



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

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Appendix A: Introductory Letter to Respondent

«mothers_title» «Mothers_Fn» «Mothers_sn»
«addr1»
«addr2»
«addr3»
«ADDR4»

Our ref : «ref»

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.

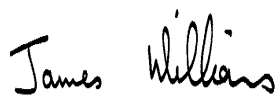
Taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

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

INFORMATION FOR PARENTS / GUARDIANS

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 Síochána.

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

PARENT'S /GUARDIAN'S 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

PARENT'S /GUARDIAN'S 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.

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: __ / __ / ____

GROUP: **HHOLD:** **Int No:** **Int Name**

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 <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
(b) Your child's number	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> 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 <input type="checkbox"/> ₁	No <input type="checkbox"/> ₂
(b) Your child's number	Yes <input type="checkbox"/> ₁	No <input type="checkbox"/> 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: _____

Address : _____

Phone: (_____) _____

Relationship to respondent: _____

Contact 2

Name: _____

Address : _____

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-1¹ and Men C injections given at 2, 4 and 6 months and MMR² 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



The Economic and Social Research Institute
 Whitaker Square
 Sir John Rogerson's Quay
 Dublin 2
 Ph: 01-8632000 fax: 01-8632100

University of Dublin
 Trinity College
 College Green
 Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
 INFANT QUESTIONNAIRE
 STRICTLY CONFIDENTIAL
 MOTHER or LONE FATHER QUESTIONNAIRE**

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <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

X1a. Record <baby's> name: _____

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

X1c. Record <baby's> date of birth __dd__mm__yyyy

X1d. Do you have a resident spouse / partner Yes ₁ No.....₂

A1. Are you the legal parent / guardian of <baby> who usually provides the most care to him / her.

Yes ₁ No₂

A1a. Are you in a position to answer in respect of <baby>

Yes.....₁ No.....₂ → Int. Terminate interview, reschedule

A2. [Int: Record gender of respondent] Male ₁ Female ₂

A3. [Card A3] Looking at Card A3, can you tell me which of the following best describes your relationship to <baby>? [Interviewer use codes only]

- | | |
|--|---|
| 1. Biological mother/ father <input type="checkbox"/> ₁ | 5. Grand parent <input type="checkbox"/> ₅ |
| 2. Adoptive mother/ father <input type="checkbox"/> ₂ | 6. Aunt/uncle <input type="checkbox"/> ₆ |
| 3. Step-mother / Step-father / Partner of child's parent . <input type="checkbox"/> ₃ | 7. Other relative/ in law <input type="checkbox"/> ₇ |
| 4. Foster mother / father <input type="checkbox"/> ₄ | 8. Unrelated guardian..... <input type="checkbox"/> ₈ |

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

No.	First name/Initial	(A) Sex		(B) Date of Birth	(C) If DOB not available	(D) Relationship of each member to mother and child.			(E) Show Card A5E						
		M	F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: CARD A5D1 Mother	R'SHIP TO: CARD A5D2 Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	1	///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	2		///	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9		<input type="checkbox"/>	<input type="checkbox"/>	___-___-___	yrs	9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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 |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___ / ___ / ___ |
| 2. | Male | Female | Date of Birth |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___ / ___ / ___ |
| 3. | Male | Female | Date of Birth |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___ / ___ / ___ |

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/ Almost never	Rarely	Sometimes	Often	Always / Almost always
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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.
- S.
- T.
- U.
- V.
- W.
- X.

C. BABY'S DEVELOPMENT

Time Section Started

--	--	--	--

(24 hour clock)

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

Communication	Yes	Sometimes	Not Yet
Gross Motor	Yes	Sometimes	Not Yet
Fine Motor	Yes	Sometimes	Not Yet
Problem Solving	Yes	Sometimes	Not Yet

Personal - Social	Yes	Sometimes	Not Yet

CX1. Do you talk to your baby while you are busy doing other things? (eg. while you do housework).

Never 1 Rarely 2 Sometimes 3 Often 4 Always 5

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

Yes1 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?

Most of the time 1 Often 2 At times 3 Rarely 4 Never 5

D6. How often does your baby wake at night?

Never 1 Occasionally 2 Most nights 3 Every night 4 More than once per night 5

4 2 3 4 5

D7. How many times per night on average? _____

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

Yes, usually 1 Yes, sometimes 2 No, not at all 3

D9. How do you normally put <baby> down to sleep?

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

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

D10. Does <baby> usually sleep:

In a room on his/her own 1 In your bedroom 3
 In a room with other children 2 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 A moderate problem A small problem No problem at all
1..... 2..... 3..... 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.....	<input type="checkbox"/> 1 Go to E3a	_____N	_____N	€ _____	<input type="checkbox"/> 4
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to E4a	_____N	_____N	€ _____	<input type="checkbox"/> 4
c. A relative in their home.....	<input type="checkbox"/> 3 Go to E3b	_____N	_____N	€ _____	<input type="checkbox"/> 4
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to E4b	_____N	_____N	€ _____	<input type="checkbox"/> 4
e. Centre-based caregiver (e.g. Crèche / Day nursery).....	<input type="checkbox"/> 5 Go to E5	_____N	_____N	€ _____	<input type="checkbox"/> 4
f. Other (please specify).....	<input type="checkbox"/> 6 Go to E6	_____N	_____N	€ _____	<input type="checkbox"/> 4

E3a. Please specify how this person is related to <baby>

- a. Grandmother of <baby> 1
- b. Grandfather of <baby> 2
- c. Aunt /Uncle of <baby> 3
- d. Brother / Sister of <baby> 4
- e. Non-resident Parent 5
- f. Cousin of <baby> 6
- g. Other relative 7

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

- a. Grandmother of <baby> 1
- b. Grandfather of <baby> 2
- c. Aunt /Uncle of <baby> 3
- d. Brother / Sister of <baby> 4
- e. Non-resident Parent 5
- f. Cousin of <baby> 6
- g. Other relative 7

E4a. Which of the following best describes that person?

- a. Au pair / Nanny 1
- b. Friend or parent 2
- c. Neighbour 3
- d. Registered childminder 4
- e. Unregistered childminder 5
- f. Other 6

E4b. Which of the following best describes that person?

- a. Au pair / Nanny 1
- b. Friend or parent 2
- c. Neighbour 3
- d. Registered childminder 4
- e. Unregistered childminder 5
- f. Other 6

E5. What type of centre is it?

- a. Work-based crèche 1
- b. Other crèche/nursery 2
- c. Montessori 3
- d. Playschool or pre-school 4
- e. Naoinra 5
- f. Other 6

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?

_____ number of children

[Int. if answer at E2 is a or b please go to E9]

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

Yes 1 No 2 Don't work 3

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

Yes 1 No 2 Don't work 3

E8c. 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

E8d. 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

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

_____ 24 hour clock

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

_____ 24 hour clock

E9a. [Card E9a] 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

E9b. 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**
1..... 2..... 3..... 4..... 5

E10a. How satisfied are you with these arrangements?

Very satisfied **Fairly satisfied** **Neither satisfied nor dissatisfied** **Fairly dissatisfied** **Very dissatisfied**
1..... 2..... 3..... 4..... 5

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. [Card 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? :

Identical 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?

	Yes, most of the time	Yes, some of the time	No, hardly ever
a) he/ she likes to be with his / her twin.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) he/she doesn't seem to notice his / her twin	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) he/she is upset if she is parted from his/her twin	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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	<input type="checkbox"/> ₁	Midwives clinic alone	<input type="checkbox"/> ₄
Private consultant alone	<input type="checkbox"/> ₂	Independent midwife alone.....	<input type="checkbox"/> ₅
Hospital clinic alone	<input type="checkbox"/> ₃	Had no ante-natal care	<input type="checkbox"/> 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 ₉₉

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) 6
- g. Bleeding during the second half of pregnancy 7
- h. Vaginal Infection during pregnancy 8
- i. Intrauterine Growth Restriction (small baby on scan)..... 9
- j. Rhesus Incompatibility 10
- k. Influenza 11
- l. Placenta praevia 12
- m. Miscarriage in a multiple pregnancy 13
- n. Other [please specify]..... 14

[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..... 1 No 2

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..... 1 No 2

G11b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?

Yes..... 1 No 2

G11c. Did you take Iron during your pregnancy with <baby>?

Yes..... 1 No 2

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] 1 In hospital..... 2 Other [please specify] _____ 3

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..... 1 No 2 Did not have any labour 3

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

Normal delivery..... <input type="checkbox"/> 1	Emergency Caesarean..... <input type="checkbox"/> 5
Suction assisted birth..... <input type="checkbox"/> 2	Vaginal breech delivery <input type="checkbox"/> 6
Forceps assisted birth..... <input type="checkbox"/> 3	Other [please specify] _____ <input type="checkbox"/> 7
Planned / Elective Caesarean <input type="checkbox"/> 4	

H5a. After how many weeks of pregnancy was <baby> born? _____ Wks Don't Know..... 99

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..... 1 No 2

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

Yes..... 1 No 2

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..... 1 No 2 → Go to H15d

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

Yes 1 No 2

H14a. Was <baby> ever exclusively breastfed?

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

Yes 1 No 2 → 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... 999 → Go to H20

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

Yes 1 → Go to H16 No 2

H15b. 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 H15c if biological mother]

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

[INT:Only ask H15d if biological mother]

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 999 Hasn't Had
Cow's milk? ___ Days ___ Weeks ___ Months 999 Hasn't Had
Any other type of milk, such as soya milk? ___ Days ___ Weeks ___ Months 999 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
- Herbal drinks.....5
- Tea.....6
- Coffee.....7
- Other [please specify].....8

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..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Healthy, but a few minor problems..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Sometimes quite ill..... | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| Almost always unwell..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

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

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

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 / Hydrocephalus 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 1
- b. Chest infections 3
- c. Ear infections 3
- d. Feeding problems 4
- e. Sleeping problems 5
- f. Dental problems (e.g. teething) 6
- g. Wheezing or asthma 7
- h. Skin problems 8
- i. Persistent nappy rash 9
- j. Undescended testicle 10
- k. Tight foreskin 11
- l. Hernia 12
- m. Sight or eye problems 13
- n. Failure to gain weight or to grow 14
- o. Persistent or severe vomiting 15
- p. Persistent diarrhea or constipation 16
- q. Fits or convulsions 17
- r. Meningitis 18
- s. Colic 19
- t. Other health problems [please specify] 20
- u. None of the above 21

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]

- | | Yes | No |
|--|----------------------------|----------------------------|
| You couldn't afford to pay | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| You could not take time off work to visit the doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| You wanted to wait and see if the problem got better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| The child is still on the waiting list..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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)

No Difficulty	Some difficulty			Cannot do at all
	Just a little	A moderate level	A lot of difficulty	
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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?

- Never 1
- Less than once a month 2
- 1-2 times a month 3
- 1-2 times a week 4
- 3-4 times a week 5
- 5-6 times a week 6
- Every day 7

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?

Pints of Beer/Cider ____ **Glasses of Wine** ____ **Measures of Spirits** ____ **Bottles of alcopops** ____

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

Time Section Started (24 hour clock)

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.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have a child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

I get enough help 1 **I don't get enough help** 2 **I don't get any help at all** 3 **I don't need any help** 4

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

	Never	Less often than once every 3 months	At least once every 3 months	At least once a month	At least once a week	Every day or almost every day
How often do <baby's> grandparents babysit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents have <baby> to stay over night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents take <baby> out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents buy toys or clothes for <baby>?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents help you around the house?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents help you out financially?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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 How many weeks _____ wks No... 2
(Accumulated before or during maternity / paternity leave)

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

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

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

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 How many weeks _____ wks No... 2
(Accumulated before or during maternity / paternity leave)

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

K15. What is your main reason for going back to work?

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

Go to K21

K16. Did you ever work? Yes ₁ No ₂ → **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 ₁ Yes, probably ₂ No ₃ → **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 ₁ Need an outlet outside the home ₄
 Maintain a Career ₂ Other [please specify]..... ₅
 Job related benefits (pension, car, health insurance etc) ₃

Go to K21

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?

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	N/A
Because of your work responsibilities:						
A. You have missed out on home or family activities That you would have liked to have taken part in	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
B. Your family time is less enjoyable and more pressured	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Because of your family responsibilities:						
C. You have to turn down work activities or Opportunities that you would prefer to take on.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
D. The time you spend working is less enjoyable and more pressured.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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..... ₁
 Apartment / Flat/ Bedsit ₂
 Other (specify) _____ ₃

L7b. Does your accommodation have access to a garden or common space (either private or shared)?

- Yes ₁ No ₂

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) ₁
 Being purchased from a Local Authority under a Tenant Purchase Scheme ₂
 Rented from a Local Authority ₃
 Rented from a Voluntary Body ₄

- Rented from a Private Landlord 5
- Living with and paying rent to your (or your partner's) parent(s) 6
- Occupied free of rent with your (or your partner's) parent(s) 7
- Occupied free of rent from your (or your partner's) job 8

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) | <input type="checkbox"/> 1 | Student full-time | <input type="checkbox"/> 4 |
| Self employed outside farming | <input type="checkbox"/> 2 | On State training scheme (FAS, Failte Ireland etc.) | <input type="checkbox"/> 5 |
| Farmer | <input type="checkbox"/> 3 | Unemployed, actively looking for a job | <input type="checkbox"/> 6 |
| | | Long-term sickness or disability | <input type="checkbox"/> 7 |
| | | Home duties / looking after home or family | <input type="checkbox"/> 8 |
| | | Retired | <input type="checkbox"/> 9 |
| | | Other (specify) | <input type="checkbox"/> 10 |

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 1 No 2

L14. How many? _____

L15. How many employees (if any) do you have? _____ employees N A 99

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 ... 1 No .. 2 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) 1 Self-employed outside farming 2 Farmer 3

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 ₁ No.....₂ 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 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

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 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]

	<u>A</u>		<u>B</u> Largest Source
	<u>Receive?</u>		
	<u>Yes</u>	<u>No</u>	
A. Wages or Salaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Income from Self-Employment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Income from Farming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Children's Allowance/ Child Benefit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Other Social Welfare Payments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

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.....₉₉ € _____ per Week₁ Month.....₂ Year ₃

[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]

<u>HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI</u>			
<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> → Section C, Card L27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> → Section D, Card L27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> → Section E, Card L27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> → Section F, Card L27
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000 ...	G <input type="checkbox"/> → Section G, Card L27
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000 ...	H <input type="checkbox"/> → Section H, Card L27
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000 ...	I <input type="checkbox"/> → Section I, Card L27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card L27
	Refused	<input type="checkbox"/> ₇₇	Don't Know
			<input type="checkbox"/> ₈₈

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]

A	Per week	under €75 <input type="checkbox"/> ₁	€75 to €150..... <input type="checkbox"/> ₂	€151 to €230..... <input type="checkbox"/> ₃
	Per Month	€0 to €300..... <input type="checkbox"/> ₁	€301 to €650..... <input type="checkbox"/> ₂	€651 to €1,000..... <input type="checkbox"/> ₃
	Per Year	€0 to €4,000..... <input type="checkbox"/> ₁	€4,001 to €8,000..... <input type="checkbox"/> ₂	€8,001 to €12,000..... <input type="checkbox"/> ₃
B	Per week	€231 to €270..... <input type="checkbox"/> ₁	€271 to €310..... <input type="checkbox"/> ₂	€311 to €350..... <input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150 <input type="checkbox"/> ₁	€1,151 to €1,350..... <input type="checkbox"/> ₂	€1,351 to €1,500..... <input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000 <input type="checkbox"/> ₁	€14,001 to €16,000..... <input type="checkbox"/> ₂	€16,001 to €18,000..... <input type="checkbox"/> ₃
C	Per week	€351 to €390..... <input type="checkbox"/> ₁	€391 to €420..... <input type="checkbox"/> ₂	€421 to €460..... <input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700 <input type="checkbox"/> ₁	€1,701 to €1,800..... <input type="checkbox"/> ₂	€1,801 to €2,000..... <input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000 <input type="checkbox"/> ₁	€20,001 to €22,000..... <input type="checkbox"/> ₂	€22,001 to €24,000..... <input type="checkbox"/> ₃
D	Per week	€461 to €500..... <input type="checkbox"/> ₁	€501 to €535..... <input type="checkbox"/> ₂	€536 to €575..... <input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150 <input type="checkbox"/> ₁	€2,151 to €2,300..... <input type="checkbox"/> ₂	€2,301 to €2,500..... <input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000 <input type="checkbox"/> ₁	€26,001 to €28,000..... <input type="checkbox"/> ₂	€28,001 to €30,000..... <input type="checkbox"/> ₃
E	Per week	€576 to €650..... <input type="checkbox"/> ₁	€651 to €750..... <input type="checkbox"/> ₂	€751 to €800..... <input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800 <input type="checkbox"/> ₁	€2,801 to €3,250..... <input type="checkbox"/> ₂	€3,251 to €3,500..... <input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000 <input type="checkbox"/> ₁	€34,001 to €38,000..... <input type="checkbox"/> ₂	€38,001 to €42,000..... <input type="checkbox"/> ₃
F	Per week	€801 to €850..... <input type="checkbox"/> ₁	€851 to €880..... <input type="checkbox"/> ₂	€881 to €925..... <input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650 <input type="checkbox"/> ₁	€3,651 to €3,800..... <input type="checkbox"/> ₂	€3,801 to €4,000..... <input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000 <input type="checkbox"/> ₁	€44,001 to €46,000..... <input type="checkbox"/> ₂	€46,001 to €48,000..... <input type="checkbox"/> ₃
G	Per week	€926 to €1,000..... <input type="checkbox"/> ₁	€1,001 to €1,050..... <input type="checkbox"/> ₂	€1,051 to €1,150..... <input type="checkbox"/> ₃
	Per Month	€4,001 to €4,300 <input type="checkbox"/> ₁	€4,301 to €4,600..... <input type="checkbox"/> ₂	€4,601 to €5,000..... <input type="checkbox"/> ₃
	Per Year	€48,001 to €52,000 <input type="checkbox"/> ₁	€52,001 to €56,000..... <input type="checkbox"/> ₂	€56,001 to €60,000..... <input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250 <input type="checkbox"/> ₁	€1,251 to €1,375..... <input type="checkbox"/> ₂	€1,376 to €1,500..... <input type="checkbox"/> ₃
	Per Month	€5,001 to €5,500 <input type="checkbox"/> ₁	€5,501 to €6,000..... <input type="checkbox"/> ₂	€6,001 to €6,500..... <input type="checkbox"/> ₃
	Per Year	€60,001 to €66,000 <input type="checkbox"/> ₁	€66,001 to €72,000..... <input type="checkbox"/> ₂	€72,001 to €78,000..... <input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600 <input type="checkbox"/> ₁	€1,601 to €1,750..... <input type="checkbox"/> ₂	€1,751 to €1,850..... <input type="checkbox"/> ₃
	Per Month	€6,501 to €7,000 <input type="checkbox"/> ₁	€7,001 to €7,500..... <input type="checkbox"/> ₂	€7,501 to €8,000..... <input type="checkbox"/> ₃
	Per Year	€78,001 to €84,000 <input type="checkbox"/> ₁	€84,001 to €90,000..... <input type="checkbox"/> ₂	€90,001 to €96,000..... <input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100 <input type="checkbox"/> ₁	€2,101 to €2,400..... <input type="checkbox"/> ₂	€2,401 or more <input type="checkbox"/> ₃
	Per Month	€8,001 to €9,250 <input type="checkbox"/> ₁	€9,251 to €10,500..... <input type="checkbox"/> ₂	€10,501 or more <input type="checkbox"/> ₃
	Per Year	€96,000 to €110,000 .. <input type="checkbox"/> ₁	€110,001 to €125,000... <input type="checkbox"/> ₂	€125,001 or more <input type="checkbox"/> ₃

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?

Yes₁ → 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]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> ₁	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> ₂
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> ₃	Back to Work Enterprise Allowance	<input type="checkbox"/> ₆
Farm Assist	<input type="checkbox"/> ₄	Part-time Job Incentive Scheme	<input type="checkbox"/> ₇
Back to Work Allowance (Employees)	<input type="checkbox"/> ₅	Back to Education Allowance	<input type="checkbox"/> ₈
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> ₉		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₀	Deserted Wife's Allowance	<input type="checkbox"/> ₁₄
Deserted Wife's Benefit	<input type="checkbox"/> ₁₁	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₅
Widowed Parent Grant	<input type="checkbox"/> ₁₂	One-Parent Family Payment	<input type="checkbox"/> ₁₆
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₃		

CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> 17	Health & Safety Benefit	<input type="checkbox"/> 19
Adoptive Benefit	<input type="checkbox"/> 18	Guardian's Payment (Contributory)	<input type="checkbox"/> 20
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> 21
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> 22	Injury Benefit	<input type="checkbox"/> 28
Invalidity Pension	<input type="checkbox"/> 23	Incapacity Supplement	<input type="checkbox"/> 29
Disability Allowance	<input type="checkbox"/> 24	Disablement Benefit	<input type="checkbox"/> 30
Blind Pension	<input type="checkbox"/> 25	Medical Care Scheme	<input type="checkbox"/> 31
Carer's Benefit	<input type="checkbox"/> 26	Constant Attendance Allowance	<input type="checkbox"/> 32
Domiciliary Care Allowance	<input type="checkbox"/> 27	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> 33
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> 34	State Pension Non-Contributory	<input type="checkbox"/> 36
State Pension (Contributory)	<input type="checkbox"/> 35	Pre-Retirement Allowance	<input type="checkbox"/> 37

L30. Does anyone in your household currently receive rent or mortgage supplement? Yes.. 1 No... 2

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?

None	Less than 5 %	5% to less than 20%	20% to less than 50%	50% to less than 75%	75% to less than 100%	100%
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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 1 No 2

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?

	Yes	No, Cannot Afford	No, other reason
Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does your household have a roast joint (or its equivalent) at least once a week?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does each household member possess a warm waterproof coat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household replace any worn out furniture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household keep the home adequately warm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household have family or friends for a drink or meal once a month?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household buy presents for family or friends at least once a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

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?

With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very easily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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 1 No 2

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

Yes ₁ No ₂

L33f. Why was that?

Didn't want to.....	<input type="checkbox"/> ₁	Couldn't leave the children	<input type="checkbox"/> ₄
Have a full social life in other ways	<input type="checkbox"/> ₂	Illness.....	<input type="checkbox"/> ₅
Couldn't afford to	<input type="checkbox"/> ₃	Other	<input type="checkbox"/> 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?

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

₁..... ₂..... ₃..... ₄..... ₅..... ₆

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 ₈
 (Third Level Bachelor Degree)
 9. Professional qualification (of Degree status at least) ₉
 10. Both a Degree and a Professional qualification..... ₁₀
 11. Postgraduate Certificate or Diploma..... ₁₁
 12. Postgraduate Degree (Masters) ₁₂
 13. Doctorate (Ph.D) ₁₃

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]

English	<input type="checkbox"/> ₁	Irish	<input type="checkbox"/> ₂
Arabic	<input type="checkbox"/> ₃	French	<input type="checkbox"/> ₄
Polish	<input type="checkbox"/> ₅	Russian	<input type="checkbox"/> ₆
Czech	<input type="checkbox"/> ₇	Latvian	<input type="checkbox"/> ₈
Portuguese	<input type="checkbox"/> ₉	Spanish.....	<input type="checkbox"/> ₁₀
Chinese	<input type="checkbox"/> ₁₁	Lithuanian	<input type="checkbox"/> ₁₂
Romanian	<input type="checkbox"/> ₁₃	German.....	<input type="checkbox"/> ₁₄
Other (specify).....	<input type="checkbox"/> ₁₅		

L35a. Is English your native language? Yes ₁ → 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 1 No 2

L41. Are you a citizen of Ireland? Yes..... 1 No 2

L42. What citizenship do you hold? _____

L43. Were you born in Ireland? Yes..... 1 No 2

L44. In which country were you born? _____

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

Within the last year 1 1-5 years ago 2 6-10 years ago 3 11-20 years ago 4 More than 20 years ago 5

L46. And what about <baby>. Is he / she a citizen of Ireland? Yes 1 No 2

L47. What citizenship does he / she hold? _____

L48. Was <baby> born in Ireland? Yes 1 No..... 2

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

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

Within last 3 months 1 3-6 months 2 More than 6 months 3

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

Irish 1 Any other Black background 5
Irish Traveller 2 Chinese 6
Any other white background 3 Any other Asian background 7
African 4 Other – incl. mixed background (specify) ... 8

L52a. Do you belong to any religion? Yes..... 1 No..... 2

L52b. [Card L52b] 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

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

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

L53b. [Card L53b] 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

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 1 No regular care 8 hrs per wk or more..... 2 → Go to M1

L55. Is this care provided in:

- the child's home 1
- a relative's home 2
- home of carer – non-relative 3
- centre – crèche) 4

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 1
- No, does not wish regular carer to be contacted 2
- No, does not have contact details for regular carer 3

Interviewer:
record contact details of regular carer on the Work Assignment Sheet

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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Homes and -gardens in bad condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vandalism and deliberate damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People being drunk or taking drugs in public.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It is safe for children to play outside during the day in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are safe parks, playgrounds and play spaces in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We as a family intend to continue living in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
As a family we are settled in and part of this community.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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?			Available?	
	Yes	No		Yes	No
1. Regular public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	5. Social Welfare Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. GP or health clinic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	6. Banking/ Credit Union	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Schools (primary or secondary)..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	7. Essential grocery shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	8. Crèche, day-care, mother and toddler groups etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

Yes..... 1 No 2

M6. Would you describe the place where the household is situated as being.....?

- In open country 1
- In a village (200-1,499) 2
- In a town (1,500-2,999) 3
- In a town (3,000-4,999) 4
- In a town (5,000-9,999) 5
- In a town (10,000 or more)..... 6

- Waterford city 7
- Galway city 8
- Limerick city..... 9
- Cork city..... 10
- Dublin city (incl. Dun Laoghaire) 11
- Dublin county (outside Dublin city) urban..... 12
- Dublin county (outside Dublin city) rural 13

Time Section Ended

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(24 hour clock)

Appendix C: Primary Caregiver Sensitive Questionnaire



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University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
MOTHER / LONE FATHER 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 ₁ Female ₂

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 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

- | | Never | Not very often | Sometimes | Often | Almost always/always |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Shout or yell at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Throw something at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Push, hit or slap each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

- | | Never | Not very often | Sometimes | Often | Almost always/always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Compromise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Apologise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Change the subject..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Agree to discuss the issue later..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Agree to disagree..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Use affection (hug) or make a joke about it..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Ignore or refuse to speak any more, walk away, leave the room or leave the house..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

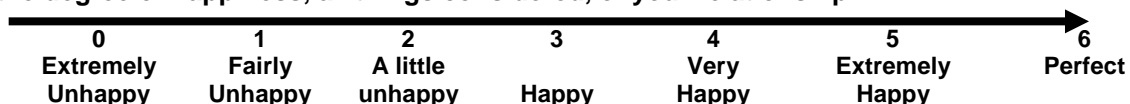
S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | Always Agree | Almost Always Agree | Occasionally Disagree | Frequently Disagree | Almost Always Disagree | Always Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Philosophy of life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Aims, goals and things believed important..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Amount of time spent together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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

- | | Never | Less than once a month | Once or twice a month | Once or twice a week | Once a week | More often |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Have a stimulating exchange of ideas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Calmly discuss something together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Work together on a project..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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.



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

Brought you and your spouse/partner closer together,

1

Made you less close than before,

2

Made no difference to your relationship,

3

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.....1

No.....2 →Go to S27a

S26. How many?

One1

Two2

Three or more.....3

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.....1

No.....2

S27b. What treatment did you receive?

Clomiphene citrate alone1

GIFT: Gamete Intrafallopian Transfer2

IVF: In Vitro Fertilisation.....3

ICSI: IVF with intra cytoplasmic sperm injection.....4

Frozen embryo transfer.....5

Surgery involving the womb, tubes or ovaries6

Donor sperm7

Donor egg8

Other (please specify).....9

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

S28b. Are you currently pregnant? Yes.....1 No.....2

S28c. What age were you when you had your first period? _____ years of age. Can't remember2

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

Yes, at that time1

Yes, but much later2

Yes, but somewhat later3

Yes, but earlier4

No intention of ever becoming pregnant....5

Other (specify).....6

Unsure/Didn't mind7

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

A great deal

Some

Not much

None at all

1234

S30b. Was that during:

Yes

No

First Trimester [1st, 2nd or 3rd month]12

Second Trimester [4th, 5th or 6th month]12

Third Trimester [7th, 8th or 9th month]12

S30c. Was this stress due to: (tick yes or not for each)

Yes

No

(i) the pregnancy itself 1 2

(ii) other factor, such as bereavement, work related etc. 1 2

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]

	Yes	No	How many per day?
First Trimester [1 st , 2 nd or 3 rd month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	..... N
Second Trimester [4 th , 5 th or 6th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	..... N
Third Trimester [7 th , 8 th or 9th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	..... N

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?

	Yes	No	Pints of beer/cider	Glasses of wine	Measures of spirits	Bottles of alcopops
First Trimester [1 st , 2 nd or 3 rd month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Second Trimester [4 th , 5 th or 6th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Third Trimester [7 th , 8 th or 9th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....

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

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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?

Every day	5-6 times a week	2-4 times a week	Once a week	1-3 times a month	Less often	Never
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

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

Yes, on a regular basis.....1 Yes, on an occasional basis.....2 Never3

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.....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.

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

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

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?

Yes1

No2 →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 here1

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?

Daily1

Monthly5

Once or twice a week.....2

Less than once a month6

Weekly3

No contact.....7

Every second week / weekend4

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 payment1

Yes, he/she makes a regular payment2

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 About once a week 3 A few times a month 4 Several 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?

Yes1

No, I do not wish other parent to be contacted2

No, I do not have contact details for other parent3

➔ Please give contact details

Time Section Ended

(24 hour clock)

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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



The Economic and Social Research Institute
Whitaker Square
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Dublin 2
Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE**

GROUP HHOLD. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <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 ₁ Female..... ₂

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 ₁
- B. Adoptive mother/ father ₂
- C. Step-mother/ Step-father /Partner of child's parent ₃
- D. Foster mother/ father ₄
- E. Grand parent ₅
- F. Aunt/uncle ₆
- G. Other relative/ in law ₇
- H. Unrelated guardian..... ₈

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>.

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

C. BABY'S DEVELOPMENT

Time Section Started (24 hour clock)

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 ₁ Wanted to, but missed it..... ₂ No..... ₃

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>?

	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/partner	Always spouse / partner	Some one else	No one does this
(a) Bathes him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(b) Feeds him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(c) Shows him / her pictures in books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(d) Cuddles him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(f) Taking him / her for walks, outings, visiting relatives or friends etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(g) Reading stories to him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(h) Changing his /her nappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(i) Getting up in the night to see to him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(j) Sings to him / her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(k) Gets him / her up in the morning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(l) Puts him / her to bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(m) Dresses him / her in the morning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
(n) Picks up him / her when he /she cries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

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
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

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

Yes 1 No 2

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.....	<input type="checkbox"/> 1	Fair.....	<input type="checkbox"/> 4
Very Good.....	<input type="checkbox"/> 2	Poor.....	<input type="checkbox"/> 5
Good.....	<input type="checkbox"/> 3		

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁

No ₂

D3. What is the nature of this problem, illness or disability? Please describe as fully as possible. [Int. Please record diagnosis – not symptoms of the problem]

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

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

Yes, severely ₁

Yes, to some extent ₂

No ₃

D6. [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)

	Some difficulty			
No Difficulty <input type="checkbox"/> ₁	Just a little <input type="checkbox"/> ₂	A moderate level <input type="checkbox"/> ₃	A lot of difficulty <input type="checkbox"/> ₄	Cannot do at all <input type="checkbox"/> ₅

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

Daily ₁

Occasionally ₂

Not at all ₃

D8. Have you ever smoked? Was it:

Daily ₁

Occasionally ... ₂

Never ₃

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 ₁
- Less than once a month ₂
- 1-2 times a month ₃
- 1-2 times a week ₄
- 3-4 times a week ₅
- 5-6 times a week ₆
- Every day ₇

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

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.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have a child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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?

	Strongly Disagree	Disagree	Neither Agree nor disagree	Agree	Strongly Agree	NA
Because of your work responsibilities:						
A. You have missed out on home or family activities that you would have liked to have taken part in.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Your family time is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your family responsibilities:						
C. You have to turn down work activities or opportunities you would prefer to take on.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. The time you spend working is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

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

Currently 1 In the past..... 2 No 2

E3b. How many days or weeks will you take? _____ days **OR** weeks..... 1

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

Taken as a block..... 1 Spread over a period of time..... 2

F: SOCIO-DEMOGRAPHICS

Time Section Started

(24 hour clock)

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?

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

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

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

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 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

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 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

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. [Card F13] 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 8
 (Third Level Bachelor Degree)
 9. Professional qualification (of Degree status at least) 9
 10. Both a Degree and a Professional qualification..... 10
 11. Postgraduate Certificate or Diploma 11
 12. Postgraduate Degree (Masters) 12
 13. Doctorate (Ph.D) 13

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

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

Tick all that apply]

- | | |
|--|--|
| English <input type="checkbox"/> 1 | Irish <input type="checkbox"/> 2 |
| Arabic <input type="checkbox"/> 3 | French <input type="checkbox"/> 4 |
| Polish <input type="checkbox"/> 5 | Russian <input type="checkbox"/> 6 |
| Czech <input type="checkbox"/> 7 | Latvian <input type="checkbox"/> 8 |
| Portuguese <input type="checkbox"/> 9 | Spanish..... <input type="checkbox"/> 10 |
| Chinese <input type="checkbox"/> 11 | Lithuanian <input type="checkbox"/> 12 |
| Romanian <input type="checkbox"/> 13 | German..... <input type="checkbox"/> 14 |
| Other (specify)..... <input type="checkbox"/> 15 | |

F15. Is English your native language? Yes 1 → **Go to F18** No 2

[Int: Ask F16 and F17 only if any language other than Irish or English is usually spoken at home see F14 above]

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 1 No 2

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

Yes 1 No 2

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

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

Yes 1 No 2

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 1 No.....

F21. Are you a citizen of Ireland? Yes..... 1 No 2

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?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

Irish <input type="checkbox"/> 1	<input type="checkbox"/>	Any other Black background <input type="checkbox"/> 5
Irish Traveller <input type="checkbox"/> 2		Chinese <input type="checkbox"/> 6
Any other white background <input type="checkbox"/> 3	<input type="checkbox"/>	Any other Asian background <input type="checkbox"/> 7
African <input type="checkbox"/> 4		Other [incl. mixed background] – specify <input type="checkbox"/> 8

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

F28. [Card F28] Which religion

Christian – no denomination	<input type="checkbox"/> 1
Roman Catholic	<input type="checkbox"/> 2
Anglican/Church of Ireland/Episcopalian	<input type="checkbox"/> 3
Other Protestant.....	<input type="checkbox"/> 4
Jewish	<input type="checkbox"/> 5
Muslim.....	<input type="checkbox"/> 6
Other (specify)	<input type="checkbox"/> 7

Time Section Ended

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(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 ₁ Female ₂

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 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

- | | Never | Not very often | Sometimes | Often | Almost always/ always |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Shout or yell at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Throw something at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Push, hit or slap each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

- | | Never | Not very often | Sometimes | Often | Almost always/ always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Compromise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Apologise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Change the subject..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Agree to discuss the issue later..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Agree to disagree..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Use affection (hug) or make a joke about it..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Ignore or refuse to speak any more, walk away, leave the room or leave the house..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

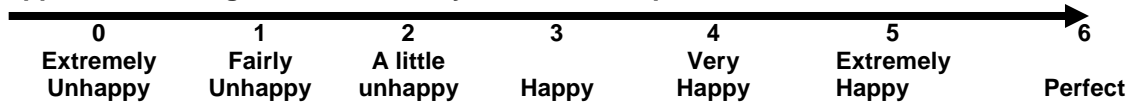
S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | Always Agree | Almost Always | Occasionally Disagree | Frequently Disagree | Almost Always | Always Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Philosophy of life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Aims, goals and things believed important..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Amount of time spent together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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

- | | Never | Less than once a month | Once or twice a month | Once or twice a week | Once a week | More often |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Have a stimulating exchange of ideas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Calmly discuss something together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Work together on a project..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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.



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

Brought you and your spouse/partner closer together, 1

Made you less close than before, 2

Made no difference to your relationship, 3

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 1 No 2 →Go to S27a

S26. How many?

One 1 Two 2 Three or more 3

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 1 No 2

S27b. What treatment did you receive?

- Clomiphene citrate alone 1
- GIFT: Gamete Intrafallopian Transfer 2
- IVF: In Vitro Fertilisation 3
- ICSI: IVF with intra cytoplasmic sperm injection 4
- Frozen embryo transfer 5
- Surgery involving the womb, tubes or ovaries 6
- Donor sperm 7
- Donor egg 8
- Other (please specify) 9

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

S28b. Are you currently pregnant? Yes 1 No 2

S28c. What age were you when you had your first period? _____ years of age. Can't remember 2

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

- Yes, at that time 1
- Yes, but much later 2
- Yes, but somewhat later 3
- Yes, but earlier 4
- No intention of ever becoming pregnant 5
- Other (specify) 6
- Unsure/Didn't mind 7

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

A great deal Some Not much None at all

1 2 3 4

S30b. Was that during:

	Yes	No
First Trimester [1 st , 2 nd or 3 rd month] <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Second Trimester [4th, 5th or 6th month] <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Third Trimester [7th, 8th or 9th month] <input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2

S30c. Was this stress due to: (tick yes or not for each)

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| (i) the pregnancy itself | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (ii) other factor, such as bereavement, work related etc. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

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]

	Yes	No	How many per day?
First Trimester [1 st , 2 nd or 3 rd month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....N
Second Trimester [4 th , 5 th or 6th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....N
Third Trimester [7 th , 8 th or 9th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....N

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?

	Yes	No	Pints of beer/cider	Glasses of wine	Measures of spirits	Bottles of alcopops
First Trimester [1 st , 2 nd or 3 rd month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Second Trimester [4 th , 5 th or 6th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Third Trimester [7 th , 8 th or 9th month]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....

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

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methadone, Crack, Cocaine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methadone, Crack, Cocaine	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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?

Every day ₁ 5-6 times a week ₂ 2-4 times a week ₃ Once a week ₄ 1-3 times a month ₅ Less often ₆ Never ₇

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

Yes, on a regular basis.....₁ Yes, on an occasional basis.....₂ Never₃

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 pregnancy₂
 In the 2nd trimester of the pregnancy₃
 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.

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

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 | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting / living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 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?

- Yes1 No2 →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 | <input type="checkbox"/> 1 | More than 1 hour's drive from here..... | <input type="checkbox"/> 3 |
| Between ½ and 1 hour's drive from here.. | <input type="checkbox"/> 2 | Outside the country..... | <input type="checkbox"/> 4 |

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

- | | | | |
|-----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily | <input type="checkbox"/> 1 | Monthly | <input type="checkbox"/> 5 |
| Once or twice a week..... | <input type="checkbox"/> 2 | Less than once a month | <input type="checkbox"/> 6 |
| Weekly | <input type="checkbox"/> 3 | No contact..... | <input type="checkbox"/> 7 |
| Every second week / weekend | <input type="checkbox"/> 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 payment1
 Yes, he/she makes a regular payment2
 Yes, he/she makes payments as required.....3

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

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | Several times a | About once | A few times a | Several times a | Never |
| <input type="checkbox"/> 1 | week | a week | month | year | <input type="checkbox"/> 6 |
| | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | |

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

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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?

- Yes1
 No, I do not wish other parent to be contacted2
 No, I do not have contact details for other parent3

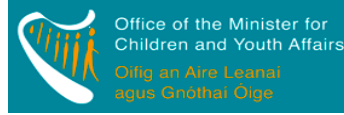
→ Please give contact details

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



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE
STRICTLY CONFIDENTIAL**

MOTHER or LONE FATHER 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 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

Time Section Started (24 hour clock)

X1a. Record <baby's> name: _____

X1b. Record <baby's> gender Male₁ 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 leave₁
- Is unhappy at first but quickly settles down₂
- Remains unsettled and unhappy during your entire absence₃
- 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 delight₁
- With a mixture of delight and annoyance₂
- Hard to tell, no particular emotion₃
- Seems to be annoyed/angry with me for leaving him/her₄

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
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....

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

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 (24 hour clock)

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

Communication	Yes	Sometimes	Not Yet

BX1. Do you talk to your baby while you are busy doing other things? (eg. while you do housework).

Never Rarely Sometimes Often Always
1..... 2..... 3..... 4..... 5

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

Yes 1 No 2

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 per night

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 1 In your bedroom 3
In a room with other children..... 2 Elsewhere..... 4

C10. 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

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

_____ N

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?

A large problem	A moderate problem	A small problem	No problem at all
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

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

Yes 1 No 2

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

Yes 1 No 2

D. CHILDCARE ARRANGEMENTS

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Time Section Started (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 1 No 2

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

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

a. A relative in your home	<input type="checkbox"/> 1 Go to D3a	_____ N	_____ N	€ _____		<input type="checkbox"/> 4
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to D4a	_____ N	_____ N	€ _____		<input type="checkbox"/> 4
c. A relative in their home	<input type="checkbox"/> 3 Go to D3b	_____ N	_____ N	€ _____		<input type="checkbox"/> 4
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to D4b	_____ N	_____ N	€ _____		<input type="checkbox"/> 4
e. Centre-based caregiver (e.g. Crèche / Day nursery)	<input type="checkbox"/> 5 Go to D5	_____ N	_____ N	€ _____		<input type="checkbox"/> 4
f. Other (please specify).....	<input type="checkbox"/> 6 Go to D6	_____ N	_____ N	€ _____		<input type="checkbox"/> 4

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

- a. Grandmother of <baby>..... 1
- b. Grandfather of <baby>..... 2
- c. Aunt /Uncle of <baby>..... 3
- d. Brother / Sister of <baby>..... 4
- e. Non-resident Parent..... 5
- f. Cousin of <baby>..... 6
- g. Other relative 7

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

- a. Grandmother of <baby>. 1
- b. Grandfather of <baby> 2
- c. Aunt /Uncle of <baby> 3
- d. Brother / Sister of <baby> 4
- e. Non-resident Parent 5
- f. Cousin of <baby> 6
- g. Other relative 7

D4a. Which of the following best describes that person?

- a. Au pair / Nanny 1
- b. Friend or parent 2
- c. Neighbour..... 3
- d. Registered childminder 4
- e. Unregistered childminder 5
- f. Other 6

D4b. Which of the following best describes that person?

- a. Au pair / Nanny..... 1
- b. Friend or parent..... 2
- c. Neighbour 3
- d. Registered childminder..... 4
- e. Unregistered childminder 5
- f. Other..... 6

D5. What type of centre is it?

- a. Work-based crèche..... 1
- b. Other crèche/nursery 2
- c. Montessori..... 3
- d. Playschool or pre-school..... 4
- e. Naoinra..... 5
- f. Other 6

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 work₃

D8b. Do you personally collect <baby> from this main type of care on your way home from work?

Yes ₆ No.....₂ Don't work₃

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 ₁ To a large degree ₂ To some degree ₃ Only a little ₄ Not at all ₅

D10a. How satisfied are you with these arrangements?

Very satisfied ₁ Fairly satisfied ₂ Neither satisfied nor dissatisfied ₃ Fairly dissatisfied ₄ Very dissatisfied ₅

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 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

D12. 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

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 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

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

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(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 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

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 ₁ No ₂ → Go to F10d

F8b. Was <baby> still being breastfed when you brought him/her home from hospital?

Yes ₁ No ₂

F9a. Was <baby> ever exclusively breastfed?

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

Yes ₁ No ₂ → 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 ₁ → Go to F11 No..... ₂

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 <input type="checkbox"/> ₁ | h. Physician told me to stop <input type="checkbox"/> ₈ |
| b. Inconvenience/fatigue <input type="checkbox"/> ₂ | i. Returned to work..... <input type="checkbox"/> ₉ |
| c. Difficulty with breast feeding techniques <input type="checkbox"/> ₃ | j. Partner/father wanted me to stop <input type="checkbox"/> ₁₀ |
| d. Sore nipples/engorged breast..... <input type="checkbox"/> ₄ | k. Formula feeding preferable..... <input type="checkbox"/> ₁₁ |
| e. Mother's illness <input type="checkbox"/> ₅ | l. Wanted to drink alcohol <input type="checkbox"/> ₁₂ |
| f. Planned to stop at this time..... <input type="checkbox"/> ₆ | m. Embarrassment/social stigma <input type="checkbox"/> ₁₃ |
| g. Baby weaned himself/herself <input type="checkbox"/> ₇ | n. Other, please specify <input type="checkbox"/> 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 <input type="checkbox"/> ₁ | f. Physician told me not to <input type="checkbox"/> ₆ |
| b. Inconvenience/fatigue <input type="checkbox"/> ₂ | g. Partner/father did not want me to breastfeed <input type="checkbox"/> ₇ |
| c. Difficulty with breast feeding techniques <input type="checkbox"/> ₃ | h. Formula feeding preferable <input type="checkbox"/> ₈ |
| d. Sore nipples/engorged breast..... <input type="checkbox"/> ₄ | i. Wanted to drink alcohol <input type="checkbox"/> ₉ |
| e. Mother's illness <input type="checkbox"/> ₅ | j. Embarrassment/social stigma..... <input type="checkbox"/> ₁₀ |
| | k. Other, please specify <input type="checkbox"/> 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..... <input type="checkbox"/> ₁ | Herbal drinks <input type="checkbox"/> ₅ |
| Baby Juice..... <input type="checkbox"/> ₂ | Tea <input type="checkbox"/> ₆ |
| Fruit juices/Cordial/Squash <input type="checkbox"/> ₃ | Coffee <input type="checkbox"/> ₇ |
| Fizzy or soft drinks (e.g. lemonade, coke) <input type="checkbox"/> ₄ | Other [please specify] <input type="checkbox"/> ₈ |

None of the above..... 9

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 1 No 2

F14. How old was <baby> when he/she first had solid food regularly?

____ Days ____ Weeks ____ Months Hasn't yet 1

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> Current Health

(a) Health at birth (b) Current health

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

F16. 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

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] 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 / Hydrocephalus 14
o. Cleft lip and/or palate 15
p. Other long-term condition [please specify] 16
q. None of the above 17

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 1 Moderate 2 Severe 3

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 1 k. Tight foreskin 11
b. Chest infections 3 l. Hernia 12
c. Ear infections 3 m. Sight or eye problems 13
d. Feeding problems 4 n. Failure to gain weight or to grow 14
e. Sleeping problems 5 o. Persistent or severe vomiting 15 f.
Dental problems (e.g. teething) 6 p. Persistent diarrhea or constipation 16
g. Wheezing or asthma 7 q. Fits or convulsions 17
h. Skin problems 8 r. Meningitis 18
i. Persistent nappy rash 9 s. Colic 19
j. Undescended testicle 10 t. Other health problems [please specify] 20
u. None of the above 21

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 _1 No _2 Don't know _3

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 _1 No _2 Don't know _3 Refused _4

F24. Why did <baby> not get the medical care or treatment? Was this because:

[TICK YES OR NO TO EACH]

	Yes	No
You couldn't afford to pay	<input type="checkbox"/> _1	<input type="checkbox"/> _2
The necessary medical care wasn't available or accessible to you	<input type="checkbox"/> _1	<input type="checkbox"/> _2
You could not take time off work to visit the doctor	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Wanted to wait and see if the problem got better	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Still on the waiting list.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Other (specify).....	<input type="checkbox"/> _1	<input type="checkbox"/> _2

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 _1 No _2

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.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
D. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
E. I feel close to my child	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
F. I enjoy spending time with my child	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
G. My child is an important source of affection for me	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
I. The major source of stress in my life is my child	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
J. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
K. Having a child has been a financial burden	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
M. The behaviour of my child is often embarrassing	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Appendix G: Secondary Caregiver Twin Questionnaire



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Whitaker Square
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Dublin 2
Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE
STRICTLY 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.

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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>?

	Always ourself	Usually yourself	About equally by you & partner	Usually spouse/ partner	Always spouse / partner	Someone else	No one does this
Bathes him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Feeds him / her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Shows him / her pictures in books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Cuddles him /her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Plays with him / her (eg. clapping, rolling over, peek-a boo).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Taking him /her for walks, outings, visiting relatives or friends etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Reading stories to him /her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Changing his / her nappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Getting up in the night to see to him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sings to him / her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Gets him / her up in the morning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Puts him / her to bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dresses him / her in the morning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Picks up him / her when he /she cries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

B2. 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

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

B3. Do you feel that <baby's> crying is a problem for you?

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

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.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
F. I enjoy spending time with my child	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
K. Having a child has been a financial burden.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have child	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
P. Having child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
R. I find my child enjoyable	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5

Appendix H: Non-resident Parent Questionnaire



Growing Up in Ireland – national study of children Strictly Confidential Non Resident Parent Questionnaire

Group Code Sequence Code Date ____ day ____ month

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
PLEASE CALL 1800 200 434 DURING OFFICE HOURS**

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child? ____ days ____ weeks ____ months

Q2. How many nights do you and the study child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? ____ days

Q4. How long does a typical contact occasion last? ____ days or ____ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

Nowhere near enough	Not quite enough	About right	A little too much	Way too much
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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 <input type="checkbox"/> 1	Other parent is uncooperative <input type="checkbox"/> 4
Commitments to other family/new partner <input type="checkbox"/> 2	Court-imposed custody rules <input type="checkbox"/> 5
Physical distance between self and child <input type="checkbox"/> 3	Other <input type="checkbox"/> 6

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.

Rank

At you home _____

At the other parent's home _____

At another relative's home (e.g. child's grandparents)... _____

Recreational/amenity area (e.g. park, swimming pool).. _____

Shopping centre /cinema /McDonald's etc _____

Specific events (e.g. football match) _____

Other _____

Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child?

Court-imposed arrangements 1

Formal, negotiated arrangements other than legal (e.g. counsellor) 2

Mutual arrangement with no third party negotiator 3

No regular arrangements 4

Q9. 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:

	Every day	At least once a week	At least once a month	Rarely or never
Prepare food for the child at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Change nappies/bathe child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to doctor /dentist etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to or from creche	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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?

- Never₁ Yes, occasionally₂ Yes, frequently₃

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 | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting/living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 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 birth1 OR Never lived with mother.....2

Q19. Are you named on the study child's birth certificate?

Yes1 No2 Not sure3

Q20. If you have never been married to the Study Child's mother have you applied for guardianship?

No1 Yes, through mother only2 Yes, through court3

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 | <input type="checkbox"/> 1 | A few times a month | <input type="checkbox"/> 4 |
| Several times a week | <input type="checkbox"/> 2 | Several times a year | <input type="checkbox"/> 5 |
| About once a week | <input type="checkbox"/> 3 | Not at all | <input type="checkbox"/> 6 |

Q23. How well do you get on with the child's mother? Would you say your relationship is . . . ?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Very positive | Somewhat positive | Neutral | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 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 | Some influence | No influence | Don't know |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 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

- | | All of the time | Some of the time | Rarely | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You talk a lot about your child to your friends and family..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. You carry pictures of your child with you wherever you go | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. You often find yourself thinking about your child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. You think holding and cuddling your child is fun..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. You think it's more fun to get your child something new than to get yourself something new | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) _____(day) _____(mth) _____(yr)

Q28. How old were you when your first ever child was born? _____ years

Q29. How would you describe your current employment status?

- | | | | |
|-------------------------------------|----------------------------|---------------------------------|----------------------------|
| Working for payment or profit | <input type="checkbox"/> 1 | Retired from employment | <input type="checkbox"/> 6 |
| Looking for first regular job | <input type="checkbox"/> 2 | Unable to work due to permanent | |
| Unemployed | <input type="checkbox"/> 3 | sickness or disability | <input type="checkbox"/> 7 |
| Student or pupil | <input type="checkbox"/> 4 | Other (please specify) | <input type="checkbox"/> 8 |
| Looking after home/family..... | <input type="checkbox"/> 5 | | |

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

Q31. What is the highest level of education that you have completed? (Please tick one box only)

- | | | | |
|-----------------------------------|----------------------------|---------------------------|----------------------------|
| No formal education | <input type="checkbox"/> 1 | Certificate | <input type="checkbox"/> 6 |
| Primary | <input type="checkbox"/> 2 | Diploma | <input type="checkbox"/> 7 |
| Junior Cert. or equivalent | <input type="checkbox"/> 3 | Degree | <input type="checkbox"/> 8 |
| Leaving Cert. or equivalent | <input type="checkbox"/> 4 | Postgraduate Degree | <input type="checkbox"/> 9 |
| Trade Qualification | <input type="checkbox"/> 5 | | |

Q32. Which of the following best describes your current marital status?

- | | | | |
|--|----------------------------|---------------------------------------|----------------------------|
| Single | <input type="checkbox"/> 1 | Separated | <input type="checkbox"/> 4 |
| First marriage (or cohabitation) | <input type="checkbox"/> 2 | Divorced | <input type="checkbox"/> 5 |
| Remarried (or cohabitating) following | | Widowed | <input type="checkbox"/> 6 |
| Divorce | <input type="checkbox"/> 3 | Remarried (or cohabitating) following | |
| | | Widowhood | <input type="checkbox"/> 7 |

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?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Very good | Good | Fair | Poor |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

NON – RESIDENT PARENT’S INFORMATION LEAFLET

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.

NON – RESIDENT PARENT’S INFORMATION LEAFLET

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

Group Code

Household

Date _____ day _____ month

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 | <input type="checkbox"/> | 1 | Friend of parent | <input type="checkbox"/> | 5 |
| Grandfather | <input type="checkbox"/> | 2 | Neighbour | <input type="checkbox"/> | 6 |
| Other relative (please specify) | <input type="checkbox"/> | 3 | Registered childminder | <input type="checkbox"/> | 7 |
| Au pair / Nanny | <input type="checkbox"/> | 4 | Unregistered childminder | <input type="checkbox"/> | 8 |
| | | | Other (please specify) | <input type="checkbox"/> | 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 Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult

1 2 3 4 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 | <input type="checkbox"/> | 1 | 7-9 years..... | <input type="checkbox"/> | 4 |
| 1- 3 years | <input type="checkbox"/> | 2 | 10 - 12 years | <input type="checkbox"/> | 5 |
| 4-6 years | <input type="checkbox"/> | 3 | 12 years and over | <input type="checkbox"/> | 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..... | <input type="checkbox"/> | 1 | 21-30..... | <input type="checkbox"/> | 4 |
| Less than 10..... | <input type="checkbox"/> | 2 | More than 30..... | <input type="checkbox"/> | 5 |
| Between 10 and 20..... | <input type="checkbox"/> | 3 | | | |

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 ₁ Sometimes ₂ Often ₃ Always ₄

Q15. Do you look after the study child when he or she is sick?

Never ₁ Rarely ₂ Frequently ₃ Always ₄

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 ₁ Female..... ₂

Q18. What nationality are you? _____

Q19. Which of the following best describes your current employment status?

Working for payment or profit ₁ Looking after home/family ₁ ₁
Looking for first regular job ₁ Retired from employment..... ₁ ₁
Unemployed ₁ Unable to work due to permanent sickness or disability ₁
Student or pupil ₁ Other (please specify) ₁ ₁

Q20. Is caring for children your main occupation?

Yes ₁ No ₂

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 ₁ Certificate ₅
Primary ₂ Diploma ₆
Junior Cert. or equivalent ₃ Degree ₇
Leaving Cert. or equivalent ₄ Postgraduate Degree ₈

Q23. Do you have any specific qualification in childcare excluding your experience of raising your own children?

No formal childcare qualification..... ₁
FETAC award (levels 4,5 or 6) ₂
HETAC or Third Level qualification from University, Inst of Tech, St Nicholas Montessori College etc..... ₃
A childcare award from outside Ireland ₄
Other related course(s) (e.g. teaching, nursing etc) please specify..... ₅

Q24. Have you undertaken any other training relevant to caring for children? Tick all that apply

Child psychology ₁ Nutrition/Diet ₄
Sign language ₂ Other ₅
First aid ₃

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



Growing Up in Ireland – national study of children Strictly Confidential – CENTRE-BASED CARE

Group

Household

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. 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 <input type="checkbox"/> ₁	More difficult to get on with than average <input type="checkbox"/> ₄
Easier to get on with than average <input type="checkbox"/> ₂	Much more difficult to get on with than average ... <input type="checkbox"/> ₅
About average <input type="checkbox"/> 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	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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 <input type="checkbox"/> ₁	7-9 years..... <input type="checkbox"/> ₄
1- 3 years <input type="checkbox"/> ₂	10 - 12 years <input type="checkbox"/> ₅
4-6 years <input type="checkbox"/> ₃	12 years and over <input type="checkbox"/> 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..... <input type="checkbox"/> ₁	21-30..... <input type="checkbox"/> ₄
Less than 10..... <input type="checkbox"/> ₂	More than 30..... <input type="checkbox"/> ₅
Between 10 and 20..... <input type="checkbox"/> 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 ₁ Sometimes ₂ Often ₃ Always ₄

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..... ₁ Rarely ₂ Frequently ₃ Always..... ₄
Finally, we would like to know some things about you.

Q21. Which of the following best describes your role in this child care centre?

- a. Director ₁ c. Part-time employee..... ₃
b. Full-time employee..... ₂ d. Other (please specify) ₄

Q22. What is your date of birth? (DD/MM/YYYY) _____(day) _____ (mth) _____(yr)

Q23. Are you? Male..... ₁ Female ₂

Q24. What is your nationality? _____

Q25. Which of the following best describes the type of care your centre provides?

- Work-based crèche ₁ Playschool or Preschool ₄
Other crèche / nursery..... ₂ Naoinra..... ₅
Montessori..... ₃ Other (please specify) ₆

Q26. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- No formal childcare qualification..... ₁
FETAC award (levels 4,5 or 6) ₂
HETAC or Third Level qualification from University, Inst of Tech, St Nicholas Montessori College etc..... ₃
A childcare award from outside Ireland ₄
Other related course(s) (e.g. teaching, nursing etc) please specify..... ₅

Q27. Please indicate the subject area in which the qualification was obtained:

- Childcare ₁ Special needs assistance ₅
National school teaching ₂ Speech and language therapy ₆
Other education ₃ Nursing ₇
Child psychology/development ₄ Other (please specify) ₈

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 ₁ Nutrition/Diet ₄
Sign language ₂ Other (please specify) ₅
First aid ₃

Q30. Is caring for children your main occupation? Yes ₁ No ₂

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 ₁ Agree ₂ Neutral ₃ Disagree ₄ Strongly Disagree ₅

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 L: Carer Information Sheet

CARER INFORMATION LEAFLET

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.

CARER INFORMATION LEAFLET

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 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

Outcomes

- 1 Completed
- 2 Cannot locate address
- 3 Vacant/demolished/derelict
- 4 No contact despite repeated call backs
- 5 Refused to interviewer - PHONE
- 6 Refused to interviewer - FACE to FACE
- 7 Refused to office
- 8 Language problems
- 9 Unavailable within specified dates
- 10 Return to office (known/moved to another area)
- 11 Moved -no forwarding address
- 12 Interview broken off -will not complete
- 13 Other -please specify

C2R003



Mother's name: Mary Smith

Polish

GPS readings

Final Outcome (from list above)

Address: 4 Burlington Road, Ballsbridge, Dublin 4

A

B

Parent phone numbers

SECTION A				SECTION B				SECTION C				SECTION D			
		If yes, interview completed		Sensitives completed		If No, why not?		Y N		Y N		Y N		Y N	
<u>Lives in household</u>								Main Consent signed <input type="checkbox"/> _1_ <input type="checkbox"/> _2				Followup/tracing sheet <input type="checkbox"/> _1_ <input type="checkbox"/> _2			
		Y N		Y N		Y N		NPRS Signed <input type="checkbox"/> _1_ <input type="checkbox"/> _2		Qualitative permission <input type="checkbox"/> _1_ <input type="checkbox"/> _2					
Mother/Lone Father		<input type="checkbox"/> _1_ <input type="checkbox"/> _2		<input type="checkbox"/> _1_ <input type="checkbox"/> _2		<input type="checkbox"/> _1_ <input type="checkbox"/> _2		Mother PPS Tracking signed <input type="checkbox"/> _1_ <input type="checkbox"/> _2		Nested permission <input type="checkbox"/> _1_ <input type="checkbox"/> _2					
Father/Partner		<input type="checkbox"/> _1_ <input type="checkbox"/> _2		<input type="checkbox"/> _1_ <input type="checkbox"/> _2		<input type="checkbox"/> _1_ <input type="checkbox"/> _2		Child PPS Tracking signed <input type="checkbox"/> _1_ <input type="checkbox"/> _2		Immunisation signed <input type="checkbox"/> _1_ <input type="checkbox"/> _2					
Twin of Study Infant		<input type="checkbox"/> _1_ <input type="checkbox"/> _2						Mother PPS Linkage signed <input type="checkbox"/> _1_ <input type="checkbox"/> _2							
								Child PPS Linkage signed <input type="checkbox"/> _1_ <input type="checkbox"/> _2							
SECTION C				SECTION D											
Is there a NON RESIDENT PARENT? <input type="checkbox"/> _1_ <input type="checkbox"/> _2				Is there a REGULAR (8 hours or more per wk) CHILD MINDER?											
If so, name, address and phone number of non-resident parent:				In Child's home <input type="checkbox"/> _1_				Centre/Creche <input type="checkbox"/> _4_							
Name _____				In Relative's home <input type="checkbox"/> _2_				Home of non-relative carer <input type="checkbox"/> _3_				NONE <input type="checkbox"/> _9_			
Address _____				Name of carer/centre _____				Address of carer/centre _____							
Phone _____				Phone _____				Permission to contact Yes <input type="checkbox"/> _1_ No <input type="checkbox"/> _2							
Permission to contact Yes <input type="checkbox"/> _1_ No <input type="checkbox"/> _2				Permission to contact Yes <input type="checkbox"/> _1_ No <input type="checkbox"/> _2											

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 _1_ No _2

Please complete ALL sections A to D
ALL Work Assignment sheets MUST be returned to ESRI

Comments on household composition