)

Now I’d like to ask you some questions about <baby’s> habits and routines.

D1. How many hours sleep do you get on an average night, at the present time? ______ hours

D2. In general, what time in the evening does your baby usually go to sleep? ___________(24 hour clock)

D3. Approximately how many hours sleep does your baby have during
(a) the day? ___________ hours   (b) the night? ___________ hours

D4. On a normal day what time does your baby usually get up at in the morning? __________(24 hour clock)

D5. Is your baby ever difficult when put to bed?

<table>
<thead>
<tr>
<th>Most of the time</th>
<th>Often</th>
<th>At times</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

D6. How often does your baby wake at night?

<table>
<thead>
<tr>
<th>Never</th>
<th>Occasionally</th>
<th>Most nights</th>
<th>Every night</th>
<th>More than once per night</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

D7. How many times per night on average? ________________

D8. Do you ever wake <baby> for a feed during the night?

<table>
<thead>
<tr>
<th>Yes, usually</th>
<th>Yes, sometimes</th>
<th>No, not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
D9. How do you normally put <baby> down to sleep?
On his/her stomach  ...................................................  □1
On his/her side .......................................................... □2
On his/her back .......................................................... □3

D10. Does <baby> usually sleep:
In a room on his/her own .............................................. □1
In a room with other children ..................................... □2
In your bedroom ....................................................... □3
Elsewhere ................................................................. □4

D11. Where does <baby> sleep for most of the night?
In his/her own bed/cot ................................................. □1
In bed/cot with other children .................................... □2
In your bed .............................................................. □3
Other (specify) ........................................................ □4

D12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? ____________N

D13. Do you feel that <baby's> crying is a problem for you?
Yes ................................................................. □1
No ................................................................. □2

D14. How much is <baby's> sleeping pattern or habits a problem for you?
A large problem ................................................ □1
A moderate problem ........................................ □2
A small problem ............................................... □3
No problem at all .............................................. □4

D15. Have you ever taken <baby> to a doctor, or consulted a pharmacist for a sleeping problem?
Yes ............................................................... □1
No ................................................................. □2

D16. Have you used a soother / dummy with <baby> in the last week?
Yes ............................................................... □1
No ................................................................. □2

E. CHILDCARE ARRANGEMENTS

Time Section Started  (24 hour clock)

Now I'd like to ask you some questions about childcare arrangements

E1. Is <baby> currently being minded by someone else, other than you or your resident spouse / partner, on a regular basis each week?
Yes ............................................................. □1
No ............................................................... □2

E2. Can you indicate:
(a) who else minds <baby> on a regular basis,
(b) number of days per week <baby> spends in each type of childcare,
(c) number of hours per week <baby> spends in each type of childcare,
(d) how much you pay for this childcare for <baby> 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 E3a  _______N  _______N  €______

b. A non-relative in your home ................................ Go to E4a  _______N  _______N  €______

c. A relative in their home ...................................... Go to E3b  _______N  _______N  €______

d. A non-relative in their home ................................ Go to E4b  _______N  _______N  €______

e. Centre-based caregiver (e.g.Crèche / Day nursery) ........................................ Go to E5  _______N  _______N  €______

f. Other (please specify) ........................................ Go to E6  _______N  _______N  €______
E3a. Please specify how this person is related to <baby>:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Grandmother of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>b. Grandfather of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>c. Aunt / Uncle of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>d. Brother / Sister of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>e. Non-resident Parent</td>
<td></td>
</tr>
<tr>
<td>f. Cousin of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>g. Other relative</td>
<td></td>
</tr>
</tbody>
</table>

E3b. Please specify how this person is related to <baby>:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Grandmother of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>b. Grandfather of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>c. Aunt / Uncle of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>d. Brother / Sister of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>e. Non-resident Parent</td>
<td></td>
</tr>
<tr>
<td>f. Cousin of &lt;baby&gt;</td>
<td></td>
</tr>
<tr>
<td>g. Other relative</td>
<td></td>
</tr>
</tbody>
</table>

E4a. Which of the following best describes that person?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Au pair / Nanny</td>
<td></td>
</tr>
<tr>
<td>b. Friend or parent</td>
<td></td>
</tr>
<tr>
<td>c. Neighbour</td>
<td></td>
</tr>
<tr>
<td>d. Registered childminder</td>
<td></td>
</tr>
<tr>
<td>e. Unregistered childminder</td>
<td></td>
</tr>
<tr>
<td>f. Other</td>
<td></td>
</tr>
</tbody>
</table>

E4b. Which of the following best describes that person?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Au pair / Nanny</td>
<td></td>
</tr>
<tr>
<td>b. Friend or parent</td>
<td></td>
</tr>
<tr>
<td>c. Neighbour</td>
<td></td>
</tr>
<tr>
<td>d. Registered childminder</td>
<td></td>
</tr>
<tr>
<td>e. Unregistered childminder</td>
<td></td>
</tr>
<tr>
<td>f. Other</td>
<td></td>
</tr>
</tbody>
</table>

E5. What type of centre is it?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Work-based crèche</td>
<td></td>
</tr>
<tr>
<td>b. Other crèche/nursery</td>
<td></td>
</tr>
<tr>
<td>c. Montessori</td>
<td></td>
</tr>
<tr>
<td>d. Playschool or pre-school</td>
<td></td>
</tr>
<tr>
<td>e. Naoinra</td>
<td></td>
</tr>
<tr>
<td>f. Other</td>
<td></td>
</tr>
</tbody>
</table>

E6. What age was <baby> when you started to use the main childcare arrangement? _____ months

E7. How many children (excluding <baby>) are looked after in this main type of care?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number of children</td>
</tr>
</tbody>
</table>

E8a. Do you personally drop <baby> to this main type of care on your way to work?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Don’t work</td>
<td></td>
</tr>
</tbody>
</table>

E8b. Do you personally collect <baby> from this main type of care on your way home from work?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Don’t work</td>
<td></td>
</tr>
</tbody>
</table>

E8c. What distance do you travel from home to this main type of care?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carer lives on my street / road</td>
<td></td>
</tr>
<tr>
<td>Less than ½ mile (1 kilometre)</td>
<td></td>
</tr>
<tr>
<td>½ to 1 mile (1 – 1.5 kilometres)</td>
<td></td>
</tr>
<tr>
<td>1 to 5 miles (1.5 – 8 kilometres)</td>
<td></td>
</tr>
<tr>
<td>6 to 10 miles (9 –16 kilometres)</td>
<td></td>
</tr>
<tr>
<td>More than 10 miles (more than 16 kilometres)</td>
<td></td>
</tr>
</tbody>
</table>

E8d. On average how long does it take to travel from home to where <baby> is cared for?

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

E8e. On a typical day, what time in the morning does <baby> leave home to go to the main type of care?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24 hour clock</td>
</tr>
</tbody>
</table>

E8f. On a typical day, what time does <baby> return home from the main type of care?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24 hour clock</td>
</tr>
</tbody>
</table>

E9a. [Card E9a] What was the single most important reason for you choosing this main form of childcare?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>It was the only one I could afford</td>
<td></td>
</tr>
<tr>
<td>Convenient to my home</td>
<td></td>
</tr>
<tr>
<td>Linked to my job</td>
<td></td>
</tr>
<tr>
<td>The quality of the care provided</td>
<td></td>
</tr>
<tr>
<td>It was the only one available to me</td>
<td></td>
</tr>
<tr>
<td>Other (please for describe)</td>
<td></td>
</tr>
</tbody>
</table>
E9b. To what extent was your choice of childcare determined by financial constraints?

<table>
<thead>
<tr>
<th>Completely</th>
<th>To a large degree</th>
<th>To some degree</th>
<th>Only a little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

E10a. How satisfied are you with these arrangements?

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Fairly satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Fairly dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

E10b. Why are you dissatisfied?

_________________________________________________________________________________

_________________________________________________________________________________

E10c. Why do you not change the arrangement?

_________________________________________________________________________________

_________________________________________________________________________________

E11. What are your intentions for childcare when <baby> is 3 years old? [Tick all that apply]

- Baby minded by me on a full-time basis ........................................... 1
- Baby minded by my partner on a full-time basis ................................... 2
- Shared by my partner and me .......................................................... 3
- Part-time child-care ................................................................. 4
- Full-time child-care ................................................................. 5

E12. Which type of childcare?

- A relative in your home ............................................................. 1
- Someone else in your home .......................................................... 2
- A relative in their home ............................................................. 3
- Someone else in their home .......................................................... 4
- A professional caregiver (e.g. crèche/day nursery) ................................ 5
- Other (please specify) ................................................................. 6

E13. Since <baby> was born has difficulty in arranging childcare ever.... [Tick all that apply]

a. prevented you looking for a job ..................................................... 1
b. made you turn down or leave a job ................................................... 2
c. stopped you from taking on some study or training ............................ 3
d. made you leave a study or training course ........................................ 4
e. restricted the hours you could work or study ..................................... 5
f. prevented you from engaging in social activities ............................... 6
g. Other please specify ........................................................................ 7

F. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

F0. Does <baby> have brothers/sisters [include step, foster or adoptive siblings living in the household].

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

F1. Have any of the other children in your household been particularly jealous/unhappy about the baby (e.g. hitting etc.)?

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

F2a. Was <baby> a single birth, twin, triplet etc.  Single child .... 1  Twin .... 2  Triplet .... 3

F2b. Does his/her twin live here in this household?

Yes ........................................... 1  Lives elsewhere ......... 2  Deceased .... 3
F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins? :
Identification twins ...........1  Fraternal (i.e. non-identical twins).........2

F4. Has this been confirmed by a medical professional?
Yes...................1  No .................2

F5. How do you dress them?
in matching clothes each day ..................1
in matching clothes sometimes .............2
never in matching clothes ....................3

F6. How does <baby> react to his / her twin?

<table>
<thead>
<tr>
<th>a) he/she likes to be with his / her twin</th>
<th>Yes, most of the time</th>
<th>Yes, some of the time</th>
<th>No, hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) he/she doesn't seem to notice his / her twin</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c) he/she is upset if she is parted from his/her twin</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

G. PRENATAL CARE

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

Now I’d like to ask you some questions about your pregnancy with <baby>

[INT: Only ask G1 to G5 if biological mother]

G1. How was your Ante-natal care provided?

Shared care (between GP and other professional’) ....1
Private consultant alone ...................................2
Hospital clinic alone .....................................3
Midwives clinic alone ....................................4
Independent midwife alone...............................5
Had no ante-natal care ..................................6
Other [Please specify] ....................................7

G2. At how many weeks did you first become aware that you were pregnant? ____ weeks

G3. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your GP or hospital? ____ weeks

G4. And who was this appointment with?

GP/Family physician ....................................1
Private consultant alone ................................2
Hospital clinic alone ..................................3
Midwives clinic alone ..................................4
Independent midwife alone............................5
Had no ante-natal care ..................................6

G5. How many ultrasound scans (i.e. where you and the doctor/consultant see an image of the baby on screen) did you have in total during the course of your pregnancy? ____ No. of scans [If none enter ‘0’]

G6. Did you know the sex of your baby before the birth? Yes .......1  No ............2

[INT: Only Ask G7 if biological mother]

G7. How much weight did you gain during the course of your pregnancy? ____stone ____lbs  OR  ____kgs  Don’t Know ....................9

G8. [Card G8] Were there any of the following complications with the pregnancy? [Tick all that apply]

a. Raised blood pressure (in isolation) .................................................................1
b. Raised blood pressure and protein in the urine (Pre-eclampsia) ..................2
c. Urinary or kidney infection .............................................................................3
d. Persistent vomiting or nausea ....................................................................4
e. Gestational diabetes (diet treated) .................................................................5
f. Gestational diabetes (insulin treated) ............................................................

g. Bleeding during the second half of pregnancy ............................................

h. Vaginal Infection during pregnancy ..........................................................

i. Intrauterine Growth Restriction (small baby on scan) ................................

j. Rhesus Incompatibility ..............................................................................

k. Influenza ...................................................................................................

l. Placenta praevia ..........................................................................................

m. Miscarriage in a multiple pregnancy ........................................................

n. Other [please specify] ................................................................................

[int: Only ask G9 to G12 if biological mother]

G9. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

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

G10. How many separate admissions did you have? _____No. of admissions

G11a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?  
Yes................. No .............

G11b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?  
Yes................. No .............

G11c. Did you take Iron during your pregnancy with <baby>?  
Yes................. No .............

G12. During your pregnancy, how many members of the household [including yourself] smoked? _____ N

H. INFANT’S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started  ____________ (24 hour clock)

Now I’d like to ask you some questions about the birth of <baby>

H1. Where was <baby> born?

Home birth [planned] .... In hospital .......... Other [please specify] ______________

H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.

a. Name: __________________________________________

b. Address ______________________________________

[int: Only Ask H3 if biological mother]

H3. Did you have any form of pain relief in labour?

Yes.................... No .................  Did not have any labour ........

H4. [Card H4] What was the final mode of delivery?

Normal delivery ......................  Emergency Caesarean  ..............

Suction assisted birth ................ Vaginal breech delivery .........

Forceps assisted birth ............... Other [please specify]  ...........

Planned / Elective Caesarean ......
H5a. After how many weeks of pregnancy was <baby> born? _________ Wks  Don’t Know….. [ ]

| Late birth (42 weeks or more) | 1 |
| On time (37-41 weeks)          | 2 |
| Somewhat early (33-36 weeks)   | 3 |
| Very early (32 weeks or less)  | 4 |

H5b. Was <baby> born late, on time or early?

| Late birth (42 weeks or more) | 1 |
| On time (37-41 weeks)          | 2 |
| Somewhat early (33-36 weeks)   | 3 |
| Very early (32 weeks or less)  | 4 |

H6. How much did <baby> weigh at birth? ___lbs ___ounces OR ___kgs

H7. What was <baby’s> length at birth? ___inches OR ___cms

H8. [Card H8] Were there any complications during the <baby’s> birth? [Tick all that apply]

| A. No complications                                      | 1 |
| B. Very long labour (more than 12 hours)                | 2 |
| C. Very rapid labour (less than 2 hours)                | 3 |
| D. Foetal distress – Abnormal Heart rate tracing        | 4 |
| E. Foetal distress - Meconium or other sign             | 5 |
| F. Foetal blood sample taken in labour                  | 6 |
| G. Birth injury – nerve injury / fracture / bruising    | 7 |
| H. Other complication [please specify]                  | 8 |

H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes [ ] No [ ]

H10. Did <baby> need any help with his/her breathing from a ventilator?

Yes [ ] No [ ]

H11. How many days or parts of days were you in hospital after the birth? ____days

H12. How many days or parts of days was <baby> in hospital after the birth? ____days

H13a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes [ ] No [ ]

Go to H15d

H13b. Was <baby> still being breastfed when you brought him/her home from hospital?

Yes [ ] No [ ]

Go to H15a

H14a. Was <baby> ever exclusively breastfeed?

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes [ ] No [ ]

Go to H15a

H14b. How old was <baby> when he/she stopped being exclusively breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

____ Days  ____ Weeks  ____ Months  <Baby> still being exclusively breastfed… [ ]

Go to H20

H15a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes [ ]

Go to H16

No [ ]

H15b. How old was <baby> when he/she completely stopped being breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

____ Days  ____ Weeks  ____ Months

[H15c. [Card H15c] What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

| a. Not enough milk/hungry baby                        | 1 |
| b. Inconvenience/fatigue                              | 2 |
| c. Difficulty with breast feeding techniques           | 3 |
| d. Sore nipples/engorged breast                       | 4 |
| e. Mother’s illness                                   | 5 |
| f. Planned to stop at this time                       | 6 |
| g. Baby weaned himself/herself                        | 7 |
| h. Physician told me to stop                          | 8 |
| i. Returned to work                                   | 9 |
| j. Partner/father wanted me to stop                   | 10 |
| k. Formula feeding preferable                         | 11 |
| l. Wanted to drink alcohol                            | 12 |
| m. Embarrassment/social stigma                        | 13 |
| n. Other, please specify                              | 14 |
H15d. [Card H15d] Why did you choose not to breastfeed <baby> [Tick all that apply]

a. Not enough milk ................................................... 1
b. Inconvenience/fatigue .............................................. 2
c. Difficulty with breast feeding techniques .................. 3
d. Sore nipples/engorged breast ................................... 4
e. Mother’s illness ...................................................... 5
f. Physician advised me not to ....................................... 6
g. Partner/father did not want me to breastfeed ............. 7
h. Formula feeding preferable ....................................... 8
i. Wanted to drink alcohol ........................................... 9
j. Embarrassment/social stigma ................................... 10
k. Other, please specify ................................................ 11

H16. I’m now going to ask when <baby> first had (other) different types of milk. Please include any eaten with cereal. How old was <baby> when he/she first had:

Formula milk, such as Cow & Gate or SMA? ___Days ___Weeks ___Months □99 Hasn’t Had
Cow’s milk? ..............................................................
Any other type of milk, such as soya milk? ___Days ___Weeks ___Months □99 Hasn’t Had

H17. What else does <baby> drink apart from milk or formula? [Tick all that apply]

Water ........................................................................ 1
Baby Juice .................................................................... 2
Fruit juices/Cordial/Squash ........................................ 3
Fizzy or soft drinks (e.g. lemonade, coke) ..................... 4
None of the above ........................................................ 9

H18. Can I check, has <baby> had any solid food on a regular basis?

REGULARLY = MORE THAN TWICE A DAY FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

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

H19. How old was <baby> when he/she first had solid food regularly?
[Int: Accept answer in Days OR Weeks OR Months]

____ Days ____ Weeks ____ Months

H20. In general, how would you describe (a) <Baby’s> Health at Birth (i.e. the first two weeks after birth) and (b) <Baby’s> Current Health

(a) Health at birth (b) Current health

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

H21. Can you tell me whether <baby> has received: [Tick all that apply]

Their six-week checkup ........................................... 1
Vaccines at 6 months ............................................... 4
Vaccines at 2 months ................................................. 2
No vaccinations ....................................................... 5
Vaccines at 4 months ................................................. 3

H22. [Card H22] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

a. Respiratory disease [including asthma] ......................... 1
b. Heart abnormalities ................................................ 2
c. Digestive allergies (e.g. lactose intolerant) ................. 3
d. Eczema or any kind of skin allergy ............................ 4
e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) ..................... 5
f. Difficulty seeing ..................................................... 6
g. A problem with mobility or using his/her arms/legs to get around ........................................ 7
h. A problem with using his/her hands or arms .............. 8
i. Cerebral palsy ......................................................... 9
j. Kidney disease ....................................................... 10
k. Diabetes ............................................................. 11
l. Any developmental delay ........................................ 12
m. Down syndrome ........................................................................................................... 13
n. Spina bifida / Hydrocephalis .................................................................................... 14
o. Cleft lip and/or palate ............................................................................................... 15
p. Other long-term condition [please specify] .............................................................. 16
q. None of the above ........................................................................................................ 17

H23. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE RESPONDENT TO CONSIDER [CHILD]’S MOST SEVERE CONDITION.

Minor ................. 1, Moderate ........ 2, Severe .......... 3

H24. [Card H24] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse or to Accident and Emergency. What were these problems? [TICK ALL THAT APPLY ]

a. Snuffles/common cold ................................................................................................ 11
b. Chest infections ........................................................................................................ 12
c. Ear infections ............................................................................................................. 13
d. Feeding problems ..................................................................................................... 14
e. Sleeping problems ................................................................................................... 15
f. Dental problems (e.g. teething) .................................................................................. 16
g. Wheezing or asthma ................................................................................................ 17
h. Skin problems ........................................................................................................... 18
i. Persistent nappy rash ................................................................................................ 19
j. Undescended testicle ................................................................................................ 20
k. Tight foreskin ........................................................................................................... 21
l. Hernia ....................................................................................................................... 22
m. Sight or eye problems ............................................................................................. 23
n. Failure to gain weight or to grow ............................................................................. 24
o. Persistent or severe vomiting ................................................................................... 25
p. Persistent diarrhea or constipation .......................................................................... 26
q. Fits or convulsions .................................................................................................... 27
r. Meningitis ................................................................................................................ 28
s. Colic ......................................................................................................................... 29
t. Other health problems [please specify] .................................................................... 30
u. None of the above ...................................................................................................... 31

H25 Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about <baby>’s physical health? (exclude at time of birth)

IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK

A general practitioner (GP), or family physician ...................................................... N
A paediatrician ............................................................................................................. N
A public health nurse or practice nurse ................................................................. N
Another medical doctor (such as a hearing specialist).............................................. N
Accident and Emergency or Outpatient................................................................. N

H26 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

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

H27. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. ______ Nights

H28. Since <baby> was born, was there any time, in your opinion, when he/she needed a medical examination or treatment but did not receive it?

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

H29. Why did <baby> not get the medical care or treatment? Was this because? [TICK YES OR NO TO EACH]

You couldn’t afford to pay ............................................................................................. 1
The necessary medical care wasn’t available or accessible to you .............................. 2
You could not take time off work to visit the doctor ............................................... 1
You wanted to wait and see if the problem got better ............................................ 2
The child is still on the waiting list ......................................................................... 2
Other (specify) ............................................................................................................. 1

H30. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

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

H31. Does the family have private medical insurance?

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

H32. Does that insurance include the cost of GP visits?

Yes, in full ............. 1, Yes, partially .......... 2, No ........................................ 3
H33. Many babies have accidents at some time. Has <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?
Yes .................. □ 1  No .................. □ 2

J. PARENT’S HEALTH

Time Section Started ___ ___ ___ (24 hour clock)

Now a few questions about your own health

J1. In general, how would you say your current health is?
Excellent ........................................... □ 1  Fair .................................................... □ 4
Very Good ........................................ □ 2  Poor .................................................... □ 5
Good ................................................ □ 3

J2. Do you have any on-going chronic physical or mental health problem, illness or disability?
Yes ................ □ 1  No .................. □ 2

J3. 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.]
______________________________________________________________________________
____________________________________________________________________________________

J4. Since when have you had this problem, illness or disability? ________ (mth) _____ (year)

J5. Are you hampered in your daily activities by this problem, illness or disability?
Yes, severely .... □ 1  Yes, to some extent ................. □ 2  No ........ □ 3

J6. [Card J6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

<table>
<thead>
<tr>
<th>No Difficulty</th>
<th>Some difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
<td></td>
</tr>
<tr>
<td>Just a little</td>
<td></td>
</tr>
<tr>
<td>□ 2</td>
<td></td>
</tr>
<tr>
<td>A moderate level</td>
<td></td>
</tr>
<tr>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>A lot of difficulty</td>
<td></td>
</tr>
<tr>
<td>□ 4</td>
<td></td>
</tr>
<tr>
<td>Cannot do at all</td>
<td></td>
</tr>
<tr>
<td>□ 5</td>
<td></td>
</tr>
</tbody>
</table>

J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>?
Yes ........ □ 1  No ........ □ 2

J8. What is the relationship of that person to the Study Child? [Tick all that apply]
Parent ........ □ 1  Brother / Sister ........ □ 2  Other relative......... □ 3  Non relative ...... □ 4

J9. Do you currently smoke daily, occasionally or not at all?
Daily ............................... □ 1  Occasionally .......................... □ 2  Not at all ........................... □ 3

J10. Have you ever smoked? Was it:
Daily ........ □ 1  Occasionally ...... □ 2  Never ...... □ 3

J11. About how many cigarettes or cigars do/did you smoke on average each day?
____________  [Int. enter ‘0’ if less than 1 on average]

J12. Including yourself, how many members of the household smoke? ____N
J13. [Card J13] Which of the following best describes how often you usually drink alcohol?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
</tr>
<tr>
<td>1-2 times a month</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
</tr>
<tr>
<td>1-2 times a week</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
<td>□8</td>
</tr>
<tr>
<td>3-4 times a week</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
<td>□8</td>
<td>□9</td>
</tr>
<tr>
<td>5-6 times a week</td>
<td>□6</td>
<td>□7</td>
<td>□8</td>
<td>□9</td>
<td>□10</td>
</tr>
<tr>
<td>Every day</td>
<td>□7</td>
<td>□8</td>
<td>□9</td>
<td>□10</td>
<td>□11</td>
</tr>
</tbody>
</table>

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

J14. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

<table>
<thead>
<tr>
<th>Alcohol Type</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pints of Beer/Cider</td>
<td>□</td>
</tr>
<tr>
<td>Glasses of Wine</td>
<td>□</td>
</tr>
<tr>
<td>Measures of Spirits</td>
<td>□</td>
</tr>
<tr>
<td>Bottles of alcopops</td>
<td>□</td>
</tr>
</tbody>
</table>

J15. What is your height without shoes? _______feet _______inches OR Metres _________

J16. What is your weight without clothes and shoes? _______stones _______lbs OR _____Kilograms

K. FAMILY CONTEXT

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

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. 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>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn’t do for my child if it was necessary</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
<td>□8</td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
<td>□8</td>
<td>□9</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td>□6</td>
<td>□7</td>
<td>□8</td>
<td>□9</td>
<td>□10</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td>□7</td>
<td>□8</td>
<td>□9</td>
<td>□10</td>
<td>□11</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>□8</td>
<td>□9</td>
<td>□10</td>
<td>□11</td>
<td>□12</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td>□9</td>
<td>□10</td>
<td>□11</td>
<td>□12</td>
<td>□13</td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life.</td>
<td>□10</td>
<td>□11</td>
<td>□12</td>
<td>□13</td>
<td>□14</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
<td>□11</td>
<td>□12</td>
<td>□13</td>
<td>□14</td>
<td>□15</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>□12</td>
<td>□13</td>
<td>□14</td>
<td>□15</td>
<td>□16</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me</td>
<td>□13</td>
<td>□14</td>
<td>□15</td>
<td>□16</td>
<td>□17</td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have a child</td>
<td>□14</td>
<td>□15</td>
<td>□16</td>
<td>□17</td>
<td>□18</td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent</td>
<td>□15</td>
<td>□16</td>
<td>□17</td>
<td>□18</td>
<td>□19</td>
</tr>
<tr>
<td>P. Having a child has meant having too few choices and too little control over my life.</td>
<td>□16</td>
<td>□17</td>
<td>□18</td>
<td>□19</td>
<td>□20</td>
</tr>
<tr>
<td>Q. I am satisfied as a parent</td>
<td>□17</td>
<td>□18</td>
<td>□19</td>
<td>□20</td>
<td>□21</td>
</tr>
<tr>
<td>R. I find my child enjoyable</td>
<td>□18</td>
<td>□19</td>
<td>□20</td>
<td>□21</td>
<td>□22</td>
</tr>
</tbody>
</table>

K2. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

<table>
<thead>
<tr>
<th>Amount of Help</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I get enough help</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>I don't get enough help</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
</tr>
<tr>
<td>I don't get any help at all</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
</tr>
<tr>
<td>I don't need any help</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
<td>□8</td>
</tr>
</tbody>
</table>
K3. Are you in regular contact with <baby’s> grandparents?

Yes .................. □ 1
No ............ □ 2
All Grandparents are deceased .... □ 3
All Grandparents live abroad □ 4

K4. Here are some questions about how much support you receive from <baby’s> grandparents

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less often than once every 3 months</th>
<th>At least once every 3 months</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Every day or almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do &lt;baby’s&gt; grandparents babysit?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents have &lt;baby&gt; to stay over night?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents take &lt;baby&gt; out?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents buy toys or clothes for &lt;baby&gt;?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents help you around the house?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents help you out financially?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
</tbody>
</table>

K5. Did you work full-time, part-time or not at all immediately before you became pregnant with <baby>?

Full-time ............. □ 1
Part – time ............. □ 2
Not at all ............. □ 3

Go to K16

K6. How many hours were you working per week? _______ hours

K7. How long before you gave birth did you stop working? _____ weeks OR _____ months

K8. Are you currently at work outside the home?

Full-time .................. □ 1
Part – time .................. □ 2
No .......... □ 3

K9. What age was <baby> when you returned to work? _______ months

K10. Did you take any of the following types of leave? If yes, how many weeks did you take?

a. Paid maternity / paternity leave? . Yes □ 1
How many weeks _____ wks No….□ 2

b. Unpaid maternity/ paternity leave? Yes □ 1
How many weeks _____ wks No….□ 2

c. Annual leave?                Yes □ 1
(Accumulated before or during maternity / paternity leave)
How many weeks _____ wks No….□ 2

d. Sick leave?                Yes □ 1
How many weeks _____ wks No….□ 2

K11. What was your main reason for going back to work?

Financial .............................................. □ 1
Maintain a Career ................................ □ 2
Job related benefits (pension, car, health insurance etc) ..................... □ 3
Need an outlet outside the home ....□ 4
Other [please specify]......................... □ 5

Go to K21

K12. Do you intend to return to work outside the home?

Full-time .................. □ 1
Part – time ............. □ 2
No .......... □ 3

Go to K21 Not sure yet… □ 4
Go to K21

K13. What age will <baby> be when you return to work? _______ months

K14. Did you or do you intend to take any of the following types of leave? If yes, how many weeks did you/will you take?

a. Paid maternity / paternity leave? . Yes □ 1
How many weeks _____ wks No….□ 2

b. Unpaid maternity/ paternity leave? Yes □ 1
How many weeks _____ wks No….□ 2

c. Annual leave?                Yes □ 1
(Accumulated before or during maternity / paternity leave)
How many weeks _____ wks No….□ 2

d. Sick leave?                Yes □ 1
How many weeks _____ wks No….□ 2

34
K15. What is your main reason for going back to work?
Financial ..............................................
Maintain a Career ................................
Job related benefits (pension, car,
health insurance etc) ...........................

K16. Did you ever work? Yes □, No □ → Go to Section L

K17. When were you last in paid employment outside the home? Month ___ Year ___

K18. Do you intend to return to work? Yes, definitely □, Yes, probably □, No □ → Go to K21

K19. What age will <baby> be when you return to work? ______ Months

K20. What will be your main reason for going back to work?
Financial ..............................................
Maintain a Career ................................
Job related benefits (pension, car,
health insurance etc) ...........................

K21. If you have returned to work after the birth of <baby>, or if you have other children and have previously worked 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>That you would have liked to have taken part in</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. Your family time is less enjoyable and more pressured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. You have to turn down work activities or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities that you would prefer to take on</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D. The time you spend working is less enjoyable and more pressured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L: SOCIO-DEMOGRAPHICS

Time Section Started ___________ (24 hour clock)

Now I’d like to ask you some questions about the circumstances of your household.
L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:

House .............................................................................................................. □
Apartment / Flat/ Bedsit ............................................................................... □
Other (specify) ............................................................................................. □

L7b. Does your accommodation have access to a garden or common space (either private or shared)?
Yes □, No □

L8. [Card L8] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?
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 ......................................................................... □
L9. How many separate bedrooms are in the accommodation? ___________ bedrooms

L10. [Card L10] Which of these descriptions BEST describes your usual situation in regard to work? [Int. Note that if resp is on maternity leave and has a job which she intends to return to she should be coded as 'at work'].

Employee (incl. apprenticeship or Community Employment) .............................................. [ ]
Self employed outside farming ....................................................................................... [ ]
Farmer ......................................................................................................................... [ ]
Student full-time ........................................................................................................... [ ]
On State training scheme (FAS, Failte Ireland etc.) ........................................................ [ ]
Unemployed, actively looking for a job ........................................................................ [ ]
Long-term sickness or disability .................................................................................... [ ]
Home duties / looking after home or family ............................................................... [ ]
Retired ......................................................................................................................... [ ]
Other (specify) __________________________________________________________________ [ ]

L11. 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

L11x. 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]

L12. [Card L12] What is your occupation in your main job?

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

Use precise terms such as:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER  
Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER  

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

Write in your main OCCUPATION
______________________________________________________________________________

L13. Do you supervise or manage any personnel in your job?

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

L14. How many?

L15. How many employees (if any) do you have? ___________ employees  
N A .... [ ]

L15x. [Ask only if Farmer at L10.] What is the acreage of the farm? ___________ acres

L16. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? ___________ hours per week

Go to L22

L17. Apart from holiday or casual work, have you ever had a full-time job? Yes .... [ ]  No .. [ ] Go to L21a

L18. In what year did you last work in that full-time job? _______ year

L19. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) ......................... [ ]  
Self-employed outside farming .... [ ]  
Farmer ........ [ ]
L20. [Card L12] 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
______________________________________________________________________________

L20x. [Ask only if Farmer at L19.] What was the acreage of the farm? __________ acres

L21a. Do you currently have a part time job outside the home? Yes [ ] No [ ] ☐ Go to L21d

L21b. On average, how many hours per week do you work in that part-time job? __________ hours

L21c. [Card L12] What is your occupation in that job?

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

Use precise terms such as:

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER
- Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

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

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

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

Write in your main OCCUPATION
______________________________________________________________________________

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

Go to L22

L21d. [Card L21d] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

A. I can't find a job ................................................... ___
B. I chose not to work .............................................. ___
C. I am caring for an elderly or ill relative or friend .. ___
D. I prefer be at home to look after my children myself ___
E. I cannot earn enough to pay for childcare ........... ___
F. I cannot find suitable childcare...................... ___
G. There are no suitable jobs available for me .. ___
H. My family would lose Social Welfare or medical benefits if I was earning .................... ___
I. Other reason (specify)___________________ ___

L21e. Do you plan to start or return to paid work?

Yes, in the next 3 months .......................................................
Yes, in 3 to 12 months time ....................................................
Yes, in more than 1 year’s time ..............................................
Have no plans to return to paid work .......................................

Go to L22

L22. [Card L12] 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:

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER
- Do not use general terms such as:
- MANAGER
- TEACHER
- ENGINEER

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

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

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

______________________________________________________________________________

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

**HOUSEHOLD INCOME**

Now I would like you 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.

L23. Looking at Card L23/L24, 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 L23 / L24]

L24. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card L23 / L24]

A. Wages or Salaries ...............................................................................................
B. Income from Self-Employment ...........................................................................
C. Income from Farming ........................................................................................
D. Children's Allowance/ Child Benefit .................................................................
E. Other Social Welfare Payments ........................................................................
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) ..............................................

**HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS**

L25. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members.

Dont.Know……..

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L26. If exact figure given go to L28]

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only. Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

[Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

<table>
<thead>
<tr>
<th>A. Receive?</th>
<th>B. Largest Source</th>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
</tbody>
</table>

| Under €230 | Under €1,000 | Under €12,000 | A  | Section A, Card L27 |
| €231 to under €350 | €1,001 to under €1,500 | €12,001 to under €18,000 | B  | Section B, Card L27 |
| €351 to under €460 | €1,501 to under €2,000 | €18,001 to under €24,000 | C  | Section C, Card L27 |
| €461 to under €575 | €2,001 to under €2,500 | €24,001 to under €30,000 | D  | Section D, Card L27 |
| €576 to under €800 | €2,501 to under €3,500 | €30,001 to under €42,000 | E  | Section E, Card L27 |
| €801 to under €925 | €3,501 to under €4,000 | €42,001 to under €48,000 | F  | Section F, Card L27 |
| €926 to under €1,150 | €4,001 to under €5,000 | €48,001 to under €60,000 | G  | Section G, Card L27 |
| €1,151 to under €1,500 | €5,001 to under €6,500 | €60,001 to under €78,000 | H  | Section H, Card L27 |
| €1,501 to under €1,850 | €6,501 to under €8,000 | €78,001 to under €96,000 | I  | Section I, Card L27 |
| €1,851 or more | €8,001 or more | €96,001 or more | J  | Section J, Card L27 |

Refused ...........................................  Don't' Know ...............
L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>Per week</th>
<th>€75 to €150</th>
<th>€151 to €230</th>
<th>€231 to €300</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Per week</td>
<td>€271 to €310</td>
<td>€311 to €350</td>
<td>€351 to €390</td>
</tr>
<tr>
<td></td>
<td>C</td>
<td>Per week</td>
<td>€391 to €420</td>
<td>€421 to €460</td>
<td>€461 to €500</td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>Per week</td>
<td>€501 to €535</td>
<td>€536 to €575</td>
<td>€576 to €600</td>
</tr>
<tr>
<td></td>
<td>E</td>
<td>Per week</td>
<td>€651 to €750</td>
<td>€751 to €800</td>
<td>€801 to €850</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Per week</td>
<td>€851 to €880</td>
<td>€881 to €925</td>
<td>€925 to €960</td>
</tr>
<tr>
<td></td>
<td>G</td>
<td>Per week</td>
<td>€1,051 to €1,150</td>
<td>€1,151 to €1,250</td>
<td>€1,251 to €1,350</td>
</tr>
<tr>
<td></td>
<td>H</td>
<td>Per week</td>
<td>€1,251 to €1,375</td>
<td>€1,376 to €1,500</td>
<td>€1,501 to €1,600</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>Per week</td>
<td>€1,601 to €1,750</td>
<td>€1,751 to €1,850</td>
<td>€1,851 to €2,000</td>
</tr>
<tr>
<td></td>
<td>J</td>
<td>Per week</td>
<td>€2,010 to €2,400</td>
<td>€2,401 to €2,800</td>
<td>€2,801 to €3,250</td>
</tr>
</tbody>
</table>

L28a. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare?

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

L28b. Does anyone in your household currently receive any other Social Welfare payments?

Yes ............[1]→Go to L29  No ............[2]→Go to L30

L29. (Card L29) Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L29, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Jobseeker’s Benefit</td>
<td>Jobseeker’s Allowance or Unemployment Assistance</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td></td>
</tr>
<tr>
<td>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td></td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOW[ER] PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Widow’s or Widower’s (Contributory) Pension</td>
<td>Deserted Wife’s Allowance</td>
</tr>
<tr>
<td>Deserted Wife’s Benefit</td>
<td>Prisoner’s Wife’s Allowance</td>
</tr>
<tr>
<td>Widowed Parent Grant</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Widow’s or Widower’s (Non-Contrib) Pension</td>
<td></td>
</tr>
</tbody>
</table>
### CHILD RELATED PAYMENTS
- Maternity Benefit
- Adoptive Benefit

### DISABILITY AND CARING PAYMENTS
- Illness Benefit
- Invalidity Pension
- Disability Allowance
- Blind Pension
- Carer’s Benefit
- Domiciliary Care Allowance

### RETIREMENT PAYMENTS
- State Pension (Transition)
- State Pension (Contributory)
- State Pension Non-Contributory
- Pre-Retirement Allowance

---

**L30.** Does anyone in your household currently receive rent or mortgage supplement? Yes...  **_No_...**

**L31.** How much does the household receive PER WEEK in rent or mortgage supplement? €-----------------

**L32. [Card L32]** Looking at Card L32 and thinking of your household’s total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children’s Allowance /Child Benefit?

<table>
<thead>
<tr>
<th>None</th>
<th>Less than 5%</th>
<th>5% to less than 20%</th>
<th>20% to less than 50%</th>
<th>50% to less than 75%</th>
<th>75% to less than 100%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

**L33a.** Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Yes ..............  **_No_........**

**L33b. [Card L33b]** 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>Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does your household have a roast joint (or its equivalent) at least once a week?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Do household members buy new rather than second-hand clothes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does each household member possess a warm waterproof coat?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does each household member possess two pairs of strong shoes?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does the household replace any worn out furniture?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does the household keep the home adequately warm?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does the household have family or friends for a drink or meal once a month?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Does the household buy presents for family or friends at least once a year?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**L33c. [Card L33c]** A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

<table>
<thead>
<tr>
<th>Ease of Making Ends Meet</th>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**L33d.** 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_........**
L33e. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

**L33f. Why was that?**

- Didn’t want to ........................................... 1
- Have a full social life in other ways .................. 2
- Couldn’t afford to ........................................ 3
- Couldn’t leave the children ............................ 4
- Illness ...................................................... 5
- Other ...................................................... 6

**L33f. Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?**

<table>
<thead>
<tr>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**L34 [Card L34]. 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
   (Junior/Intermediate/Group Certificate. ‘O’ Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
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, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification .......... 6

**Third Level**

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

**L34x. At what age did you leave full-time education for the first time? ____ years**

**L35/[Card L35] What language or languages do you and your partner speak with <baby> most often at home?** [Int. Tick all that apply]

<table>
<thead>
<tr>
<th>English</th>
<th>Irish</th>
<th>Arabic</th>
<th>French</th>
<th>Polish</th>
<th>Russian</th>
<th>Czech</th>
<th>Romanian</th>
<th>Chinese</th>
<th>Portuguese</th>
<th>German</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</td>
<td>7</td>
<td>13</td>
<td>11</td>
<td>9</td>
<td>14</td>
<td>15</td>
</tr>
</tbody>
</table>

**L35a. Is English your native language?**

Yes .......... 1,  \(\Rightarrow Go to L38\)
No ........... 2

[Int: Ask L36 and L37 only if any language other than Irish or English is usually spoken at home see L35 above]

**L36. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s storybook in your own language?**

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

**L37. Can you usually read and fill out forms you might have to deal with in your own language?**

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

**L38. 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 English?**

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

**L39. Can you usually read and fill out forms you might have to deal with in English?**

Yes .......... 1
No ........... 2
L40. 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 ............☐

L41. Are you a citizen of Ireland?

Yes........☐  
No ..........☐

L42. What citizenship do you hold? ________________

L43. Were you born in Ireland?

Yes........☐  
No ..........☐

L44. In which country were you born? __________________________

L45. How long ago did you first come to live in Ireland?

<table>
<thead>
<tr>
<th>Within the last year</th>
<th>1-5 years ago</th>
<th>6-10 years ago</th>
<th>11-20 years ago</th>
<th>More than 20 years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

L46. And what about <baby>. Is he / she a citizen of Ireland?

Yes .............☐  
No ............☐

L47. What citizenship does he / she hold? __________________________

L48. Was <baby> born in Ireland?

Yes........☐  
No ..........☐

L49. In which country was he/she born? __________________________

L50. How long ago did <baby> first come to live in Ireland?

<table>
<thead>
<tr>
<th>Within last 3 months</th>
<th>3-6 months</th>
<th>More than 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

L51. [Card L51] Looking at Card L51, can you tell me what is your ethnic or cultural background?

Irish ............................................................ ☐  
Any other Black background ....................... ☐  
Irish Traveller .......................................... ☐  
Chinese ...................................................... ☐  
Any other white background .......................... ☐  
Any other Asian background .......................... ☐  
African ...................................................... ☐  
Other – incl. mixed background (specify) ....... ☐

L52a. Do you belong to any religion?

Yes...........☐  
No.............☐

L52b. [Card L52b] Which religion

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

L53a. And what about <baby> does he/she belong to any religion?

Yes...........☐  
No.............☐

L53b. [Card L53b] Which religion

Christian – no denomination .................................. ☐  
Roman Catholic ................................................... ☐  
Anglican/Church of Ireland/Episcopalian .................. ☐  
Other Protestant ............................................... ☐  
Jewish .................................................................. ☐  
Muslim .................................................................. ☐  
Other (specify) ..................................................... ☐
L54. Can I just check again, does anyone other than yourself and/or your spouse/partner provide care to <baby> on a regular basis for 8 or more hours each week? Remember, this could be in your own home, in a child-minder’s home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

Yes, regular care 8 hrs per week or more ..................................................[ ]
No regular care 8 hrs per wk or more .....................................................[ ]

Go to M1

L55. Is this care provided in:

the child’s home ..................................................[ ]
a relative’s home ..................................................[ ]
home of carer – non-relative ........................................[ ]
centre – crèche) ..................................................[ ]

L56. We would like to send a short questionnaire to the person/centre who provides this care to <baby>. 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 the person or centre which provides this care to <baby>?

Yes ………………………………………………………..
No, does not wish regular carer to be contacted ………[ ]
No, does not have contact details for regular carer ….....[ ]

M. Neighbourhood / Community

Time Section Started  (24 hour clock)

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

M1. How long have you lived in your local area? ________ years OR ________ months

M2. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

Very Common Fairly Common Not very Common Not at all Common

Rubbish and litter lying about........................................................................[ ]
Homes and gardens in bad condition ............................................................[ ]
Vandalism and deliberate damage to property ..............................................[ ]
People being drunk or taking drugs in public .............................................[ ]

M3. To what extent do you agree or disagree with these statements about your local area?

Strongly Agree Agree Disagree Strongly Disagree

It is safe to walk alone in this area after dark ..................................................[ ]
It is safe for children to play outside during the day in this area …………………..[ ]
There are safe parks, playgrounds and play spaces in this area …………………..[ ]
We as a family intend to continue living in this area .......................................[ ]
As a family we are settled in and part of this community ................................[ ]

M4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

Available? Yes No

1. Regular public transport ......... [1] [2]
2. GP or health clinic .............. [1] [2]
3. Schools (primary or secondary) . [1] [2]
4. Library ................................. [1] [2]
7. Essential grocery shopping .... [1] [2]
8. Crèche, day-care, mother and toddler groups etc................................. [1] [2]

M5. Do you have any family living in this area, including your partner’s family (if relevant)?

Yes ..........................[ ]
No .........................[ ]
M6. Would you describe the place where the household is situated as being.....?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>In open country</td>
<td>1</td>
</tr>
<tr>
<td>In a village (200-1,499)</td>
<td>2</td>
</tr>
<tr>
<td>In a town (1,500-2,999)</td>
<td>3</td>
</tr>
<tr>
<td>In a town (3,000-4,999)</td>
<td>4</td>
</tr>
<tr>
<td>In a town (5,000-9,999)</td>
<td>5</td>
</tr>
<tr>
<td>In a town (10,000 or more)</td>
<td>6</td>
</tr>
<tr>
<td>Waterford city</td>
<td>7</td>
</tr>
<tr>
<td>Galway city</td>
<td>8</td>
</tr>
<tr>
<td>Limerick city</td>
<td>9</td>
</tr>
<tr>
<td>Cork city</td>
<td>10</td>
</tr>
<tr>
<td>Dublin city (incl. Dun Laoghaire)</td>
<td>11</td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) urban</td>
<td>12</td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) rural</td>
<td>13</td>
</tr>
</tbody>
</table>

Time Section Ended  [ ] [ ] [ ]  (24 hour clock)
Appendix C: Primary Caregiver Sensitive Questionnaire
We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

A1. What is your date of birth? ______ day ______ month ______ year

A2. Are you male or female?
   Male .................
   Female ................

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

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

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 <baby> when you adopted him/ her? ___________ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <baby>?
   Yes ................. 1
   No ................. 2  Go to S12

S8. How long has <baby> been with your family? ________ months ________ weeks

S9. Do you anticipate that this will be a long-term foster placement?
   Yes ................. 1
   No ................. 2

S10. How many previous foster placements has <baby> been in?
    ________ previous placements DK 99

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

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.
S12. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife ........................................ Go to S16
Married and separated from husband / wife ................................ Go to S13
Divorced ................................................................................. Go to S13
Widowed ................................................................................. Go to S13
Never married ........................................................................ Go to S15

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

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

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes .................................................. No ........................................... Go to S25

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days ........................................................................... Go to S18
At least once a week ........................................................... Go to S18
Less than once a week ....................................................... Go to S18
Hardly ever ......................................................................... Go to S18
Never .................................................................................. Go to S21

S18. How often would you argue about the child(ren)?

Most days ........................................................................... Go to S18
At least once a week ........................................................... Go to S18
Less than once a week ....................................................... Go to S18
Hardly ever ......................................................................... Go to S18
Never .................................................................................. Go to S21

S19. When you and your partner argue, how often do you ....

Shout or yell at each other .................................................. Never  Not very often  Sometimes  Often  Almost always/ always

Throw something at each other ........................................... Never  Not very often  Sometimes  Often  Almost always/ always

Push, hit or slap each other ................................................ Never  Not very often  Sometimes  Often  Almost always/ always

S20. And to end an argument, how often would you ....

Compromise ........................................................................ Never  Not very often  Sometimes  Often  Almost always/ always

Apologise ............................................................................ Never  Not very often  Sometimes  Often  Almost always/ always

Change the subject ................................................................ Never  Not very often  Sometimes  Often  Almost always/ always

Agree to discuss the issue later ......................................... Never  Not very often  Sometimes  Often  Almost always/ always

Agree to disagree .................................................................. Never  Not very often  Sometimes  Often  Almost always/ always

Use affection (hug) or make a joke about it ....................... Never  Not very often  Sometimes  Often  Almost always/ always

Ignore or refuse to speak any more, walk away, leave the room or leave the house ..... Never  Not very often  Sometimes  Often  Almost always/ always

S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

<table>
<thead>
<tr>
<th>Philosophy of life</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims, goals and things believed important</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Amount of time spent together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

S22. How often would you say the following events occur between you and your partner?

Have a stimulating exchange of ideas ................................... Never  Less than once a month  Once or twice a month  Once or twice a week  More often

Calmly discuss something together ...................................... Never  Less than once a month  Once or twice a month  Once or twice a week  More often

Work together on a project ............................................... Never  Less than once a month  Once or twice a month  Once or twice a week  More often

S23. 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>Extremely Unhappy</th>
<th>Fairly Unhappy</th>
<th>A little unhappy</th>
<th>Happy</th>
<th>Very Happy</th>
<th>Extremely Happy</th>
<th>Perfect</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S24. Do you feel that having <baby> has...
S25. Apart from your current partner (if relevant) have you had any other partners since <baby> was born who had a close relationship with or influence on <baby>?  
Yes ................ [ ]  No ............... [ ] \(\rightarrow\) Go to S27a

S26. How many?  
One ........ [ ]  Two ............... [ ]  Three or more............... [ ]

Only answer questions S27a to S35a if you are the BIOLOGICAL MOTHER of <BABY>, If not please skip to S35b

S27a. Did you have any medical fertility treatment for this pregnancy?  
Yes ................ [ ]  No ............... [ ]

S27b. What treatment did you receive?  
- Clomiphene citrate alone ........................................................ [ ]
- GIFT: Gamete Intrafallopian Transfer .................................. [ ]
- IVF: In Vitro Fertilisation .................................................... [ ]
- ICSI: IVF with intra cytoplasmic sperm injection ................. [ ]
- Frozen embryo transfer ...................................................... [ ]
- Surgery involving the womb, tubes or ovaries ..................... [ ]
- Donor sperm ........................................................................ [ ]
- Donor egg ............................................................................ [ ]
- Other (please specify) ________________________________ [ ]

S28a. What age were you when you became pregnant for the first time? _____ Age in years

S28b. Are you currently pregnant? Yes ........ [ ]  No ............. [ ]

S28c. What age were you when you had your first period? _____ years of age. Can't remember .... [ ]

S29. Did you intend to become pregnant before <baby> was conceived?  
- Yes, at that time .......................................................... [ ]
- Yes, but much later .......................................................... [ ]
- Yes, but somewhat later ................................................. [ ]
- Yes, but earlier .................................................................... [ ]
- No intention of ever becoming pregnant.......................... [ ]
- Other (specify)................................................................. [ ]
- Unsure/Didn't mind ......................................................... [ ]

S30a. At any time during the pregnancy did you feel under any stress?  
A great deal Some Not much None at all  
[ ] [ ] [ ] [ ]

S30b. Was that during:  
- First Trimester [1\(^{st}\), 2\(^{nd}\) or 3\(^{rd}\) month] ........................................ [ ]
- Second Trimester [4\(^{th}\), 5\(^{th}\) or 6\(^{th}\) month] ............................ [ ]
- Third Trimester [7\(^{th}\), 8\(^{th}\) or 9\(^{th}\) month] .............................. [ ]

S30c. Was this stress due to: (tick yes or not for each)  
- (i) the pregnancy itself .................................................. [ ] [ ]
- (ii) other factor, such as bereavement, work related etc. .... [ ] [ ]
S31. Did you smoke at all during the pregnancy?
Yes ................. [ ] 1  No ................. [ ] 2

S32. Did you smoke during the first, second and third trimester of the pregnancy?  
[Tick one box on each line]

<table>
<thead>
<tr>
<th>First Trimester [1st, 2nd or 3rd month]</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Second Trimester [4th, 5th or 6th month]</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Third Trimester [7th, 8th or 9th month]</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

S33. Did you consume alcohol during your pregnancy?
Yes ................. [ ] 1  No ................. [ ] 2

S34. Did you drink during the first, second and third trimester of the pregnancy?  For each trimester that you drank, about how much on average did you drink per week?

<table>
<thead>
<tr>
<th>First Trimester [1st, 2nd or 3rd month]</th>
<th>Yes</th>
<th>No</th>
<th>Pints of beer/cider</th>
<th>Glasses of wine</th>
<th>Measures of spirits</th>
<th>Bottles of alcopops</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
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<table>
<thead>
<tr>
<th>Second Trimester [4th, 5th or 6th month]</th>
<th>Yes</th>
<th>No</th>
<th>Pints of beer/cider</th>
<th>Glasses of wine</th>
<th>Measures of spirits</th>
<th>Bottles of alcopops</th>
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<thead>
<tr>
<th>Third Trimester [7th, 8th or 9th month]</th>
<th>Yes</th>
<th>No</th>
<th>Pints of beer/cider</th>
<th>Glasses of wine</th>
<th>Measures of spirits</th>
<th>Bottles of alcopops</th>
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</table>

S35a. How often did you take any of the following during your pregnancy with <baby>?

<table>
<thead>
<tr>
<th>a. Sleeping pills</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Tranquillisers</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
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<td>5</td>
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</table>

<table>
<thead>
<tr>
<th>c. Pills for depression</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
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<table>
<thead>
<tr>
<th>d. Cannabis / Marijuana</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
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</table>

<table>
<thead>
<tr>
<th>e. Painkillers (aspirin, paracetamol, etc.)</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
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<table>
<thead>
<tr>
<th>f. Amphetamines or other stimulants</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>g. Heroin, Methadone, Crack, Cocaine</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
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<tr>
<th>h. Anticonvulsants</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
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<thead>
<tr>
<th>i. Steroids</th>
<th>Often</th>
<th>Most days</th>
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</table>

S35b. How often do you take any of the following currently?

<table>
<thead>
<tr>
<th>a. Sleeping pills</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
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<th>f. Amphetamines or other stimulants</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</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>

<table>
<thead>
<tr>
<th>g. Heroin, Methadone, Crack, Cocaine</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</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>

<table>
<thead>
<tr>
<th>h. Anticonvulsants</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</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>

<table>
<thead>
<tr>
<th>i. Steroids</th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</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>

S36. During the last year have you failed to do what was normally expected from you because of drinking?
Yes ................. [ ] 1  No ................. [ ] 2

S37. How often do you have 6 or more drinks on one occasion?

<table>
<thead>
<tr>
<th>Every day</th>
<th>5-6 times a week</th>
<th>2-4 times a week</th>
<th>Once a week</th>
<th>1-3 times a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
<td>[ ] 6</td>
<td>[ ] 7</td>
</tr>
</tbody>
</table>
S38. Does anyone smoke in the same room as <baby>?
Yes, on a regular basis...........□1  Yes, on an occasional basis...........□2  Never .................□3

S39. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?
Yes.......□1  No.......□2→Go to S41

[Ask S40 if biological mother, otherwise ask S40a.]

S40. Was this: [Tick all that apply]
- Before being pregnant with <baby> .........................□1
- In the 1st trimester of the pregnancy ..................□2
- In the 2nd trimester of the pregnancy ................□3
- In the 3rd trimester of the pregnancy ................□4
- When <baby> was 0-2 months of age ................□5
- When <baby> was 2-6 months of age ................□6
- Since <baby> was 6 months of age .....................□7

S40a. Was this: [Tick all that apply]
- Before <baby> was born ................................□3
- When <baby> was 0-2 months of age ................□2
- When <baby> was 2-6 months of age ................□3
- Since <baby> was 6 months of age ..................□4

S41. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt I could not shake off the blues even with help from my family or friends</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>b. I felt depressed</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>c. I thought my life had been a failure</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>d. I felt fearful</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>e. My sleep was restless</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>f. I felt lonely</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>g. I had crying spells</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>h. I felt sad</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>

S42. Have you ever been in trouble with the Gardaí (other than for traffic offences)?
Yes.......□1  No.......□2→Go to S44

S43. Have you ever been to prison?
Yes ........□1  No ........□2

S44. Can we check, does <baby’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 S45

S45. Were you ever married to or did you ever live with <baby’s> biological father / mother?
Yes, married to ........................................□1  Yes, lived with .........................□2  No ........□3→Go to S47  Adoptive / Foster parent □4→Go to S60

S46. When did you separate or split up with <baby’s> biological father / mother?
Before child was born ................................□1
Before child was six months old........................□2
In the last three months ................................□3

S47. What was the nature of your relationship with <baby’s> biological father / mother when you became pregnant with <baby>? (Please tick one box only).
Married and living together .............□1  Going out but not living together .............□5
Cohabiting / living as married .............□2  Just friends .............................................□6
Separated .............................................□3  No relationship .......................................□7
Divorced ..............................................□4
**S48.** Do you have a formal or informal custody arrangement regarding <baby> and where he / she lives?

- Formal..............☐ 1  
- Informal............☐ 2  
- No custody arrangement......☐ 3 

**S49.** Briefly describe that arrangement

___________________________________________________________________________________________
___________________________________________________________________________________________

**S50.** Do you and <baby’s> biological father / mother have shared parenting of <baby> on a regular basis?

Yes ....................☐ 1  
No ....................☐ 2  
→ Go to S52

**S51.** Please describe the nature of this shared parenting

___________________________________________________________________________________________
___________________________________________________________________________________________

**S52.** How far does <baby’s> biological father / mother live from here?

- Within ½ hour’s drive from here ..........☐ 1  
- More than 1 hour’s drive from here ..........☐ 2  
- Between ½ and 1 hour’s drive from here ..........☐ 3  
- Outside the country ........................................ ☐ 4

**S53.** How often does <baby> have contact with his / her biological father / mother?

- Daily .......................................................... ☐ 1  
- Monthly .......................................................... ☐ 2  
- Once or twice a week ................................ ☐ 3  
- Less than once a month ................................ ☐ 4  
- Weekly ...................................................... ☐ 5  
- No contact...................................................... ☐ 6  
- Every second week / weekend ........ ........ ☐ 7

**S54.** Does <baby’s> biological father / mother make ANY financial contribution to your household and the maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment .................☐ 1  
- Yes, he/she makes a regular payment .........................☐ 2  
- Yes, he/she makes payments as required .........................☐ 3

**S55.** How often do you talk to <baby’s> biological father/ mother about <baby>?

<table>
<thead>
<tr>
<th>Every day</th>
<th>Several times a week</th>
<th>About once a week</th>
<th>A few times a month</th>
<th>Several times a year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
</tbody>
</table>

**S56.** How well do you get on with <baby’s> biological father/ mother? Would you say your relationship is?

- Very positive ☐ 1  
- Positive ☐ 2  
- Neither positive nor negative ☐ 3  
- Somewhat negative ☐ 4  
- Very negative ☐ 5

**S57.** We would like to send a short questionnaire to <baby’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 <baby’s> biological father/ mother?

Yes .......................................................... ☐ 1  
No, I do not wish other parent to be contacted ....... ☐ 2  
No, I do not have contact details for other parent ....... ☐ 3

**Time Section Ended**

(24 hour clock)

**S60.** THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

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

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

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

6BA1. Int: Record gender of respondent] Male ............ [ ]  Female ............... [ ]

A1a. What is your date of birth? ________ day _________month ________year

A2. [Card A2] Which of the following best describes your relationship to <baby>? [Interviewer use codes only]

A. Biological mother/ father .................................. [ ]
B. Adoptive mother/ father ................................... [ ]
C. Step-mother/ Step-father /Partner of child’s parent ... [ ]
D. Foster mother/ father ....................................... [ ]
E. Grand parent .................................................. [ ]
F. Aunt/uncle .................................................. [ ]
G. Other relative/ in law .................................. [ ]
H. Unrelated guardian .................................... [ ]

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Now I'd like to ask you some questions about your relationship with <baby>.

B1a. [Card B1] Over the last two week I would describe my feeling for <baby> as: Attachment scale

C. BABY’S DEVELOPMENT

Now I'd like to ask you some questions about <baby>'s habits and routines.

C1. Were you present at the birth of <baby>?

Yes ........................................... [ ]  Wanted to, but missed it................. [ ]  No.............. [ ]
C2. [Card C2] 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) ___________

C3. [Card C3] Who generally does the following with <baby>?

(a) Bathes him / her
   - Always yourself
   - Usually yourself
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(b) Feeds him / her
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(c) Shows him / her pictures in books
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(d) Cuddles him / her
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo)
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(f) Taking him / her for walks, outings, visiting relatives or friends etc.
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(g) Reading stories to him / her
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(h) Changing his /her nappy
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(i) Getting up in the night to see to him / her
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(j) Sings to him / her
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(k) Gets him / her up in the morning
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(l) Puts him / her to bed
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(m) Dresses him / her in the morning
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

(n) Picks up him / her when he/she cries
   - Always
   - Usually
   - About equally by you & partner
   - Usually spouse/partner
   - Always spouse/partner
   - Some one else
   - No one does this

C4. How much is <baby's> sleeping pattern or habits a problem for you?

A large problem
   - A moderate problem
   - A small problem
   - No problem at all

C5. Do you feel that <baby's> crying is a problem for you?

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

D. PARENT'S HEALTH AND LIFESTYLE

Now a few questions about your own health.

Time Section Started ____________________________ (24 hour clock)

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

Excellent ........................................... Fair ...........................................
Very Good ........................................ Poor ........................................
Good ................................................ 5

54
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. [Card D6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

<table>
<thead>
<tr>
<th>No Difficulty</th>
<th>Some difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Difficulty</td>
<td>Just a little</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

D7. Do you currently smoke daily, occasionally or not at all?

Daily ....................... [ ]
Occasionally .................. [ ]
Not at all ........................ [ ]

D8. Have you ever smoked? Was it:
Daily ........ [ ]
Occasionally ... [ ]

D9. About how many cigarettes or cigars do/did you smoke on average each day?

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

D10. [Card D10] Looking at Card D10, can you tell me which of the following best describes how often you usually drink alcohol?

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

If currently drink alcohol between everyday and 1-2 times a month ask:
D11. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit and bottles of alcopops would you drink?

Pints of Beer ______ Glasses of Wine ______ Measures of Spirits _______ Bottles of alcopops _______

D12. What is your height without shoes? _____ feet _____ inches OR Metres _____________

D13. What is your weight without clothes and shoes? _______ stones _____ lbs OR _____ Kilograms

55
E. FAMILY CONTEXT

Time Section Started     (24 hour clock)

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

E1. [Card E1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your child now. 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. There is little or nothing I wouldn't do for my child if it was necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. 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>D. 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>E. I feel close to my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. 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>J. 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>K. Having a child has been a financial burden</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. 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>M. The behaviour of my child is often embarrassing or stressful to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. Having a child has meant having too few choices and too little control over my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. I am satisfied as a parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. I find my child enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E2. 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>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of your work responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. You have missed out on home or family activities that you would have liked to have taken part in</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Your family time is less enjoyable and more pressured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of your family responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. You have to turn down work activities or opportunities you would prefer to take on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. The time you spend working is less enjoyable and more pressured</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E3a. Are you currently taking, or intend to take, unpaid parental leave with <baby>?

Currently ___________  In the past ___________  No ___________

E3b. How many days or weeks will you take? ___________ days OR ___________ weeks

E3c. Were these / will these be taken as a block or spread over a period of time?

Taken as a block ___________  Spread over a period of time ___________
Now some questions about the circumstances of your household.

F1. ([Card F1]) Looking at Card F1, which of these descriptions BEST describes your usual situation in regard to work?

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

F2. 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

F2x. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)? _________ minutes [Int. if respondent works at home enter ‘0’ for minutes]

F3. ([Card F3]) 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

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  ____________________________________________________________________________

F4a. Do you supervise or manage any personnel in your job?

Yes [ ] 1
No [ ] 2

F4b. How many? __________________________

F5. How many employees (if any) do you have? ___________ employees N A .... [ ] 99

F5x. [Ask only if Farmer at F1.] What is the acreage of the farm? ____________ acres

F6. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _________ hours per week

F7. Apart from holiday or casual work, have you ever had a full-time job? Yes [ ] 1 No [ ] 2 Go to F11a

F8. In what year did you last work in that full-time job? _________ year

F9. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) ......................... [ ] 1
Self-employed outside farming ........................................................................... [ ] 2
Farmer ..................................................................................................................... [ ] 3

F10. ([Card F3]) What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible

In all cases please describe the occupation fully and precisely giving the full job title. Use precise terms such as:

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:

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

Write in your main OCCUPATION
______________________________________________________________________________

F10x. [Ask only if Farmer at F9.] What was the acreage of the farm? ______________ acres

F11a. Do you currently have a part time job outside the home?  Yes ☐1 ............................................. No ☐2 Go to F11d

F11b. On average, how many hours per week do you work in that part-time job? ___________ hours

F11c. [Card F3] What is your occupation in that job? (What do you mainly do in that part-time 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

F11d. [Card F11d] 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.

I can't find a job.................................................................____  I cannot find suitable childcare.................................____
I chose not to work............................................................____  There are no suitable jobs available for me..............____
I am caring for an elderly or ill relative or friend............____  My family would lose Social Welfare or...
I prefer be at home to look after my children myself......____  medical benefits if I was earning.........................____
I cannot earn enough to pay for childcare .................____  Other reason (specify)___________________ ..............____

F12. Do you plan to start or return to paid work?

Yes, in the next 3 months ..................................................... ☐1
Yes, in 3 to 12 months time ............................................. ☐2
Yes, in more than 1 year’s time ............................................ ☐3
Have no plans to return to paid work ......................... ☐4
Other reason (specify)___________________ ...................... ☐9
F13. What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education
2. Primary education

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

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

F13x. At what age did you leave full-time education for the first time? ______ years

F14. What language or languages do you and your partner speak with <baby> most often at home? 

Tick all that apply

- English
- Irish
- French
- Russian
- Latvian
- Spanish
- Lithuanian
- German
- Other (specify)

F15. Is English your native language? Yes ☐ No ☐

F16. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children’s storybook in your own language?

Yes ☐ No ☐

F17. Can you usually read and fill out forms you might have to deal with in your own language?

Yes ☐ No ☐

F18. As you may know, 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 English?

Yes ☐ No ☐

F19. Can you usually read and fill out forms you might have to deal with in English?

Yes ☐ No ☐

F20. 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 ☐

F21. Are you a citizen of Ireland?

Yes ☐ No ☐

F22. What citizenship do you hold?
F23. Were you born in Ireland?  
Yes...........[1]  No..........[2]

F24. In which country were you born?  ________________________________

F25. How long ago did you first come to live in Ireland?  

<table>
<thead>
<tr>
<th>Within the last year</th>
<th>1-5 years ago</th>
<th>6-10 years ago</th>
<th>11-20 years ago</th>
<th>More than 20 years ago</th>
</tr>
</thead>
</table>

F26. [Card F26] What is your ethnic or cultural background?

Irish .................................................................[1]  Any other Black background ................................[6]
Irish Traveller ..................................................[2]  Chinese ............................................................[6]
Any other white background ...................................[3]  Any other Asian background ..................................[7]

F27. Do you belong to any religion  
Yes...........[1]  No..........[2]

F28. [Card F28] Which religion  

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

Time Section Ended  [ ]  [ ]  [ ]  (24 hour clock)
Appendix E: Secondary Caregiver Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

FATHER / PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP    HHOLD    RESPONDENT

Interviewer Name__________________________ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day  mth  year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

A1. What is your date of birth? ________ day  ________month  ________year

A2. Are you male or female?

Male ................

Female ................

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

Yes .............. 1  Go to S12  No .............. 2  Go to S2

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

Yes .............. 1  Go to S7  No .............. 2

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 <baby> when you adopted him/her? ________ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <baby>?

Yes ............. 1  No ............ 2  Go to S12

S8. How long has <baby> been with your family? ________ months ________ weeks

S9. Do you anticipate that this will be a long-term foster placement?

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

S10. How many previous foster placements has <baby> been in?

______ previous placements DK... 99

S11. Immediately before coming to live with you was <baby> living with another foster family, his/her family or in institutional care?

Another foster family ............. 1  Own family ............. 2  Institutional care ............. 3

NOW PLEASE GO TO S12
Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?
- Married and living with husband / wife                  □ 1 Go to S16
- Married and separated from husband / wife              □ 2 Go to S13
- Divorced                                               □ 3 Go to S13
- Widowed                                                □ 4 Go to S13
- Never married                                         □ 5 Go to S15

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

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

S15. May I just check whether you are currently living with someone in the household as a couple?
Yes........................□ 1 No........................□ 2 Go to S25

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
- Most days................................................................□ 1 Go to S18
- At least once a week ...........................................□ 2 Go to S18
- Less than once a week ........................................□ 3 Go to S18
- Hardly ever .....................................................□ 4 Go to S18
- Never ................................................................□ 5 Go to S21

S18. How often would you argue about the child(ren)?
- Most days................................................................□ 1
- At least once a week ...........................................□ 2
- Less than once a week ........................................□ 3
- Hardly ever .....................................................□ 4
- Never ................................................................□ 5

S19. When you and your partner argue, how often do you ...
- Shout or yell at each other ..................................□1 2 3 4 5
- Throw something at each other ..............................□1 2 3 4 5
- Push, hit or slap each other .................................□1 2 3 4 5

S20. And to end an argument, how often would you ....

S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

S22. How often would you say the following events occur between you and your partner?
S23. 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>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Extremely Unhappy</td>
</tr>
<tr>
<td>1</td>
<td>Fairly Unhappy</td>
</tr>
<tr>
<td>2</td>
<td>A little unhappy</td>
</tr>
<tr>
<td>3</td>
<td>Happy</td>
</tr>
<tr>
<td>4</td>
<td>Very Happy</td>
</tr>
<tr>
<td>5</td>
<td>Extremely Happy</td>
</tr>
<tr>
<td>6</td>
<td>Perfect</td>
</tr>
</tbody>
</table>

S24. Do you feel that having <baby> has...

[ ] Brought you and your spouse/partner closer together
[ ] Made you less close than before
[ ] Made no difference to your relationship

S25. Apart from your current partner (if relevant) have you had any other partners since <baby> was born who had a close relationship with or influence on <baby>?

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

S26. How many?
One............. [ ]
Two............. [ ]
Three or more............. [ ]

Only answer questions S27a to S35a if you are the BIOLOGICAL MOTHER of <BABY>, If not please skip to S35b

S27a. Did you have any medical fertility treatment for this pregnancy?

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

S27b. What treatment did you receive?

[ ] Clomiphene citrate alone
[ ] GIFT: Gamete Intrafallopian Transfer
[ ] IVF: In Vitro Fertilisation
[ ] ICSI: IVF with intra cytoplasmic sperm injection
[ ] Frozen embryo transfer
[ ] Surgery involving the womb, tubes or ovaries
[ ] Donor sperm
[ ] Donor egg
[ ] Other (please specify) _______________________________

S28a. What age were you when you became pregnant for the first time? _____ Age in years

S28b. Are you currently pregnant?
Yes............. [ ]
No............. [ ]

S28c. What age were you when you had your first period? _____ years of age. Can't remember ....[ ]

S29. Did you intend to become pregnant before <baby> was conceived?

Yes, at that time
[ ]
Yes, but much later
[ ]
Yes, but somewehat later
[ ]
Yes, but earlier
[ ]
No intention of ever becoming pregnant.
[ ]
Other (specify)__________________________
[ ]
Unsure/Didn't mind
[ ]

S30a. At any time during the pregnancy did you feel under any stress?

A great deal
[ ]
Some
[ ]
Not much
[ ]
None at all
[ ]

S30b. Was that during:

First Trimester [1st, 2nd or 3rd month] ................. [ ]
Second Trimester [4th, 5th or 6th month] ................. [ ]
Third Trimester [7th, 8th or 9th month] ................. [ ]
S30c. Was this stress due to: (tick yes or not for each)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) the pregnancy itself</td>
<td>1</td>
</tr>
<tr>
<td>(ii) other factor, such as bereavement, work related etc.</td>
<td>1</td>
</tr>
</tbody>
</table>

S31. Did you smoke at all during the pregnancy?

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

S32. Did you smoke during the first, second and third trimester of the pregnancy? 

[Tick one box on each line]

<table>
<thead>
<tr>
<th>First Trimester [1\textsuperscript{st}, 2\textsuperscript{nd} or 3\textsuperscript{rd} month]</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second Trimester [4\textsuperscript{th}, 5\textsuperscript{th} or 6\textsuperscript{th} month]</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Third Trimester [7\textsuperscript{th}, 8\textsuperscript{th} or 9\textsuperscript{th} month]</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

S33. Did you consume alcohol during your pregnancy?

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

S34. Did you drink during the first, second and third trimester of the pregnancy?  For each trimester that you drank, about how much on average did you drink per week?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Pints of beer/cider</th>
<th>Glasses of wine</th>
<th>Measures of spirits</th>
<th>Bottles of alcopops</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First Trimester [1\textsuperscript{st}, 2\textsuperscript{nd} or 3\textsuperscript{rd} month] ................. 1 ............................ 2 .............. ______ _____  _____  _____
Second Trimester [4\textsuperscript{th}, 5\textsuperscript{th} or 6\textsuperscript{th} month] ................. 1 ............................ 2 .............. ______ _____  _____  _____
Third Trimester [7\textsuperscript{th}, 8\textsuperscript{th} or 9\textsuperscript{th} month] ................. 1 ............................ 2 .............. ______ _____  _____  _____

S35a. How often did you take any of the following during your pregnancy with <baby>?

<table>
<thead>
<tr>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sleeping pills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Tranquillisers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Pills for depression</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Cannabis / Marijuana</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Painkillers (aspirin, paracetamol, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Amphetamines or other stimulants</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Heroin, Methadone, Crack, Cocaine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Anticonvulsants</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Steroids</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

S35b. How often do you take any of the following currently?

<table>
<thead>
<tr>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sleeping pills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>b. Tranquillisers</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<td>c. Pills for depression</td>
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<td>3</td>
<td>4</td>
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<td>4</td>
</tr>
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<td>4</td>
</tr>
<tr>
<td>h. Anticonvulsants</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Steroids</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

S36. During the last year have you failed to do what was normally expected from you because of drinking?

Yes ........................................... No ...........................................
S37. How often do you have 6 or more drinks on one occasion?

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>5-6 times a week</th>
<th>2-4 times a week</th>
<th>Once a week</th>
<th>1-3 times a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
<td>□6</td>
<td>□7</td>
</tr>
</tbody>
</table>

S38. Does anyone smoke in the same room as <baby>?

Yes, on a regular basis...........□1  Yes, on an occasional basis...........□2  Never .................□3

S39. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

[Ask S40 if biological mother, otherwise ask S40a.]

S40. Was this: [Tick all that apply]

Before being pregnant with <baby>.............□1
In the 1st trimester of the pregnancy .........□2
In the 2nd trimester of the pregnancy .......□3
In the 3rd trimester of the pregnancy .......□4
When <baby> was 0-2 months of age ..........□5
When <baby> was 2-6 months of age ..........□6
Since <baby> was 6 months of age ...........□7

S40a. Was this: [Tick all that apply]

Before <baby> was born........................□1
When <baby> was 0-2 months of age ..........□2
When <baby> was 2-6 months of age ..........□3
Since <baby> was 6 months of age ...........□4

S41. 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.

A. I felt I could not shake off the blues even with help from my family or friends........................................□1 □2 □3 □4
B. I felt depressed ................................................................................ □1 □2 □3 □4
C. I thought my life had been a failure ................................................ □1 □2 □3 □4
D. I felt fearful ....................................................................................... □1 □2 □3 □4
E. My sleep was restless .......................................................................... □1 □2 □3 □4
F. I had crying spells ................................................................................ □1 □2 □3 □4
G. I had crying spells ................................................................................ □1 □2 □3 □4
H. I felt sad............................................................................................... □1 □2 □3 □4

S42. Have you ever been in trouble with the Gardai (other than for traffic offences)?

Yes..........□1  No...........□2 ➔ Go to S44

S43. Have you ever been to prison?

Yes ..........□1  No ...........□2 ➔ Go to S44

S44. Can we check, does <baby’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 S45

S45. Were you ever married to or did you ever live with <baby’s> biological father / mother?

Yes, married to ........................................□1  Yes, lived with ........□2  No □3 ➔ Go to S47  Adoptive / Foster parent □4 ➔ Go to S60

S46. When did you separate or split up with <baby’s> biological father / mother?

Before child was born ........................................................................□1
Before child was six months old .......................................................□2
In the last three months .....................................................................□3
S47. What was the nature of your relationship with <baby’s> biological father / mother when you became pregnant with <baby>? (Please tick one box only).

Married and living together ..................☐ 1  Going out but not living together ..................☐ 5
Cohabiting / living as married ..................☐ 2  Just friends ............................................☐ 6
Separated ............................................☐ 3  No relationship .........................................☐ 7
Divorced .............................................☐ 4

S48. Do you have a formal or informal custody arrangement regarding <baby> and where he / she lives?

Formal..................☐ 1  Informal..................☐ 2  No custody arrangement.............☐ 3

S49. Briefly describe that arrangement
___________________________________________________________________________________________
___________________________________________________________________________________________

S50. Do you and <baby’s> biological father / mother have shared parenting of <baby> on a regular basis?

Yes ..................☐ 1  No ..................☐ 2  ➔ Go to S52

S51. Please describe the nature of this shared parenting
___________________________________________________________________________________________
___________________________________________________________________________________________

S52. How far does <baby’s> biological father / mother live from here?

Within ½ hour’s drive from here ..................☐ 1  More than 1 hour’s drive from here ..................☐ 3
Between ½ and 1 hour’s drive from here ..........☐ 2  Outside the country ............................................☐ 4

S53. How often does <baby> have contact with his / her biological father / mother?

Daily .................................................☐ 1  Monthly .....................................................☐ 5
Once or twice a week ..................................☐ 2  Less than once a month ..............................☐ 6
Weekly ..............................................☐ 3  No contact ....................................................☐ 7
Every second week / weekend .....................☐ 4

S54. Does <baby’s> biological father / mother make ANY financial contribution to your household and the maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment ..........☐ 1
Yes, he/she makes a regular payment ..........☐ 2
Yes, he/she makes payments as required ..........☐ 3

S55. How often do you talk to <baby’s> biological father/ mother about <baby>??

Every day .............................................☐ 1  Several times a week .................................☐ 2
Several times a month .............................☐ 3  About once a month ....................................☐ 4
A few times a year ..................................☐ 5  Never .......................................................☐ 6

S56. How well do you get on with <baby’s> biological father/ mother? Would you say your relationship is?

Very positive .......................................☐ 1  Positive ...................................................☐ 2
Neither positive nor negative .....................☐ 3  Somewhat negative ....................................☐ 4
Very negative ........................................☐ 5

S57. We would like to send a short questionnaire to <baby’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 <baby’s> biological father/ mother?

Yes .....................................................☐ 1
No, I do not wish other parent to be contacted ......☐ 2
No, I do not have contact details for other parent .....☐ 3

Please give contact details

S60. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT. YOUR ASSISTANCE IS GREATLY APPRECIATED.
Appendix F: Primary Caregiver Twin Questionnaire
We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

A. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

X1a. Record <baby’s> name: ____________________________________________

X1b. Record <baby’s> gender  
Male ............  1  
Female ...............  2

X1c. Record <baby’s> date of birth  ___dd___mm______yyyy

A1. [Card A1] When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave ....................................................  1
Is unhappy at first but quickly settles down ..................................................  2
Remains unsettled and unhappy during your entire absence .........................  3
Have never left <baby> with someone else.......................................................  4

A2. [Card A2] And when you return, having left <baby> with someone else, how does he or she usually act?

With delight ........................................................................................................  1
With a mixture of delight and annoyance .......................................................  2
Hard to tell, no particular emotion .................................................................  3
Seems to be annoyed/angry with me for leaving him/her ................................  4
A3. The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel attachment scale

a. 

b. 

c. 

d. 

e. 

f. 

g. 

h. 

i. 

A4. When <baby> cries how often does he/she get on your nerves?

Never/ Almost never

Rarely

Sometimes

Often

Always / Almost always

A5. [Card A5] I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of ‘1’ to ‘7’ for each question. Infant Characteristics Questionnaire

A. 

B. 

C. 

D. 

E. 

F. 

G. 

H. 

I. 

J. 

K. 

L. 

M. 

N. 

O. 

P. 

Q. 

R. 

S. 

T. 

U. 

V. 

W. 

X. 

B. BABY’S DEVELOPMENT

Time Section Started (24 hour clock)

Now I’d like to ask you some questions about <baby’s> development

<table>
<thead>
<tr>
<th>Communication</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Category</td>
<td>Yes</td>
<td>Sometimes</td>
<td>Not Yet</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----</td>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>Gross Motor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Motor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal - Social</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BX1. Do you talk to your baby while you are busy doing other things? (eg. while you do housework).

Never ____________________ Rarely ____________________ Sometimes ____________________ Often ____________________ Always ____________________

BX2a. Do you have any other concerns about any aspects of baby’s behaviour or development?

Yes .......☐  No ............☐

BX2b. What concerns do you have?

____________________________________________________________________________
____________________________________________________________________________

C. BABY’S HABITS

Time Section Started ____________________ (24 hour clock)

C1. In general, what time in the evening does your baby usually go to sleep? ________ (24 hour clock)

C2. Approximately how many hours sleep does your baby have during
(a) the day? ________ hours    (b) the night? ________ hours

C3. On a normal day what time does your baby usually get up at in the morning? ________ (24 hour clock)

C4. Is your baby ever difficult when put to bed?

Most of the time    Often At times Rarely  Never

☐1 ................................................
☐2 ......................................................
☐3 ....................................................
☐4 ..........................................
☐5

C5. How often does your baby wake at night?

Never  Occasionally Most nights      Every night More than once

☐1 ........................................................
☐2 ......................................................
☐3 ....................................................
☐4 ..........................................
☐5

C6. How many times per night on average? ____________________

C7. Do you ever wake <baby> for a feed during the night?

Yes, usually     Yes, sometimes  No, not at all

☐1 ................................................
☐2 ......................................................
☐3

C8. How do you normally put <baby> down to sleep?

On his/her stomach  On his/her side  On his/her back

☐1 ................................................
☐2 ......................................................
☐3

C9. Does <baby> usually sleep:

In a room on his/her own ................................................
In your bedroom ................................
In a room with other children ..............................................
Elsewhere................................................

☐1 ........................................................
☐2 ......................................................
☐3 ....................................................
☐4 ..........................................
☐5

C10. Where does <baby> sleep for most of the night?

In his/her own bed/cot ................................................
In bed/cot with other children ..............................................
In your bed................................................
Other (specify)................................................

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

C11. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? ____________________

C12. Do you feel that <baby’s> crying is a problem for you?

Yes ................. ☐1     No ................. ☐2
## C13. How much is <baby’s> sleeping pattern or habits a problem for you?

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

## C14. Have you ever taken your child to a doctor, consulted a pharmacist for a sleeping problem?

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

## C15. Have you used a soother / dummy with <baby> in the last week?

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

## D. CHILDCARE ARRANGEMENTS

<table>
<thead>
<tr>
<th>Time</th>
<th>Section</th>
<th>Started</th>
</tr>
</thead>
</table>

(24 hour clock)

## D1. Is <baby> currently being minded by someone else, other than you or your partner, on a regular basis each week?

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

## D2. Can you indicate (a) who else minds <baby> on a regular basis, (b) number of days per week <baby> spends in each type of childcare, (c) number of hours per week <baby> spends in each type of childcare, (d) how much you pay for this childcare for <baby> per week (e) whether this is your main type of childcare

### D3a. Please specify how this person is related to <baby>

<table>
<thead>
<tr>
<th>a. Grandmother of &lt;baby&gt;</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Grandfather of &lt;baby&gt;</td>
<td>2</td>
</tr>
<tr>
<td>c. Aunt /Uncle of &lt;baby&gt;</td>
<td>3</td>
</tr>
<tr>
<td>d. Brother / Sister of &lt;baby&gt;</td>
<td>4</td>
</tr>
<tr>
<td>e. Non-resident Parent</td>
<td>5</td>
</tr>
<tr>
<td>f. Cousin of &lt;baby&gt;</td>
<td>6</td>
</tr>
<tr>
<td>g. Other relative</td>
<td>7</td>
</tr>
</tbody>
</table>

### D3b. Please specify how this person is related to <baby>

<table>
<thead>
<tr>
<th>a. Grandmother of &lt;baby&gt;</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Grandfather of &lt;baby&gt;</td>
<td>2</td>
</tr>
<tr>
<td>c. Aunt /Uncle of &lt;baby&gt;</td>
<td>3</td>
</tr>
<tr>
<td>d. Brother / Sister of &lt;baby&gt;</td>
<td>4</td>
</tr>
<tr>
<td>e. Non-resident Parent</td>
<td>5</td>
</tr>
<tr>
<td>f. Cousin of &lt;baby&gt;</td>
<td>6</td>
</tr>
<tr>
<td>g. Other relative</td>
<td>7</td>
</tr>
</tbody>
</table>

## D4a. Which of the following best describes that person?

<table>
<thead>
<tr>
<th>a. Au pair / Nanny</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Friend or parent</td>
<td>2</td>
</tr>
<tr>
<td>c. Neighbour</td>
<td>3</td>
</tr>
<tr>
<td>d. Registered childminder</td>
<td>4</td>
</tr>
<tr>
<td>e. Unregistered childminder</td>
<td>5</td>
</tr>
<tr>
<td>f. Other</td>
<td>6</td>
</tr>
</tbody>
</table>

## D4b. Which of the following best describes that person?

<table>
<thead>
<tr>
<th>a. Au pair / Nanny</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Friend or parent</td>
<td>2</td>
</tr>
<tr>
<td>c. Neighbour</td>
<td>3</td>
</tr>
<tr>
<td>d. Registered childminder</td>
<td>4</td>
</tr>
<tr>
<td>e. Unregistered childminder</td>
<td>5</td>
</tr>
<tr>
<td>f. Other</td>
<td>6</td>
</tr>
</tbody>
</table>

## D5. What type of centre is it?

<table>
<thead>
<tr>
<th>a. Work-based crèche</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Other crèche/nursery</td>
<td>2</td>
</tr>
<tr>
<td>c. Montessori</td>
<td>3</td>
</tr>
<tr>
<td>d. Playschool or pre-school</td>
<td>4</td>
</tr>
<tr>
<td>e. Naoinra</td>
<td>5</td>
</tr>
<tr>
<td>f. Other</td>
<td>6</td>
</tr>
</tbody>
</table>

## D6. What age was <baby> when you started to use the main childcare arrangement? _______ months
D7. How many children (excluding <baby>) are looked after in this main type of care?

_____________ number of children
[Int. if answer at D2 is a or b please go to D9]

D8a. Do you personally drop <baby> to this main type of care on your way to work?
Yes .................[6] No.....................[2] Don’t work .............[3]

D8b. Do you personally collect <baby> from this main type of care on your way home from work?
Yes .................[6] No.....................[2] Don’t work .............[3]

D8c. What distance do you travel from home to this main type of care?
Carer lives on my street / road ......................................................[1]
Less than ½ mile (1 kilometre) ......................................................[2]
½ to 1 mile (1 – 1.5 kilometres) ......................................................[3]
1 to 5 miles (1.5 – 8 kilometres) ....................................................[4]
6 to 10 miles (9 –16 kilometres) ....................................................[5]
More than 10 miles (more than 16 kilometres) ................................[6]

D8d. On average how long does it take to travel from home to where <baby> is cared for?
[Int. if time differs between getting there and coming home record the longer of the two]

____________ minutes

D8e. On a typical day, what time in the morning does <baby> leave home to go to the main type of care?

____________ 24 hour clock

D8f. On a typical day, what time does <baby> return home from the main type of care?

____________ 24 hour clock

D9a. [Card D9a] What was the single most important reason for you choosing this main form of childcare?
It was the only one I could afford .....................................................[1]
Convenient to my home ................................................................[2]
Linked to my job .............................................................................[3]
The quality of the care provided .....................................................[4]
It was the only one available to me ...............................................[5]
Other (please for describe) _____________________________ [6]

D9b. To what extent was your choice of childcare determined by financial constraints?
Completely To a large degree To some degree Only a little Not at all

D10a. How satisfied are you with these arrangements?
Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

D10b. Why are you dissatisfied?
_________________________________________________________________________________
_________________________________________________________________________________

D10c. Why do you not change the arrangement?
_________________________________________________________________________________
_________________________________________________________________________________
D11. What are your intentions for childcare when <baby> is 3 years old? [Tick all that apply]

- Baby minded by me on a full-time basis ..........................................
- Baby minded by my partner on a full-time basis .................................. 
- Shared by my partner and me ............................................................
- Part-time child-care ............................................................................
- Full-time child-care ............................................................................

D12. Which type of childcare?

- A relative in your home .................................................................
- Someone else in your home ............................................................
- A relative in their home ..................................................................
- Someone else in their home ............................................................
- A professional caregiver (e.g. crèche/day nursery) ..........................
- Other (please specify) ........................................................................

D13. [Card D13] Since <baby> was born has difficulty in arranging child care ever…. [Tick all that apply]

- a. prevented you looking for a job ...................................................
- b. made you turn down or leave a job ..............................................
- c. stopped you from taking on some study or training ..................
- d. made you leave a study or training course ..................................
- e. restricted the hours you could work or study ............................
- f. prevented you from engaging in social activities ......................
- g. Other please specify ________________________________________

E. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

E1. Have any of the other children in your household been particularly jealous/unhappy about <baby> (e.g. hitting etc.)?

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

F. INFANT’S HEALTH AND PHYSICAL DEVELOPMENT

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

F1. How much did <baby> weigh at birth? ___lbs ___ounces OR ___kgs

F2. What was <baby’s> length at birth? ___inches OR ____cms

F3. [Card F3] Were there any complications during <baby’s> birth? [Tick all that apply]

- A. No complications .........................................................................
- B. Very long labour (more than 12 hours) ........................................
- C. Very rapid labour (less than 2 hours) ...........................................
- D. Foetal distress – Abnormal Heart rate tracing ............................
- E. Foetal distress - Meconium or other sign .................................
- F. Foetal blood sample taken in labour ...........................................
- G. Birth injury – nerve injury / fracture / bruising .......................
- H. Other complication [please specify] ______________________________

F4. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes ........................................ 1  No ........................................... 2  Don’t know ....... 3

F5. Did <baby> need any help with his/her breathing from a ventilator?

Yes ........................................ 1  No ........................................... 2  Don’t know ....... 3

F6. How many days or parts of days were you in hospital after the birth? ____days

F7. How many days or parts of days was <baby> in hospital after the birth? ____days
**F8a. Was <baby> ever breastfed?** INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes .......................... ☐  No .......................... ☐  Go to F10d

**F8b. Was <baby> still being breastfed when you brought him/her home from hospital?**

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

**F9a. Was <baby> ever exclusively breastfeed?**

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes .......................... ☐  No .......................... ☐  Go to F11

**F9b. How old was <baby> when he/she stopped being exclusively breastfed?**

[Int: Accept answer in Days OR Weeks OR Months]

____Days   ____Weeks   ____Months   <Baby> still being exclusively breastfed…☐999

**F10a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?**

Yes .......................... ☐  No .......................... ☐  Go to F11

**F10b. How old was <baby> when he/she completely stopped being breastfed?**

[Int: Accept answer in Days OR Weeks OR Months]

____Days   ____Weeks   ____Months

**[INT: Only Ask F10c if biological mother]**

**F10c. [Card F10c] What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]**

- a. Not enough milk/hungry baby .......................................................... ☐ 1
- b. Inconvenience/fatigue .............................................................. ☐ 2
- c. Difficulty with breast feeding techniques ..................................... ☐ 3
- d. Sore nipples/engorged breast .................................................. ☐ 4
- e. Mother’s illness ............................................................ ☐ 5
- f. Planned to stop at this time .................................................. ☐ 6
- g. Baby weaned himself/herself .................................................. ☐ 7
- h. Physician told me to stop ..................................................... ☐ 8
- i. Returned to work ............................................................. ☐ 9
- j. Partner/father wanted me to stop ........................................... ☐ 10
- k. Formula feeding preferable .................................................. ☐ 11
- l. Wanted to drink alcohol ..................................................... ☐ 12
- m. Embarrassment/social stigma .......................................... ☐ 13
- n. Other, please specify .......................................................... ☐ 14

**INT: Only Ask F10d if biological mother**

**F10d. [Card F10d] Why did you choose not to breastfeed <baby> [Tick all that apply]**

- a. Not enough milk ............................................................. ☐ 1
- b. Inconvenience/fatigue ..................................................... ☐ 2
- c. Difficulty with breast feeding techniques ..................................... ☐ 3
- d. Sore nipples/engorged breast .................................................. ☐ 4
- e. Mother’s illness ............................................................ ☐ 5
- f. Physician told me not to ..................................................... ☐ 6
- g. Partner/father did not want me to breastfeed ...................... ☐ 7
- h. Formula feeding preferable .................................................. ☐ 8
- i. Wanted to drink alcohol ..................................................... ☐ 9
- j. Embarrassment/social stigma .......................................... ☐ 10
- k. Other, please specify .......................................................... ☐ 11

**F11. I’m now going to ask when <baby> first had (other) different types of milk. Please include any eaten with cereal. How old was <baby> when he/she first had:**

- Formula milk, such as Cow & Gate or SMA? ______Days   ______Weeks   ______Months   ☐ 4  Hasn’t Had
- Cow’s milk? ______Days   ______Weeks   ______Months   ☐ 4  Hasn’t Had
- Any other type of milk, such as soya milk? ______Days   ______Weeks   ______Months   ☐ 4  Hasn’t Had

**F12. What else does <baby> drink apart from milk or formula?** [Tick all that apply]

- Water ............................................................. ☐ 1
- Herbal drinks .......................................................... ☐ 5
- Baby Juice ............................................................. ☐ 2
- Tea .............................................................. ☐ 6
- Fruit juices/Cordial/Squash .................................................. ☐ 3
- Coffee ............................................................. ☐ 7
- Fizzy or soft drinks (e.g. lemonade, coke) .................................... ☐ 4
- Other [please specify] .......................................................... ☐ 8
None of the above ..............................................[ ]

F13. Can I check, has <baby> had any solid food on a regular basis?
REGULARLY = MORE THAN TWICE A WEEK FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

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

F14. How old was <baby> when he/she first had solid food regularly?
____ Days    ____ Weeks    ____ Months    Hasn’t yet    [ ]

F15. In general, how would you describe (a) <Baby’s> Health at Birth (i.e. the first two weeks after birth) and (b) <Baby’s>s> Current Health

(a) Health at birth            (b) Current health
Very healthy, no problems .........................................................[ ]
Healthy, but a few minor problems ..............................................[ ]
Sometimes quite ill ........................................................................[ ]
Almost always unwell ......................................................................[ ]

F16. Can you tell me whether <baby> has received: [Tick all that apply]

Their six-week checkup .........................................................[ ]
Vaccines at 6 months .........................................................[ ]
Vaccines at 2 months .........................................................[ ]
No vaccinations ............................................................................[ ]
Vaccines at 4 months .........................................................[ ]

F17. [Card F17] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

a. Respiratory disease [including asthma] .........................................................[ ]
b. Heart abnormalities ..................................................................................[ ]
c. Digestive allergies (e.g. lactose intolerant) .................................................[ ]
d. Eczema or any kind of skin allergy ..............................................................[ ]
e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) ..............................................................[ ]
f. Difficulty seeing ..........................................................................................[ ]
g. A problem with mobility or using his/her arms/legs to get around ..........[ ]
h. A problem with using his/her hands or arms ..............................................[ ]
i. Cerebral palsy ..............................................................................................[ ]
j. Kidney disease ............................................................................................[ ]
k. Diabetes .......................................................................................................[ ]
l. Any developmental delay ............................................................................[ ]
m. Down syndrome ..........................................................................................[ ]
n. Spina bifida / Hydrocephalis ........................................................................[ ]
o. Cleft lip and/or palate ..................................................................................[ ]
p. Other long-term condition [please specify] ................................................[ ]
q. None of the above ........................................................................................[ ]

F18. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE RESPONDENT TO CONSIDER [CHILD]’s MOST SEVERE CONDITION.

Minor ..............................................[ ]
Moderate ..............................................[ ]
Severe ..............................................[ ]

F19. [Card F19] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse, or to Accident and Emergency. What were these problems? [TICK ALL THAT APPLY ]

a. Snuffles/common cold .................................................................[ ]
b. Chest infections ........................................................................................[ ]
c. Ear infections .............................................................................................[ ]
d. Feeding problems ......................................................................................[ ]
e. Sleeping problems ......................................................................................[ ]
Dental problems (e.g. teething) .................................................................[ ]
g. Wheezing or asthma ..................................................................................[ ]
h. Skin problems ..............................................................................................[ ]
i. Persistent nappy rash .....................................................................................[ ]
j. Undescended testicle ....................................................................................[ ]
k. Tight foreskin ..............................................................................................[ ]
l. Hernia ............................................................................................................[ ]
m. Sight or eye problems ..................................................................................[ ]
 n. Failure to gain weight or to grow .................................................................[ ]
o. Persistent or severe vomiting .......................................................................[ ]
p. Persistent diarrhea or constipation ..............................................................[ ]
q. Fits or convulsions .......................................................................................[ ]
r. Meningitis .......................................................................................................[ ]
s. Colic ...............................................................................................................[ ]
t. Other health problems [please specify] .......................................................[ ]
u. None of the above ..........................................................................................[ ]
F20. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about <baby>'s> physical health? (exclude time of birth) [If none enter '0' do not leave blank]

A general practitioner (GP), or family physician .................................. N
A paediatrician ...................................................................................... N
A public health nurse or practice nurse .............................................. N
Another medical doctor (such as a hearing specialist) ...................... N
Accident and Emergency or Outpatient ............................................. N

F21. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?
Yes ............ No .................. Don't know .........

F22. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

F23. Since <baby> was born, was there any time, in your opinion, when he/she needed a medical examination or treatment but did not receive it?
Yes ............ No ............ Don't know ............ Refused .........

F24. Why did <baby> not get the medical care or treatment? Was this because:
[TICK YES OR NO TO EACH]

You couldn’t afford to pay ........................................................................ Yes ......... No ................ No ........................
The necessary medical care wasn’t available or accessible to you ................ Yes ......... No ................ No ........................
You could not take time off work to visit the doctor ................................ Yes ......... No ................ No ........................
Wanted to wait and see if the problem got better ...................................... Yes ......... No ................ No ........................
Still on the waiting list ............................................................................. Yes ......... No ................ No ........................
Other (specify).......................................................................................... Yes ......... No ................ No ........................

F25. Many babies have accidents at some time. Has <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor; health centre or hospital?
Yes ............ No ..................

G. FAMILY CONTEXT

Time Section Started (24 hour clock)

G1. [Card G1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. 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>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn't do for my child if it was necessary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
or stressful to me. ............................................................ □ 1 □ 2 □ 3 □ 4 □ 5
N. If I had it to do over again, I might decide
not to have child .......................................................... □ 1 □ 2 □ 3 □ 4 □ 5
O. I feel overwhelmed by the responsibility of
being a parent. ............................................................ □ 1 □ 2 □ 3 □ 4 □ 5
P. Having child has meant having too few choices and
too little control over my life. ........................................ □ 1 □ 2 □ 3 □ 4 □ 5
Q. I am satisfied as a parent. ........................................... □ 1 □ 2 □ 3 □ 4 □ 5
R. I find my child enjoyable ........................................... □ 1 □ 2 □ 3 □ 4 □ 5
Appendix G: Secondary Caregiver Twin Questionnaire
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE
STRICKTLY CONFIDENTIAL
FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE

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

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

A. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started ________ (24 hour clock)

Now I'd like to ask you some questions about your relationship with <baby>.

A1a. [Card A1] Over the last two week I would describe my feeling for <baby> as: Attachment Scale

B. BABY'S DEVELOPMENT

Time Section Started ________ (24 hour clock)

Now I'd like to ask you some questions about <baby>'s habits and routines.

B1. [Card B1] Who generally does the following with <baby>?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always yourself</th>
<th>Usually yourself</th>
<th>About equally by you &amp; partner</th>
<th>Usually spouse / partner</th>
<th>Always spouse / partner</th>
<th>Someone else</th>
<th>No one does this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathes him / her</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Feeds him / her</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shows him / her pictures in books</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cuddles him /her</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Plays with him / her (eg. clapping, rolling over, peek-a boo)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Taking him /her for walks, outings, visiting relatives or friends etc.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reading stories to him /her</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Changing his / her nappy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Getting up in the night to see him / her</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sings to him /her</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gets him / her up in the morning</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Puts him / her to bed</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dresses him / her in the morning</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Picks up him / her when he /she cries</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### B2. How much is <baby’s> sleeping pattern or habits a problem for you?

<table>
<thead>
<tr>
<th></th>
<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>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### B3. Do you feel that <baby’s> crying is a problem for you?  

### C. FAMILY CONTEXT

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

**C1. [Card C1]** Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your child now. 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>
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<td>A. I am happy in my role as a parent</td>
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<td>F. I enjoy spending time with my child</td>
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<td>H. Having a child gives me a more certain and optimistic view for the future</td>
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<td>J. Having a child leaves little time and flexibility in my life</td>
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<td>2</td>
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<td>5</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
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<td>2</td>
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<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have child</td>
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<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
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<td>O. I feel overwhelmed by the responsibility of being a parent</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>P. Having child has meant having too few choices and too little control over my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q. I am satisfied as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R. I find my child enjoyable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Appendix H: Non-resident Parent Questionnaire
Growing Up in Ireland – national study of children
Strictly Confidential
Non Resident Parent Questionnaire

First of all, we would like to ask you a few questions about the time you spend with the study child.

Q1. How long is it since you last saw your child? _____ days ______ weeks ______ months

Q2. How many nights do you and the study child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? ___ days

Q4. How long does a typical contact occasion last? ___ days  or ___ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

- Nowhere near enough
- Not quite enough
- About right
- A little too much
- Way too much

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

- Work commitments .............................................
- Commitments to other family/new partner ..........
- Physical distance between self and child ...........
- Other __________________________

Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>At your home</td>
</tr>
<tr>
<td>2</td>
<td>At the other parent’s home</td>
</tr>
<tr>
<td>3</td>
<td>At another relative’s home</td>
</tr>
<tr>
<td>4</td>
<td>Recreational/amenity area (e.g. park, swimming pool)</td>
</tr>
<tr>
<td>5</td>
<td>Shopping centre/cinema /McDonald’s etc</td>
</tr>
<tr>
<td>6</td>
<td>Specific events (e.g. football match)</td>
</tr>
<tr>
<td>7</td>
<td>Other</td>
</tr>
</tbody>
</table>

Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child?

- Court-imposed arrangements .............................................
- Formal, negotiated arrangements other than legal (e.g. counsellor) ........
- Mutual arrangement with no third party negotiator ................................
- No regular arrangements ..................................................
Q9. Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please 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:

<table>
<thead>
<tr>
<th>Task</th>
<th>Every day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare food for the child at home</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Put the child to bed</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Change nappies/bathe child</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Take the child to doctor/dentist etc</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Take the child to or from creche</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>

We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the child’s home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

Yes, I pay the full amount due ................. □1
No, I don’t pay towards the rent or mortgage directly ........ □3
Yes, I pay a contribution ...................... □2
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 child’s mother (other than a direct rent or mortgage payment)?

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. back to school) 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 mother .................... □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 mother when she became pregnant with the study child? (Please tick one box only).
Married and living together .................. ☐ 1  Going out but not living together .................. ☐ 5
Cohabiting/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 the child’s mother for the first time?
AGE ___ months OR ___ weeks
OR
Had separated before birth .................. ☐ 1  OR  Never lived with mother .................. ☐ 2

Q19. Are you named on the study child’s birth certificate?
Yes ............................................. ☐ 1  No ......................... ☐ 2  Not sure ......................................... ☐ 3

Q20. 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 your child with the child’s mother?
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 child’s mother?  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 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 your 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/Action</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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working for payment or profit</td>
<td>1</td>
</tr>
<tr>
<td>Retired from employment</td>
<td>6</td>
</tr>
<tr>
<td>Looking for first regular job</td>
<td>2</td>
</tr>
<tr>
<td>Unable to work due to permanent sickness or disability</td>
<td>7</td>
</tr>
<tr>
<td>Unemployed</td>
<td>3</td>
</tr>
<tr>
<td>Student or pupil</td>
<td>4</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>8</td>
</tr>
<tr>
<td>Looking after home/family</td>
<td>5</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No formal education</td>
<td>1</td>
</tr>
<tr>
<td>Certificate</td>
<td>8</td>
</tr>
<tr>
<td>Primary</td>
<td>2</td>
</tr>
<tr>
<td>Diploma</td>
<td>6</td>
</tr>
<tr>
<td>Junior Cert. or equivalent</td>
<td>3</td>
</tr>
<tr>
<td>Degree</td>
<td>7</td>
</tr>
<tr>
<td>Leaving Cert. or equivalent</td>
<td>4</td>
</tr>
<tr>
<td>Postgraduate Degree</td>
<td>8</td>
</tr>
<tr>
<td>Trade Qualification</td>
<td>5</td>
</tr>
</tbody>
</table>

Q32. Which of the following best describes your current marital status?

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>1</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
</tr>
<tr>
<td>First marriage (or cohabitation)</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
</tr>
<tr>
<td>Remarried (or cohabitating) following</td>
<td>3</td>
</tr>
<tr>
<td>Widowed</td>
<td>6</td>
</tr>
<tr>
<td>Remarried (or cohabitating) following</td>
<td>7</td>
</tr>
<tr>
<td>Widowhood</td>
<td>7</td>
</tr>
</tbody>
</table>

Q33. Are you currently living with a partner?

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

Q34. If yes, how long have you been in this relationship? ______ years or _______ months

Q35. How many other children (not including the study child) do you have?

None .......... 1  ________ 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?

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>1</td>
</tr>
<tr>
<td>Very good</td>
<td>2</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
</tr>
<tr>
<td>Fair</td>
<td>4</td>
</tr>
<tr>
<td>Poor</td>
<td>5</td>
</tr>
</tbody>
</table>

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
Appendix I: Non-resident Parent Information Sheet
What is the Growing Up in Ireland study?

*Growing Up in Ireland* is a new, 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?
The main phase of *Growing Up in Ireland* will include 10,000 9-month 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 details as the non-resident parent of your child and he/she agreed to supply it.

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 Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children 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. They are the Study Team.
What do I do next?
We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. 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 other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

- 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 our Communications Officer,
Jillian Heffernan, on 01 896 3378

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.
Appendix J: Home-Based Carer Questionnaire
GROWING UP IN IRELAND – national study of children
Infant Questionnaire

Strictly Confidential – HOME-BASED CARE

**PLEASE READ THIS FIRST**
This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

Q1. Which of the following best describes your relationship to the study child?

- Grandmother ........................................ 1
- Friend of parent .................................. 5
- Grandfather ........................................ 2
- Neighbour…….  ....................................... 6
- Other relative (please specify) .............. 3
- Registered childminder  ...................... 7
- Au pair / Nanny  .................................... 4
- Unregistered childminder  .................. 8
- Other (please specify) ........................ 9

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child’s home)?

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

Q3. Do you care for the study child in his / her own home; in your home or somewhere else?

- Study Child’s home…………………………. 1
- My own home …………………………. 2
- Somewhere else (please specify where) ____________

Q4. How long have you been caring for the study child?  ___ years ___ months ___ weeks

Q5. How many hours per week do you care for the study child?  _____________ hours

Q6. How many days per week do you care for the study child?  _____________ days

Q7. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- Very easy .......................... 1
- Somewhat easy ................. 2
- Neither easy nor difficult ..... 3
- Somewhat difficult .......... 4
- Very difficult ................... 5

We would also like some general information on the environment in which you look after the study child

Q8. On a typical day, how many children are in your care (excluding the study child, but including your own children)?  ________________ children

Q9. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

- 0 – 11 months ......................... 1
- 1-3 years ................................. 2
- 4-6 years ................................. 3
- 7-9 years ...................... 4
- 10 - 12 years ......................... 5
- 12 years and over .............. 6

Q10. How many of the following types of toys are there available to the child while in your care?

a. Cuddly toys or dolls  ______ (Enter number of toys)  
b. Activity type toys  ______ (number)

Q11. When you are minding the Study Child how many children’s books are available to the Study Child to look at / to be read from etc? Do you estimate…

- None................................. 1
- Less than 10 ........................... 2
- Between 10 and 20........... 3
- 21-30............................... 4
- More than 30............ 5
Q12. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q13. In a typical day, how long would the child spend asleep while in your care? ____hours

Q14. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

- Almost never □
- Sometimes □
- Often □
- Always □

Q15. Do you look after the study child when he or she is sick?

- Never …………… □
- Rarely ………… □
- Frequently ………… □
- Always ………… □

Finally, we would like to know some things about you.

Q16. What is your date of birth? (DD/MM/YYYY) ______(day) ____________ (mth)_________(yr)

Q17. What is your gender?

- Male ……………………….□
- Female……………….□

Q18. What nationality are you? ______________

Q19. Which of the following best describes your current employment status?

- Working for payment or profit □
- Looking after home/family □
- Looking for first regular job □
- Retired from employment □
- Unemployed □
- Unable to work due to permanent sickness or disability □
- Student or pupil □
- Other (please specify) □

Q20. Is caring for children your main occupation?

- Yes ……………… □
- No ……………… □

Q21. If no, please tell us your main occupation using precise terms (e.g. ‘national school teacher’ instead of ‘teacher’). _______________________________________

Q22. What is the highest level of education that you have completed?

- No formal education □
- Certificate □
- Diploma □
- Junior Cert. or equivalent □
- Degree □
- Leaving Cert. or equivalent □
- Postgraduate Degree □

Q23. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- No formal childcare qualification □
- FETAC award (levels 4,5 or 6) □
- HETAC or Third Level qualification from University, Inst of Tech, St Nicholas Montessori College etc. □
- A childcare award from outside Ireland □
- Other related course(s) (e.g. teaching, nursing etc) please specify □

Q24. Have you undertaken any other training relevant to caring for children? Tick all that apply

- Child psychology …………………… □
- Nutrition/Diet ……………………….□
- Sign language …………………… □
- Other …………………………… □
- First aid …………………………… □

Q25. How long have you regularly worked 10 or more hours per week in a childcare situation?

___ years ___ months

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000
Appendix K: Centre-based Carer Questionnaire
First of all, we would like to ask you some things about the study child in particular.

Q1. How long has the study child been attending this centre? ___ years ___ months ___ weeks

Q2. How many hours per week does the study child attend the centre? ___ hours

Q3. How many days per week does the study child attend the centre? ___ days

Q4. Compared with other children, do you think this child is . . . ?

- Much easier to get on with than average ............... 1
- More difficult to get on with than average .............. 4
- Easier to get on with than average ...................... 2
- Much more difficult to get on with than average ....... 5
- About average ........................................ 3

Q5. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- Very easy ........................................ 1
- Somewhat easy ..................................... 2
- Neither easy nor difficult ......................... 3
- Somewhat difficult ................................. 4
- Very difficult ...................................... 5

We would also like some general information about the care centre.

Q6. Are you registered with the Health Service Executive?

- Yes ............................................. 1
- No ............................................. 2
- Not sure ....................................... 3

Q7. On a typical day, how many children are in the centre (excluding study child)? __________ no. of children

Q8. What ages are these children? (Please indicate the number of children in these age categories)

- 0 – 11 months ................................ 1
- 1- 3 years ..................................... 2
- 4-6 years ...................................... 3
- 7-9 years ...................................... 4
- 10 – 12 years ................................. 5
- 12 years and over ............................ 6

Q9. If there is more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

- Yes ............................................. 1
- No ............................................. 2
- Sometimes ..................................... 3

Q10. How many children in the centre (excluding the study child) are from a non-English speaking family background? ______ children

Q11. How many children in the centre (excluding the study child) have a mental or physical disability? ______ children

Q12. How many of the following types of toys are there available to the child in the centre?

- a. Cuddly toys or dolls ______ (Enter number of toys)
- b. Activity type toys ______ (number)

Q13. When you are minding the Study Child how many children’s books are available to the Study Child to look at / to be read from etc? Do you estimate...

- None............................................. 1
- 21-30............................................. 4
- Less than 10 .................................. 2
- More than 30 ................................. 5
- Between 10 and 20........... 3

Q14. On average, how many hours per day does the child spend watching TV or DVD’s while in your care? ______ hrs
Q15. In a typical day, how long would the child spend asleep while in your care? ____ hours

Q16. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?
   Almost never ☐  Sometimes ☐  Often ☐  Always ☐

Q17. How many staff (whole-time equivalents) are employed in the centre to look after the children (do not include administrative or maintenance staff, etc)? __________ no. of staff

Q18. How many of these staff has a formal childcare qualification? __________ no. of staff

Q19. How many of these child care staff have English (or Irish) as their first language? __________ no. of staff

Q20. Are parents allowed to leave sick children into the centre?
   Never……………… ☐  Rarely ……………… ☐  Frequently  ………………. ☐  Always……………… ☐

Q21. Which of the following best describes your role in this child care centre?
   a. Director ............................... ☐  c. Part-time employee ................ ☐
   b. Full-time employee................... ☐  d. Other (please specify) ............. ☐

Q22. What is your date of birth? (DD/MM/YYYY) ______________________________

Q23. Are you?
   Male ........... ☐  Female ........... ☐

Q24. What is your nationality? ______________________________

Q25. Which of the following best describes the type of care your centre provides?
   Work-based crèche ......................... ☐  Playschool or Preschool ............. ☐
   Other crèche / nursery .................... ☐  Naoinra ....................................... ☐
   Montessori .................................. ☐  Other(please specify) ............ ☐

Q26. Do you have any specific qualification in childcare excluding your experience of raising your own children?
   No formal childcare qualification ............................................................................................................................ ☐
   FETAC award (levels 4,5 or 6) ............................................................................................................................ ☐
   HETAC or Third Level qualification from University, Inst of Tech, St Nicholas Montessori College etc.................. ☐
   A childcare award from outside Ireland ................................................................................................................ ☐
   Other related course(s) (e.g. teaching, nursing etc) please specify ........................................................................ ☐

Q27. Please indicate the subject area in which the qualification was obtained:
   Childcare ............................................. ☐  Special needs assistance ........... ☐
   National school teaching .................... ☐  Speech and language therapy ........... ☐
   Other education .................................. ☐  Nursing ........................................... ☐
   Child psychology/development .......... ☐  Other (please specify) ..................... ☐

Q28. When did you receive this qualification? Year: ________

Q29. Have you undertaken any other training relevant to caring for children? Tick all that apply.
   Child psychology ................................... ☐  Nutrition/Diet ................................. ☐
   Sign language ..................................... ☐  Other (please specify) ..................... ☐
   First aid .......................................... ☐

Q30. Is caring for children your main occupation?
   Yes ☐  No ☐

Q31. If no, please describe your main occupation as fully as possible
   ________________________________________________________________________________

Q32. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____ mths

Q33. How long have you worked in this particular care centre? ________ years _______ months

Q34. Overall, are you happy working in childcare?
   Strongly Agree ☐  Agree ☐  Neutral ☐  Disagree ☐  Strongly Disagree ☐

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000

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Appendix L: Carer Information Sheet
What is the Growing Up in Ireland study?
Growing Up in Ireland is a new, 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 nine-month olds and their families.

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

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week.

Why am I being asked to take part?
As a carer of the study child we feel that you too have a contribution to make.

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 Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children 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. They are the Study Team.
What do I do next?
We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. 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 other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

- 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 you help.

Where can I find out more information?

Phone:
Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378

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.
Appendix M: Work Assignment Sheet
**NLSCI INFANT MAIN 2008/2009**

**INTERVIEWER** 9999  Mr Joe Bloggs

**Group** 1  **Hhold 489**

Please interview between 14/01/2009 and 13/02/2009

**Child's Name:** Peter Smith  **Date of Birth:** 14 Jan 2009

---

**Mother's name:** Mary Smith

**Address:** 4 Burlington Road, Ballsbridge, Dublin 4

---

**Parent phone numbers**

<table>
<thead>
<tr>
<th>SECTION A</th>
<th>If yes, interview completed</th>
<th>Sensitive</th>
<th>If No, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lives in household</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Mother/Lone Father</td>
<td>□ 1, □ 2</td>
<td>□ 1, □ 2</td>
<td>□ 1, □ 2</td>
</tr>
<tr>
<td>Father/Partner</td>
<td>□ 1, □ 2</td>
<td>□ 1, □ 2</td>
<td>□ 1, □ 2</td>
</tr>
<tr>
<td>Twin of Study Infant</td>
<td>□ 1, □ 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION B**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Consent signed</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>NPRS Signed</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Mother PPS Tracking signed</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child PPS Tracking signed</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Mother PPS Linkage signed</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child PPS Linkage signed</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

**SECTION C**

<table>
<thead>
<tr>
<th>Is there a NON RESIDENT PARENT?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

If so, name, address and phone number of non-resident parent:

- **Name:** 
- **Address:** 
- **Phone:** 
- **Permission to contact:** Yes [□] No [□]

**SECTION D**

<table>
<thead>
<tr>
<th>Is there a REGULAR (8 hours or more per wk) CHILD MINDER?</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

- **In Child's home** [□]
- **Centre/Crèche** [□]
- **Relative's home** [□]
- **Home of non-relative carer** [□]
- **NONE** [□]

- **Name of carer/centre:** 
- **Address of carer/centre:** 
- **Phone:** 
- **Permission to contact:** Yes [□] No [□]

---

**Comment re measurements:**

Would you be willing, in principle, to have one of my colleagues call on you in the next week or so to check measurements? Yes [□] No [□]

---

Please complete ALL sections A to D

ALL Work Assignment sheets MUST be returned to ESRI

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