Appendices to Report on Pre-piloting, Piloting and Dress Rehearsal Phases of the Infant Cohort at Wave One (9 months)

Appendix A – Instrumentation used in the pre-pilot exercise

- Initial Contact Documents and Consents
  - Information Sheet and Consent Form for Respondents
  - Tracing Information Sheet
- Primary Caregiver Questionnaire
- Primary Caregiver Sensitive Questionnaire
- Secondary Caregiver Questionnaire

Appendix B – Instrumentation used in the pilot phase

- Initial Contact Documents and Consents
  - Introductory letter to Respondents
  - Information Sheet for Respondents
  - Consent Form for Respondents
  - Work Assignment Sheet
- Primary Caregiver Questionnaire
- Primary Caregiver Sensitive Questionnaire
- Secondary Caregiver Questionnaire
- Secondary Caregiver Sensitive Questionnaire
- Primary Caregiver Twin Questionnaire
- Secondary Caregiver Twin Questionnaire
- Non Resident Parent Questionnaire
- Non Resident Parent Information Sheet
- Home-based Carer Questionnaire
- Centre-based Carer Questionnaire
- Carer Information Sheet
Appendix C – Instrumentation used in the dress rehearsal phase

- Initial Contact Documents and Consents
  - Introductory letter to Respondents
  - Information Sheet for Respondents
  - Consent Form for Respondents
  - PPSN Consent
  - NPRS Consent
  - Tracing Information
  - Work Assignment Sheet
- Primary Caregiver Questionnaire
- Primary Caregiver Sensitive Questionnaire
- Secondary Caregiver Questionnaire
- Secondary Caregiver Sensitive Questionnaire
- Primary Caregiver Twin Questionnaire
- Secondary Caregiver Twin Questionnaire
- Non Resident Parent Questionnaire
- Non Resident Parent Information Sheet
- Home-based Carer Questionnaire
- Centre-based Carer Questionnaire
- Carer Information Sheet
Appendix A – Instrumentation used in the pre-pilot
We are seeking to interview parents of infants as part of a study called Growing Up in Ireland. This is a trial-run of the questions we are thinking of asking in the ‘main study’. It is referred to as a ‘pre-pilot’ test. The main study will involve interviewing the families of 10,000 9-month old infants and will take place later this year and early next year. For such a large study, it is important that we assess the suitability of the questions in advance. This is why we are doing a test or ‘pre-pilot’ at this time.

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. However, no Government Department or Agency will be able to identify individuals in the Study, or access their specific information.

The study is being carried out jointly by the ESRI (Economic and Social Research Institute) and the Children’s Research Centre at Trinity College Dublin. The interviewer who calls to your home is employed by the ESRI. He/she has been vetted by the Gardai and has been appointed an Officer of Statistics, this means that he/she has a legal obligation to maintain the confidentiality of the information you provide. All details provided by a respondent will be treated in the strictest of confidence.

The interviewer would like to interview the mother of the infant and her spouse/partner, where relevant. Most of the questions will be for the mother, and will be about the infant; pregnancy, health, development, personality, etc. There are also some questions about you (mother and partner); your health, lifestyle, education, etc; and about your household. If there are some questions you would prefer not to answer, then the interviewer will just skip over them. All feedback is useful. In addition, you may stop the interview at any time.

Part of a ‘pre-pilot’ or ‘trial run’ such as this is to get an estimate of how long the interviews will take in the main study. At the moment, we estimate that the interviews with both parents/guardians/partners will take about 1.5 hours but they may take a little longer. This is what we are trying to establish from this pilot work.

In keeping with Child Protection Guidelines, the interviewer is not allowed to be alone with any child. Please do not ask the interviewer to mind any child, even for a few minutes, as he or she will be obliged to refuse. All interviewers carry an ID card, which he/she should have shown you before beginning the survey. Please do not hesitate to ask to see it at any time. If you would like to verify the identity of an interviewer, please call Pauline Needham at the number on the back of this sheet.

The interviewer should be able to answer all your queries. If you have queries in the future, or would like to keep in touch with the Growing Up in Ireland study, all contact information is on the back of this sheet. Please keep a copy of this sheet for your own records.

If you are happy to take part in this pre-pilot interview, please sign and date below.

Name of Respondent:_____________________________________________
(BLOCK CAPITALS PLEASE)
Address of Parent/Guardian:_______________________________________
(BLOCK CAPITALS PLEASE)
Signature of Respondent _________________________________________
Date:______________    Contact telephone:________________
Contact Information for *Growing Up in Ireland*

**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

Your interviewer is:

Interviewer Name:______________________________

Interviewer ID Number.__________________________

If you have any comments about this survey or the way in which it was conducted please feel free to contact us at the above.
Tracing Information Sheet
GROWING UP IN IRELAND 05/04/07

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 and your child when he/she is 3 years of age. 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 some relative, friend, neighbour or any other person or organisation who may be able to help us in contacting you, should you move between now and then.

[Int: Record name of contact person and address and/or phone number below].

Name: ___________________________________________________________

Address: _________________________________________________________

_________________________________________ Phone: ( ) ______________

Relationship to respondent: _________________________________________

R.2 It might assist us in tracing you if we were able to record your Personal Public Service number (PPS). Would you be willing to provide us with your PPS number to assist us in tracking or tracing of respondents who find they move between our visits? It would be used only to assist us in tracing you in the event that you should move in the interim.

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

PPS Number: ________________________________________________

I agree to providing my PPS number for purposes of tracing in the Growing Up in Ireland survey. I understand that this is the only purpose for which it will be used.

(Signed) _______________________________________________________

Would you provide information at:

R1 Yes ...............□ 1 No ...............□ 2
R2 Yes ...............□ 1 No ...............□ 2
Primary Caregiver Questionnaire
Hello, I'm from the Economic and Social Research Institute in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of *<name of 9-month-old Study Child>*. The interview with the parents / guardians will take about 90 minutes to complete.

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.

**A. INTRODUCTION AND HOUSEHOLD COMPOSITION**

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

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

A2. Int: Record gender of parent 1

Male ..................[□] Female ..................[□]

A3. [Card A3] Which of the following best describes your relationship with the *<baby>*? [Interviewer use codes only]

A. Biological parent (mother/ father) .......[□] E. Grand parent ..............................[□]
B. Adoptive parent (mother/ father) ...........[□] F. Aunt/uncle .................................[□]
C. Step-parent (mother/ father) ..............[□] G. Other relative/ in law ......................[□]
D. Foster parent (mother/ father) ............[□] H. Unrelated guardian ........................[□]

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

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?

______________persons
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 the <baby>?
   e) tick one box to best describe their current economic status

<table>
<thead>
<tr>
<th>Person No.</th>
<th>First name/Initial</th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Sex</td>
<td>Date of Birth</td>
<td>If DOB not available</td>
<td>Age last birthday</td>
<td>R’SHP TO:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
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<td>yrs</td>
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<td>yrs</td>
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<td>1</td>
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<td>yrs</td>
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<td>5</td>
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<tr>
<td>6</td>
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<td>☐</td>
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<td>___</td>
<td>___</td>
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<td>7</td>
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<td>☐</td>
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<td>___</td>
<td>___</td>
<td>yrs</td>
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<tr>
<td>8</td>
<td>1</td>
<td>☐</td>
<td>☐</td>
<td>___</td>
<td>___</td>
<td>yrs</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>☐</td>
<td>☐</td>
<td>___</td>
<td>___</td>
<td>yrs</td>
</tr>
</tbody>
</table>

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2

Time Section Ended    (24 hour clock)

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

B1. Scale on parenting efficacy removed

B2. Scale on parents’ views on child-rearing removed

B3. Scale on parenting reactions removed

B4. Do you use a soother/dummy with <baby>?

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

B5. When you leave <baby> in someone else’s care (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

B6. And when you collect <baby> from someone else’s care, how does he or she usually act?

With apparent 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
B7. When you talk to <baby>, does you feel that he/she is maintaining eye contact with you?

Most or all of the time       Sometimes       Hardly ever or never

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

B8. Scale on parenting anxiety removed

B9 How does baby react to the following people at the present time?

Reacts well       No particular reaction       Does not react well

a. Family members who live with him/her...... □ 1 .............. □ 2 .................. □ 3
b. Other regular carer............................. □ 1 .............. □ 2 .................. □ 3
c. Other relatives/friends who live elsewhere... □ 1 .............. □ 2 .................. □ 3
d. Complete strangers ................................ □ 1 .............. □ 2 .................. □ 3

B10. Scale on knowledge of child development removed

B11 Infant Characteristics Questionnaire removed

C. BABY’S DEVELOPMENT

Time Section Started

(24 hour clock)

Denver Pre-Screen Items removed

C26. Do you talk to your baby while you work? (eg. while you do housework).

Never       Rarely       Sometimes       Often       Always

□ 1 ...............................................................................  □ 2 ........................................................  □ 3 ..................................................  □ 4 .............................................  □ 5

C27. Does your baby spend time with other children (other than brothers or sisters)?

Yes everyday       Yes 2-6 times a week       Once a week       Less than once a week       Never

□ 1 ...............................................................................  □ 2 ........................................................  □ 3 ..................................................  □ 4 .............................................  □ 5

D. BABY’S HABITS

Time Section Started

(24 hour clock)

D1. 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       Not sure/don’t know

□ 1 ...............................................................................  □ 2 ........................................................  □ 3 ..................................................  □ 4 .............................................  □ 5

D2. How many hours sleep do you get on an average night, at the present time? _______ N

D3. Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.

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

D4. On a normal day what time in the evening does your baby usually go to sleep?

_________ (24 hour clock)
D5. Approximately how many hours sleep does your baby have during
(a) the day ___________ hours (b) the night ___________ hours

D6. On a normal day what time does your baby usually get up at in the morning?
_________(24 hour clock)

D7. Is your baby ever difficult when put to bed?
Most of the time Often At times Rarely Never
1 ................................................ 2 ................................................... 3 .................................................... 4 ...................................................... 5

D8. How often does your baby wake at night?
Never Occasionally Most nights Every night More than once per night
1 ........................................................ 2 ...................................................... 3 .................................................... 4 ........................................... 5

D9. How many times per night? _________________

D10. Do you ever wake <baby> for a feed during the night?
Yes, usually Yes, sometimes No, not at all
1 ........................................................ 2 ................................................... 3 ....................................................

D11. How does your baby normally sleep?
On stomach On side On back
1 ................................................... 2 .................................................... 3

D12. Does <baby> usually sleep:
In a room on his/her own In your bedroom
1 ................................................... 3 ....................................................
In a room with other children Elsewhere
2 ................................................... 4 ....................................................

D13. Does <baby> sleep in his/her own bed or cot most nights or does he/she share a bed or cot?
In his/her own bed/cot In your bed
1 ................................................... 3 ....................................................
In bed/cot with other children Elsewhere
2 ................................................... 4 ....................................................

D14. Do you feel that <baby’s> crying is a problem for you?
Yes No
1 ................................................... 2 ....................................................

D15. Do you have any concerns about how <baby>:  
No Yes, a little Yes, a lot Don't know
1 ................................................... 2 ................................................... 3 ................................................... 4 ...................................................

1. Makes speech sounds
2. Understands what you say
3. Uses his/her hands and fingers to do things
4. Uses his/her arms and legs

D16. Do you use a car seat with your baby?
Yes No Don't have a car
1 ................................................... 2 ................................................... 3 ...................................................
E. CHILDCARE ARRANGEMENTS

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

E1. Is your child currently being minded by someone else, other than you or your partner, on a regular basis. Tick Yes or No for the following and indicate which is the main type.

<table>
<thead>
<tr>
<th>A relative in your home</th>
<th>Yes</th>
<th>No</th>
<th>Main</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Someone else in your home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In another relative’s home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In someone else’s home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a crèche/day nursery</td>
<td></td>
<td></td>
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<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

E2. Approximately how many hours per week does <baby> spend in your main form of childcare _______ hours per week .... [ ] 1 Not relevant, at home with parent/guardian ......... [ ] 2

E3. What age was <baby> when you started to use the main childcare arrangement? _____________months

E4. What was the main reason for choosing this form of childcare?

- I had no choice ............................................................................ [ ] 1
- I could afford it .............................................................................. [ ] 2
- It was convenient ........................................................................... [ ] 3
- It was linked to my job .................................................................... [ ] 4
- I thought it would be beneficial for my child .................................. [ ] 5
- Other (please for describe) _______________________________________ [ ] 6

E5. How satisfied are you with these arrangements?

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

E6. What are your future intentions for childcare?

- Stay at home ................................................................. [ ] 1 [ ] 2
- Part-time childcare ....................................................... [ ] 1 [ ] 2
- Full-time child care ....................................................... [ ] 1 [ ] 2

E7. Which type of childcare?

- A relative in your home ...................................................... [ ] 1 [ ] 2
- Someone else in your home ................................................ [ ] 1 [ ] 2
- In another relative’s home ................................................. [ ] 1 [ ] 2
- In someone else’s home ...................................................... [ ] 1 [ ] 2
- In a crèche/day nursery .................................................... [ ] 1 [ ] 2
- Other (please specify) ....................................................... [ ] 1 [ ] 2

E8. [Card E8] Since <baby> was born has difficulty in arranging child care ever.... [Tick all that apply]

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

Time Section Ended [ ] [ ] [ ] (24 hour clock)
F. SIBLINGS AND TWINS

**Time Section Started**

(24 hour clock)

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

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

F2(a) Does your baby have a twin?

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

If yes, F3(b) Would you say they are alike:

i) In looks .......................................................  
ii) In behaviour ...................................................  
iii) Personality/character ...........................................  
iv) In health ........................................................

F3(c) How do you dress them?

in similar clothes each day ........................................
in similar clothes sometimes ......................................
never in similar clothes ...........................................

F3(d) How does this twin react to the other?

i) she likes to be with her twin .....................................  
ii) she doesn’t seem to notice her twin ..............................  
iii) she is upset if she is parted from her twin .......................  

**Time Section Ended**

(24 hour clock)

G. PRENATAL CARE

**Time Section Started**

(24 hour clock)

G1. Excluding the pregnancy, which resulted in the birth of <baby>, how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _______times

G2. For each pregnancy, please indicate Mother’s age and tick one box on each row to indicate the outcome of the pregnancy.

<table>
<thead>
<tr>
<th>Pregnancy</th>
<th>Mother’s Age</th>
<th>Birth of child</th>
<th>Miscarriage</th>
<th>Stillbirth</th>
<th>Termination</th>
<th>Ectopic</th>
<th>Still Pregnant</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

G3. Did you intend to become pregnant before <baby> was conceived?

Yes, at that time ........................................  No ........................................  Unsure/Didn’t mind ........................................

G4. Did you intend never to become pregnant before <baby> was conceived, or just at a different time?

Yes, but much later .....................................................  
Yes, but somewhat later .............................................  
Yes, but earlier ..........................................................  
No intention of becoming pregnant ..................................  
Didn’t care .....................................................................
G5. Did you have any medical fertility treatment for this pregnancy?

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


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 ........................................................................................ 9

G7. How was your Ante-natal care provided?

Shared care (between GP and another) .................................... 1
Private consultant alone .......................................................... 2
Hospital clinic alone ............................................................... 3
Midwives clinic alone ............................................................. 4
Independent midwife alone ...................................................... 5
None ..................................................................................... 6

G8. Was this shared care with:

Hospital Clinic ........................................................................ 1
Midwife Clinic ......................................................................... 2
Independent Midwife ............................................................. 3
Private Consultant ............................................................... 4

G9. At how many weeks did you first become aware that you were pregnant? ____ weeks

G10. How many weeks into your pregnancy did you have your first ante-natal booking appointment? ____ weeks

G11. How many scans did you have in total during the course of your pregnancy? ____ N

G12. Did you know the sex of your baby before the birth? Yes ...................................... 1  No ...................................... 2

G13. How much weight did you gain during the course of your pregnancy?

____stone  ____lbs  OR  ____kgs

G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply]

Yes

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. Other [please specify] .......................................................... 12

G15. During pregnancy, before you went into labour, were you admitted to hospital?

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

G16. How many separate admissions did you have? ____ N

G17. During your pregnancy with <baby>, did you take any of these substances? If so, how often were these substances taken?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Everyday</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Codeine</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Paracetamol</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Sleeping tablets</td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Laxatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

G18. During your pregnancy with the <baby>, did you take any of the following supplements?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Folic acid/Folate</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
G19. Did you smoke at all during the pregnancy?
Yes ☐ No ☐ Don't know ☐

G20. Did you smoke during the first, second and third trimester of the pregnancy?
[Tick one box on each line]

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Trimester [1st, 2nd or 3rd month]</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>N</td>
</tr>
<tr>
<td>Second Trimester [4th, 5th or 6th month]</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>N</td>
</tr>
<tr>
<td>Third Trimester [7th, 8th or 9th month]</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>N</td>
</tr>
</tbody>
</table>

G21. During your pregnancy, how many members of the household [including yourself] smoked? _____ N

G22. On average, how many hours per day were you in contact with other people's tobacco smoke? _____ N

G23. Did you consume alcohol during your pregnancy?
Yes ☐ No ☐ Don't know ☐

G24. Did you drink during the first, second and third trimester of the pregnancy? For each trimester that you drank, about how much on average did you drink per week?

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Pints</th>
<th>Spirits (glasses)</th>
<th>Wine (glasses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Trimester [1st, 2nd or 3rd month]</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>Second Trimester [4th, 5th or 6th month]</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>Third Trimester [7th, 8th or 9th month]</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>

Time Section Ended (24 hour clock)

H. INFANT'S HEALTH AND PHYSICAL DEVELOPMENT

H1. Where was <baby> born?
Home birth [planned] ☐ In hospital ☐ Other [please specify] ☐

H2. Please give the name of the maternity hospital or unit where <baby> was born.
Name: _______________________________________
Address _______________________________________

H3. Did you have any form of pain relief in labour?
Yes ☐ No ☐ Did not have any labour ☐

H4. What was the mode of delivery?
Normal delivery ☐ Emergency Caesarean ☐
Suction cup/ventouse ☐ Vaginal breech delivery ☐
Forceps ☐ Other [please specify] ☐
Elective Caesarean ☐ Don't know ☐

H5. Was <baby> born late, on time or early?
Late birth (42 weeks or more) ☐ On time (37-41 weeks) ☐ Somewhat early (33-36 weeks) ☐ Very early (32 weeks or less) ☐
Don't know ☐

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]
No complications ☐ Foetal distress - Meconium or other sign ☐
Very long labour (more than 12 hours) ☐ Foetal blood sample taken in labour ☐
Very rapid labour (less than 2 hours) ☐ Birth injury – nerve injury / fracture / bruising ☐
Foetal distress – Abnormal Heart rate tracing ☐ Other complication [please specify] ☐
H9. Did <baby> have to go into a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?
Yes ................................................................. 1 
No ................................................................. 2 
Don’t know ......................................................... 3

H10. Did the <baby> need any help with his/her breathing from a ventilator?
Yes ................................................................. 1 
No ................................................................. 2 
Don’t know ......................................................... 3

H11. How many days in total were you in hospital after the birth? ____days

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

H13. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH
Yes ................................................................. 1 
No ................................................................. 2 
Don’t know ......................................................... 3

H14. Is <baby> still being breastfed? INCLUDE EXPRESSED BREASTMILK
Yes ................................................................. 1 
No ................................................................. 2 
Don’t know ......................................................... 3

H15. How old was <baby> when he/she completely stopped being breastfed?
INCLUDE EXPRESSED BREAST MILK
_____Days  _____Weeks  _____Months

H16. How old was <baby> when he/she stopped being exclusively breastfed?
_____Days  _____Weeks  _____Months

H17. 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? Has not had ......................................................... 1 
Cow’s milk? Has not had ......................................................... 1 
Any other type of milk, such as soya milk? Has not had ......................................................... 1

H18. Does <baby> regularly have other drinks apart from milk or formula?
Yes ................................................................. 1 
No ................................................................. 2 
Don’t know ......................................................... 3

H19. What else does <baby> drink? [Mark all that apply]
Water ................................................................. 1 
Herbal drinks ................................................................. 6 
Baby Juice ................................................................. 2 
Tea or coffee ................................................................. 7 
Fruit juices/Cordial/Squash ................................................................. 3 
Other ................................................................. 8 
Fizzy or soft drinks (e.g. lemonade, coke) ................................................................. 4 
Don’t know ................................................................. 9

H20. How old was <baby> when he/she first had solid food regularly?
REGULARLY = MORE THAN TWICE A WEEK FOR SEVERAL CONTINUOUS WEEKS 
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS
_____Days  _____Weeks  _____Months  Hasn’t yet ................................................................. 1

H21. How old was <baby> in months when he/she was first given wheat-based foods, such as bread, rusks or biscuits? _____Months

H22. 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  
Very healthy, no problems ................................................................. 1 
Healthy, but a few minor problems ................................................................. 2 
Sometimes quite ill ................................................................. 3 
Almost always unwell ................................................................. 4

(b) Current health  
Very healthy, no problems ................................................................. 1 
Healthy, but a few minor problems ................................................................. 2 
Sometimes quite ill ................................................................. 3 
Almost always unwell ................................................................. 4
H23. Can you tell me whether <baby> has received: [Tick all that apply]

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their six-week checkup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccines at 6 months</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Vaccines at 2 months</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Vaccines at 4 months</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

H24. Why has <baby> not had all of his or her immunisations? [Tick all that apply]

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not offered/Didn’t know due to have</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due to have it in near future/soon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child was unwell/in hospital when due</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child is not able to have it for health reasons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child was away/on holiday when due</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of supplies/ran out of immunation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concerns about the health risks to child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child had bad reaction/was unwell/had allergic reaction after previous immunisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical problems or bad reactions related to immunisations in family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prefers to use homeopathy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other reason [please specify]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H25. [Card H25] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chronic respiratory disease [including asthma]</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>b. Heart abnormalities</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>c. Digestive allergies (e.g. lactose intolerant)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>d. Eczema or any kind of skin allergy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>f. Difficulty seeing</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>g. A problem with mobility or using his/her arms legs to get around</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>h. A problem with using his/her hands or arms</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>i. Cerebral palsy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>j. Chronic kidney disease</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>k. Diabetes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>l. Any developmental delay</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>m. Downes syndrome</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>n. Cleft palate</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>o. Other long-term condition [please specify]</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

H26. 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.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Minor</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chronic respiratory disease [including asthma]</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Heart abnormalities</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Digestive allergies (e.g. lactose intolerant)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Eczema or any kind of skin allergy</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Difficulty seeing</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. A problem with mobility or using his/her arms legs to get around</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. A problem with using his/her hands or arms</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Cerebral palsy</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Chronic kidney disease</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Diabetes</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Any developmental delay</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Downes syndrome</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Cleft palate</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Other long-term condition [please specify]</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H27. How many separate health problems, if any, has <baby> had since he/she was born. [DO NOT COUNT ANY ACCIDENTS OR INJURIES] _______ N

H28. [Card H28] What were these problems? [TICK ALL THAT APPLY]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Snuffles/common cold</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>b. Chest infections</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>c. Ear infections</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>d. Feeding problems</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>e. Sleeping problems</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Dental problems (e.g. teething)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>g. Wheezing or asthma</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>h. Skin problems</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>i. Persistent nappy rash</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>j. Undescended testicle</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>k. Tight foreskin</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>l. Hernia</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>m. Sight or eye problems</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>n. Failure to gain weight or to grow</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>o. Persistent or severe vomiting</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>p. Persistent diarrhea or constipation</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>q. Fits or convulsions</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>r. Meningitis</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>s. Other health problems [please specify]</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>
H29. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about the <baby’s> physical health? (Exclude at time of birth and vaccinations.)

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

H30. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

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

H31. Not including when he/she was born, approximately how many nights has <baby> spent
in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

H32. 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

H33. Why did <baby> not get the medical care or treatment? Was this because:

[TICK YES OR NO IN RESPECT OF EACH]

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

H34. 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

H35. Does the family have private medical insurance?

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

H36. Does that insurance include the cost of GP visits?

Yes, in full ........................................................................ 1
Yes, partially ......................................................................... 2
No .................................................................................. 3
Don’t know ................................................................. 4

H37. Many babies have accidents at some time. Has the <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

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

H38. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? _____N

H39. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

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

Time Section Ended (24 hour clock)

I. Parent’s Health and Lifestyle

Time Section Started 4 hour clock

I1. In general, how would you say your current health is?

Excellent ............................................................................. 1
Very Good ........................................................................ 2
Good .................................................................................. 3
Fair .................................................................................... 4
Poor .................................................................................. 5
I2. Compared to one year ago, how would you rate your health in general now?

Much better now .......................
Somewhat better now ............... 
About the same ........................
Somewhat worse now ............... 
Much worse now .......................

I3. Do you have a longstanding illness, disability or infirmity. By longstanding I mean anything physically or mentally that has troubled you over a period of time or that is likely to affect you over a period of time?

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

I4. What is the nature of this illness or disability? Please describe as fully as possible.

________________________________________________________________________
________________________________________________________________________

I5. Since when have you had this illness or disability?  ________ (mth)  _____ (year)

I6. Are you hampered in your daily activities by this physical or mental health problem?

Yes, severely...........  □1  Yes, to some extent .............  □2  No .............  □3

I7. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <baby>?

In the past ..................  □1  Currently ...........  □2  No .............  □3

I8. Since <baby> was born, how many times have you seen or talked on the telephone with any of the following about your own physical, emotional or mental health? (Exclude at time of birth)

INCLUDE ONLY CONSULTATIONS MADE ON YOUR OWN BEHALF AND EXCLUDE THOSE MADE ON BEHALF OF CHILDREN OR OTHER PERSONS.

A general practitioner (GP), or family physician ..............  □N  
A public health nurse or nurse practitioner ..................  □N  
A psychiatrist, psychologist or counsellor .....................  □N  
Another medical professional [please specify] ...............  □N  
Accident and Emergency or Outpatient ......................  □N

I9. Have you been admitted to a hospital as an in-patient since <baby> was born? Please exclude any nights spent in hospital due to childbirth or the illness of other people, for example to accompany a child.

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

I10. About how many nights did you spend in hospital since the <baby’s> birth?  ________ Nights

I11. Was there any time in the last 12 months when you needed a medical examination or dental treatment for a health problem but did not receive it?

Yes ..........  □1  No ..........  □2  Don’t know ..........  □3  Refused ..........  □4

I12. Why did you not get all the medical/dental care that you needed? Was this because:

[TICK YES OR NO IN RESPECT OF EACH]

Yes  □  No  □

You couldn’t afford to pay ................................................................. □1 .... □2
The necessary medical/dental care wasn’t available or accessible to you .......................................................... □1 .... □2
You could not take time off work to visit the doctor/dentist .......................................................... □1 .... □2
Wanted to wait and see if the problem got better .................................................................................. □1 .... □2
Fear of doctor/dentist ........................................................................ □1 .... □2
Still on the waiting list ........................................................................ □1 .... □2
Other (please specify) ........................................................................ □1 .... □2

I13. Do you smoke daily, occasionally or never?

Daily .............. □1  Occasionally ............ □2  Never ............ □3

I14. Have you ever smoked? Was it...

Daily .............. □1  Occasionally ............ □2  Never ............ □3
I15. How many cigarettes did you/do you smoke on an average day _____ N

I16. How long have you been/were you a smoker for?
   _____ Weeks   _____ Months   _____ Years

I17. Including yourself, how many members of the household smoke? _____ N

IF NUMBER OF SMOKERS >0 ask:

I18. Does anyone smoke in the same room as <baby>?
   Yes, regularly...........☐ 1  Yes, occasionally...........☐ 2  Never .................☐ 3

I19. On average, how many hours per day does <baby> spend around people who are smoking? _____ N

I20. [Card I20] 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 once or twice a week ask:

I21. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?
Pints of Beer ...............  Glasses of Wine ...............  Measures of Spirits ............

I22. And when you drink, how many drinks would you have on an average night? _____ N

I23. Do you mostly drink at home/friends house or outside in a pub, club or restaurant?

Always at home/friends house.........................☐ 1
Mostly at home/friends house...........................☐ 2
About equal.........................................................☐ 3
Always at pub, club or restaurant .......................☐ 4
Mostly at pub, club or restaurant .......................☐ 5

I24. During the last year have you failed to do what was normally expected from you because of drinking?
   Yes.................................................................☐ 1  No.................................☐ 2

I25. [Card I25] In the last week have you had the following foods and drinks once, more than once, or not at all?

   1. Fresh fruit .....................................................☐ Once ☐ More than Once ☐ Not At All ☐ Don't know
   2. Fruit juice .....................................................☐ Once ☐ More than Once ☐ Not At All ☐ Don't know
   3. Meat / Chicken / Fish .....................................☐ Once ☐ More than Once ☐ Not At All ☐ Don't know
   4. Eggs .............................................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   5. Cooked vegetables .........................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   6. Raw vegetables or salad ...................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   7. Meat pie, hamburger, hot dog, sausage or sausage roll ☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   8. Hot chips or French fries ...................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   9. Crisps or savoury snacks ...................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   10. Bread ...........................................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   11. Potatoes/ Pasta/ Rice ........................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   12. Cereals ..........................................................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   13. Biscuits, doughnuts, cake, pie or chocolate ...........☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   14. Cheese/yoghurt fromage frais .......................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   15. Low fat Cheese/ low fat yoghurt .................☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   16. Water (tap water / still water/ sparkling water) ...☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   17. Soft drinks / minerals / cordial / squash (not diet) ☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   18. Soft drinks / minerals / cordial / squash (diet) ...☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   19. Full cream milk or full cream milk products .......☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
   20. Skimmed milk or skimmed milk products ..........☐ Once ☐ More than Once ☐ Not At All ☐ Don’t know
I26. [Card I25] For each of the foods and drinks above, on average, did you have these more, about the same or less during your pregnancy?

<table>
<thead>
<tr>
<th>Food or Drink</th>
<th>Less</th>
<th>About Same</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fresh fruit</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Fruit juice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Meat / Chicken / Fish</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Eggs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Cooked vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Raw vegetables or salad</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Meat pie, hamburger, hot dog, sausage or sausage roll</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Hot chips or French fries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Crisps or savoury snacks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Bread</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11. Potatoes/ Pasta/ Rice</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12. Cereals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13. Biscuits, doughnuts, cake, pie or chocolate</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14. Cheese/yoghurt/ fromage frais</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>15. Low fat Cheese/ low fat yoghurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Water (tap water / still water/ sparkling water)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Soft drinks / minerals / cordial / squash (not diet)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Soft drinks / minerals / cordial / squash (diet)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Full cream milk or full cream milk products</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Skimmed milk or skimmed milk products</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

I27. About how many days each week do you do at least 30mins of moderate or vigorous physical activity (like walking briskly, riding a bike, gardening, tennis, swimming, running etc...). Include physical activity at work.  _____ N

Time Section Ended

J. FAMILY CONTEXT

J1. [Card J1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your child now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn’t do for my child if it was necessary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. Having child leaves little time and flexibility in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Having child has been a financial burden</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>P. Having child has meant having too few choices and too little control over my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q. I am satisfied as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R. I find my child enjoyable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
J2. Compared to the time before <baby> arrived, does your spouse/partner do more housework than he/she used to, about the same amount or less?

<table>
<thead>
<tr>
<th>More</th>
<th>The same</th>
<th>Less</th>
<th>He/She did not live with me then</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

J3. The next few questions are about the personal help and support you might get. Please say how much you agree or disagree with each of the following statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

A. I have no-one to share my feelings with.

B. There are other parents I can talk to about my experiences.

C. If I had financial problems, I know my family or friends would help if they could.

J4. Overall, how do you feel about the amount of support or help you get from family or friends living elsewhere?

<table>
<thead>
<tr>
<th>I get enough help</th>
<th>I don’t get enough help</th>
<th>I don’t get any help at all</th>
<th>I don’t need any help</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

J5. How often do you feel that you need support or help but can’t get it from anyone?

<table>
<thead>
<tr>
<th>Very often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
<th>I don’t need it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

J6. Do you take advice from the <baby’s> grandparents about parenting?

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

J7. [Card J7] Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week: (tick one box on each line)

- I felt I could not shake off the blues even with help from my family or friends.
- I felt depressed.
- I thought my life had been a failure.
- I felt fearful.
- My sleep was restless.
- I felt lonely.
- I had crying spells.
- I felt sad.

<table>
<thead>
<tr>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or little of the (1-2 days)</th>
<th>Occasionally or some of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

J8. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

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

J9. Was this:

Before being pregnant with <baby> ...

In the 1st trimester of the pregnancy ...

In the 2nd trimester of the pregnancy ...

In the 3rd trimester of the pregnancy ...

When <baby> was 2-6 months of age ...

Since <baby> was 6 months of age ...

J10. Scale on parenting beliefs removed

J11. Did you work full-time, part-time or not at all before you became pregnant with <baby>?

Full-time ........................................... Part – time ................................ Part-time ...

J12. If yes, how many hours were you working per week? _____ hours

Irregular hours.....

J13. How long before you gave birth did you stop working? _____ weeks OR _____ months
J14. Can I ask you, did you go back to work after the birth of <baby>?


J15. What age was/will <baby> be when you went/go back to work? ________ months

J16. What was/is the main reason for going back to work?

Financial.............................................[□1]  Need an outlet outside the home ..........[□3]  Other ..........[□4]

J17. Did/Will you return to the same job you had before the birth of <baby> (i.e., same job and employer)?  

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

J18. Are you/will you be working at the same level (status) of work as you did before you had your child?

Didn’t work before.............................................[□1]  No, lower level ........[□2]  Yes, same level .....[□3]  No, higher level ........[□4]

J19. If you did not work during pregnancy, when were you last in paid employment? Month____ year_____

J20. Did you take, or are you currently on:

a. Paid maternity leave?  Yes........[□1]  How many weeks ________wks  No...........[□2]

b. Unpaid maternity 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 leave)

J21. Did you take, or are you currently on unpaid parental leave with <baby>?

Currently.........[□1]  In the past..........................[□2]  No...........[□2]

J22a. If yes, how many weeks?  ____________________ weeks

J22b. Taking as a day per week  Yes........[□1]  No...........[□2]

Time Section Ended  (24 hour clock)

K: SOCIO-DEMOGRAPHICS

Time Section Started  (24 hour clock)

K1. For the following items could you indicate whether or not your household, has the item and, if not, if it is because you couldn’t afford it or for another reason?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>Cannot Afford</th>
<th>No, Other Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Does your household have a roast joint (or its equivalent) at least once a week?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Do household members buy new rather than second-hand clothes?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Does each household member possess a warm waterproof coat?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Does each household member possess two pairs of strong shoes?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Does the household replace any worn out furniture?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Does the household keep the home adequately warm?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Does the household have family or friends for a drink or meal once a month?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
<tr>
<td>Does the household buy presents for family or friends at least once a year?</td>
<td>[□1]</td>
<td>[□2]</td>
<td>[□3]</td>
</tr>
</tbody>
</table>

K2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

<table>
<thead>
<tr>
<th>Degree of Ease or Difficulty</th>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
</table>

K3. 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]
K4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

K5. Why was that?

Didn’t want to................................. [1]  Couldn’t leave the children .... [3]
Have a full social life in other ways .......... [2]  Illness ................................. [1]

K6. 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

K7. 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]

K8. [Show Card K8] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

Owner occupied ........................................................................................ [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]

K9. How many separate bedrooms are in the accommodation? ____________ bedrooms

K10. [Show Card K10] 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) .................. [1]
Self employed outside farming ................................................................. [2]
Farmer ....................................................................................................... [3]
Student full-time...................................................................................... [4]
On State training scheme (FAS, Failte Ireland etc.) ................................. [5]
Unemployed, actively looking for a job .................................................. [6]
Long-term sickness or disability ............................................................. [7]
Home duties / looking after home or family .......................................... [8]
Retired.......................................................... ........................................ [9]
Other (specify) ________________________ ........................................ [11]

K11. 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

K12. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

_____________________________________________________________________________

K13. Do you supervise or manage any personnel in your job?

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

K14. How many? ________________________

K15. How many employees (if any) do you have? _______ employees  N A .... [99]

K17. How often?
- Permanent night shift ............................................................... 1
- 4-7 days per week .................................................................... 2
- 2-3 days per week .................................................................... 3
- About once a week .................................................................... 4
- Several times a month (including rotating shifts) ....................... 5
- About once a month .................................................................. 6
- Less often ................................................................................ 7
- Don’t know ............................................................................... 8

K18. Do you ever work on Saturdays or Sundays?  
- Yes .................. 1  
- No .................... 2

K19. How often
- Every week ............................................................................. 1
- Every 2 or 3 weeks ................................................................... 2
- About once a month ................................................................ 3
- Less often ................................................................................ 4
- Don’t know ............................................................................... 5

K20. If you were completely free to choose, how many hours a week (paid work) would you like to work overall?  _________ hours per week

K21. Apart for holiday or casual work, have you ever had a job?  
- Yes .............. 1  
- No ............... 2

K22. In what year did you last work?  _______ year  
- Never Worked ........ 1

K23. When you last worked were you?
- Employee (incl. apprenticeship or Community Employment) ........... 1  
- Self-employed outside farming .............................................. 2  
- Farmer .................. 3

K24. What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

_________________________________________________________________________________

K25. [Show Card K25] From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. tick one only]
- I can’t find a job ......................................................................... 1  
- I cannot find suitable childcare .................................................. 8
- I chose not to work ................................................................. 2  
- There are no suitable jobs available for me .............................. 7
- I am caring for an elderly or ill relative or friend ...................... 3  
- My family would lose Social Welfare or medical benefits if I was earning ........ 8
- I prefer be at home to look after my children myself ............. 4  
- Other reason (specify) .............................................................. 10

K26. 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
**HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS**

K27. If you are currently on maternity leave, is your current household income the same as, greater than or less than it was before the birth of this child?

- Greater…………………………………...[1]  
- Same………………………………………...[2]  
- Less than………………………………….…...[3]  
- Not Applicable……………………………..…...[4]

K28. 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.

Don’t Know…………….[9]  
€_______________________ per Week…………….[1]  
Month……………….[3]

[Int: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO K29. If exact figure given go to K30]

K29. [Card K29] I know that it is difficult to give an exact figure for household income but on this card 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.

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

**HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI**

<table>
<thead>
<tr>
<th>Category</th>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €230</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€750 to €1,800</td>
</tr>
<tr>
<td>€231 to €350</td>
<td>€1,001 to €1,600</td>
<td>€1,001 to €2,000</td>
<td>€1,801 to €2,500</td>
</tr>
<tr>
<td>€351 to €460</td>
<td>€1,501 to €2,000</td>
<td>€1,501 to €3,000</td>
<td>€2,501 to €3,000</td>
</tr>
<tr>
<td>€461 to €575</td>
<td>€2,001 to €2,500</td>
<td>€2,001 to €3,000</td>
<td>€3,001 to €4,000</td>
</tr>
<tr>
<td>€576 to €800</td>
<td>€2,501 to €3,500</td>
<td>€2,501 to €4,000</td>
<td>€4,001 to €5,000</td>
</tr>
<tr>
<td>€801 to €925</td>
<td>€3,501 to €4,000</td>
<td>€3,501 to €4,000</td>
<td>€4,501 to €5,500</td>
</tr>
<tr>
<td>€926 to €1,150</td>
<td>€4,001 to €5,000</td>
<td>€4,001 to €5,000</td>
<td>€5,501 to €7,000</td>
</tr>
<tr>
<td>€1,151 to €1,500</td>
<td>€5,001 to €6,000</td>
<td>€5,001 to €6,000</td>
<td>€6,501 to €8,000</td>
</tr>
<tr>
<td>€1,501 to €1,850</td>
<td>€6,501 to €8,000</td>
<td>€6,501 to €8,000</td>
<td>€8,501 to €10,000</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€8,001 or more</td>
<td>€10,001 or more</td>
</tr>
</tbody>
</table>

[Refused]………………………………….[77]  
Don’t’ Know………………………………….[88]

K30. [Card K30] Would that be [tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
<tr>
<td>Per week</td>
<td>Per month</td>
<td>Per month</td>
<td>Per month</td>
<td>Per month</td>
<td>Per month</td>
<td>Per month</td>
<td>Per month</td>
<td>Per month</td>
<td>Per month</td>
</tr>
<tr>
<td>under €75</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
</tr>
<tr>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
<td>€75 to €150</td>
<td>€60 to €650</td>
</tr>
<tr>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
<td>€151 to €230</td>
</tr>
</tbody>
</table>
COUPLE / LONE PARENT INCOME – income of family unit of <study child>

K31. 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.

Only respondent and / or spouse/partner ......[ ]1→Go to K33  Other households members ...... [ ]1→Go to K29

K32. Now I would like you to think ONLY OF THE INCOME WHICH YOUR AND YOUR PARTNER / SPOUSE RECEIVE. If you added up all the income sources from YOU AND YOUR PARTNER what would be the COMBINED TOTAL NET INCOME OF THE TWO OF YOU, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above and from BOTH YOU AND YOUR PARTNER / SPOUSE.

D.K. ........... €________ per Week ...... [ ]1  Month ........... [ ]3

Year ........ [ ]99

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO K33.  If exact figure given go to K34]

K33. [Card K29] I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on this card we have a scale of incomes, and we would like to know into which group the combined total NET income of you and your spouse / partner falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above but only for you and your partner. Looking at the card could you tell me the letter of the group into which the combined income of you and your spouse / partner falls, after deductions for tax and PRSI.

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

COUPLED NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI FOR RESPONDENT AND PARTNER

<table>
<thead>
<tr>
<th>Category</th>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Under €230</td>
<td>Under €1,000</td>
<td>Under €12,000</td>
</tr>
<tr>
<td>B</td>
<td>€231 to €350</td>
<td>€1,001 to €1,500</td>
<td>€12,001 to €16,000</td>
</tr>
<tr>
<td>C</td>
<td>€351 to €460</td>
<td>€1,501 to €2,000</td>
<td>€18,001 to €24,000</td>
</tr>
<tr>
<td>D</td>
<td>€461 to €575</td>
<td>€2,001 to €2,500</td>
<td>€24,001 to €30,000</td>
</tr>
<tr>
<td>E</td>
<td>€576 to €800</td>
<td>€2,501 to €3,500</td>
<td>€30,001 to €42,000</td>
</tr>
<tr>
<td>F</td>
<td>€801 to €925</td>
<td>€3,501 to €4,000</td>
<td>€42,001 to €48,000</td>
</tr>
<tr>
<td>G</td>
<td>€926 to €1,150</td>
<td>€4,001 to €5,000</td>
<td>€48,001 to €56,000</td>
</tr>
<tr>
<td>H</td>
<td>€1,151 to €1,500</td>
<td>€5,001 to €6,500</td>
<td>€56,001 to €60,000</td>
</tr>
<tr>
<td>I</td>
<td>€1,501 to €1,850</td>
<td>€6,501 to €9,000</td>
<td>€60,001 to €66,000</td>
</tr>
<tr>
<td>J</td>
<td>€1,851 or more</td>
<td>More than</td>
<td>More than</td>
</tr>
</tbody>
</table>

Refused ..............[ ]7  Don’t’ Know ..............[ ]8

K34. [Card K30] Would that be [and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A Per week under €75 ..............[ ]1  €75 to €150 ..............[ ]2  €151 to €230 ..............[ ]3
  Per month €0 to €300 ..............[ ]1  €301 to €650 ..............[ ]2  €651 to €1,000 ..............[ ]3
  Per year €0 to €4,000 ..............[ ]1  €4,001 to €8,000 ..............[ ]2  €8,001 to €12,000 ..............[ ]3

B Per week €231 to €270 ..............[ ]1  €271 to €310 ..............[ ]2  €311 to €350 ..............[ ]3
  Per month €1,001 to €1,150 ..............[ ]1  €1,151 to €1,350 ..............[ ]2  €1,351 to €1,500 ..............[ ]3
  Per year €12,001 to €14,000 ..............[ ]1  €14,001 to €16,000 ..............[ ]2  €16,001 to €18,000 ..............[ ]3

C Per week €351 to €390 ..............[ ]1  €391 to €420 ..............[ ]2  €421 to €460 ..............[ ]3
  Per month €1,501 to €1,700 ..............[ ]1  €1,701 to €1,800 ..............[ ]2  €1,801 to €2,000 ..............[ ]3
  Per year €18,001 to €20,000 ..............[ ]1  €20,001 to €22,000 ..............[ ]2  €22,001 to €24,000 ..............[ ]3

D Per week €461 to €500 ..............[ ]1  €501 to €535 ..............[ ]2  €536 to €575 ..............[ ]3
  Per month €2,001 to €2,150 ..............[ ]1  €2,151 to €2,300 ..............[ ]2  €2,301 to €2,500 ..............[ ]3
  Per year €24,001 to €26,000 ..............[ ]1  €26,001 to €28,000 ..............[ ]2  €28,001 to €30,000 ..............[ ]3

E Per week €576 to €650 ..............[ ]1  €651 to €750 ..............[ ]2  €751 to €800 ..............[ ]3
  Per month €2,501 to €2,800 ..............[ ]1  €2,801 to €3,250 ..............[ ]2  €3,251 to €3,500 ..............[ ]3
  Per year €30,001 to €34,000 ..............[ ]1  €34,001 to €38,000 ..............[ ]2  €38,001 to €42,000 ..............[ ]3

F Per week €801 to €850 ..............[ ]1  €851 to €880 ..............[ ]2  €881 to €925 ..............[ ]3
  Per month €3,501 to €3,650 ..............[ ]1  €3,651 to €3,800 ..............[ ]2  €3,801 to €4,000 ..............[ ]3
  Per year €42,001 to €44,000 ..............[ ]1  €44,001 to €46,000 ..............[ ]2  €46,001 to €48,000 ..............[ ]3

G Per week €926 to €1,000 ..............[ ]1  €1,001 to €1,050 ..............[ ]2  €1,051 to €1,150 ..............[ ]3
  Per month €4,001 to €4,300 ..............[ ]1  €4,301 to €4,600 ..............[ ]2  €4,601 to €5,000 ..............[ ]3
  Per year €48,001 to €52,000 ..............[ ]1  €52,001 to €56,000 ..............[ ]2  €56,001 to €60,000 ..............[ ]3

H Per week €1,151 to €1,250 ..............[ ]1  €1,251 to €1,375 ..............[ ]2  €1,376 to €1,500 ..............[ ]3
  Per month €5,001 to €5,500 ..............[ ]1  €5,501 to €6,000 ..............[ ]2  €6,001 to €6,500 ..............[ ]3
  Per year €60,001 to €66,000 ..............[ ]1  €66,001 to €72,000 ..............[ ]2  €72,001 to €78,000 ..............[ ]3

I Per week €1,501 to €1,600 ..............[ ]1  €1,601 to €1,750 ..............[ ]2  €1,751 to €1,850 ..............[ ]3
  Per month €6,501 to €7,000 ..............[ ]1  €7,001 to €7,500 ..............[ ]2  €7,501 to €8,000 ..............[ ]3
  Per year €78,001 to €84,000 ..............[ ]1  €84,001 to €90,000 ..............[ ]2  €90,001 to €96,000 ..............[ ]3

J Per week €1,851 to €2,100 ..............[ ]1  €2,101 to €2,400 ..............[ ]2  €2,401 or more ..............[ ]3
  Per month €8,001 to €9,250 ..............[ ]1  €9,251 to €10,500 ..............[ ]2  €10,501 or more ..............[ ]3
  Per year €96,000 to €110,000 ..............[ ]1  €110,001 to €125,000 ..............[ ]2  €125,001 or more ..............[ ]3
K35. Do you or your partner receive any Social Welfare payments? Yes ☐ 1 → Go to K36 No ☐ 2 → Go to K37

K36. [Card K36] Now I’d like to record information on any Social Welfare payments YOU OR YOUR PARTNER are receiving. Looking at this card could you tell me whether or not you or your partner currently receive any of these Social Welfare payments? [Int Tick payments which either partner receives]

Social Welfare Payment | Social Welfare Payment
------------------------|------------------------
**RETEIREMENT PAYMENTS**
State Pension (Transition) ☐ 1 | State Pension Non-Contributory ☐ 3
State Pension (Contributory) ☐ 2 | Pre-Retirement Allowance ☐ 4

**ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS**
Widow’s or Widower’s (Contributory) Pension ☐ 5 | Deserted Wife’s Allowance ☐ 9
Deserted Wife’s Benefit ☐ 6 | Prisoner’s Wife’s Allowance ☐ 10
Widowed Parent Grant ☐ 7 | One-Parent Family Payment ☐ 11
Widow’s or Widower’s (Non-Contrib) Pension ☐ 8

**CHILD RELATED PAYMENTS**
Maternity Benefit ☐ 12 | Health & Safety Benefit ☐ 14
Adoptive Benefit ☐ 13 | Guardian’s Payment (Contributory) ☐ 15
| Guardian’s Payment (Non-Contributory) ☐ 16

**DISABILITY AND CARING PAYMENTS**
Illness Benefit ☐ 17 | Injury Benefit ☐ 23
Invalidity Pension ☐ 18 | Incapacity Supplement ☐ 24
Disability Allowance ☐ 19 | Disablement Benefit ☐ 25
Blind Pension ☐ 20 | Medical Care Scheme ☐ 26
Carer’s Benefit ☐ 21 | Constant Attendance Allowance ☐ 27
Carer’s Allowance ☐ 22 | Death Benefits (Survivor’s Benefits) ☐ 28

**UNEMPLOYMENT PAYMENTS**
Jobseeker’s Benefit ☐ 29 | Jobseeker’s Allowance or Unemployment Assistance ☐ 30

**EMPLOYMENT SUPPORTS**
Family Income Supplement ☐ 31 | Back to Work Enterprise Allowance ☐ 34
Farm Assist ☐ 32 | Part-time Job Incentive Scheme ☐ 35
Back to Work Allowance (Employees) ☐ 33 | Back to Education Allowance ☐ 36
Supplementary Welfare Allowance (SWA) ☐ 37

K37. Do you or your partner currently receive child benefit? Yes ........... ☐ 1 No........... ☐ 2

K38. Do you or your partner currently receive rent or mortgage supplement? Yes ........... ☐ 1 No........... ☐ 2

K39. How much do you receive per week in rent or mortgage supplement? €---------------------------

K40. [Card K40] What is the highest level of education you have completed to date?
Primary or less .................................................. ☐ 1
Intermediate/ junior/ Group Certificate or equivalent ☐ 2
Leaving Certificate or equivalent ....................... ☐ 3
Diploma/ Certificate .......................................... ☐ 4
Primary degree .................................................. ☐ 5
Postgraduate/ Higher degree .............................. ☐ 6
Refusal.............................................................. ☐ 88

K41. What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]

English ............................................... ☐ 1
Arabic ............................................... ☐ 3
Polish .................................................. ☐ 5
Czech .................................................... ☐ 7
Portuguese ............................................. ☐ 9
Chinese ............................................... ☐ 11
Romanian .............................................. ☐ 13
Irish ..................................................... ☐ 2
French ................................................... ☐ 4
Russian .................................................. ☐ 6
Latvian .................................................. ☐ 8
Spanish .................................................. ☐ 10
Lithuanian ............................................. ☐ 12
Other (specify) ......................................... ☐ 14
K42. 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?
Yes ..........□1  No ..........□2

K43. Can you usually read and fill out forms you might have to deal with in your own language?
Yes ..........□1  No ..........□2
[Int: Ask K44 and K45 only if any language other than Irish or English is usually spoken at home see K41 above]

K44. You mentioned that you spoke <language> [Int See L40 above] at home, can I just check, can you read aloud to a child from a children's storybook written in English?
Yes ..........□1  No ..........□2

K45. Can you usually read and fill out forms you might have to deal with in English?
Yes ..........□1  No ..........□2

K46. 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

K47. Are you a citizen of Ireland?
Yes ................□1  No ...........□2  Don't know ..........□8

K48. What citizenship do you hold? ____________________________________ Don't know ..........□8

K49. Were you born in Ireland?
Yes ..........□1  No ..........□2  Don't know ..........□8

K50. In which country were you born? __________________________ Don't know ..........□8

K51. How long ago did you first come to live in Ireland?
Within the last year 1-5 years ago 6-10 years ago 11-20 years ago More than 20 years ago Don't Know
□1 □2 □3 □4 □5 □8

K52. And what about <baby>. Is he / she a citizen of Ireland?
Yes ..........□1  No ...........□2  DK...........□8

K53. What citizenship does he / she hold? ____________________________ Don't know ..........□8

K54. Was <baby> born in Ireland?
Yes ..........□1  No ...........□2

K55. In which country was he/she born? ____________________________ Don't know ..........□8

K56. [Card K56] 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 (specify) ............................ □8

K57. What religion are you, if any? ________________________________

Time Section Ended           (24 hour clock)

L. Neighbourhood / Community

Time Section Started          (24 hour clock)

Finally, we would like to ask you some questions about your local area. By local area, we mean within about a mile or 20 minutes walk of here.

L1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?
Yes ..........□1  No ..........□2
L2. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Very Common</th>
<th>Fairly Common</th>
<th>Not very Common</th>
<th>Not at all Common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubbish and litter lying about</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes and gardens in bad condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vandalism and deliberate damage to property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People being drunk or taking drugs in public</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L3. To what extent do you agree or disagree with these statements about your local area? Please tick one box on each line.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is safe to walk alone in this area after dark</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is safe for children to play outside during the day in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are safe parks, playgrounds and play spaces in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L4. 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?

<table>
<thead>
<tr>
<th>Service</th>
<th>Available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular public transport</td>
<td>Yes/No</td>
</tr>
<tr>
<td>GP or health clinic</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Schools (primary or secondary)</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Library</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Social Welfare Office</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Banking/Credit Union</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Essential grocery shopping</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Recreational facilities appropriate to young children</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

L5. Do you have any family living in this area? Yes No

L6. What is your date of birth? _______ day _______ month _______ year

L7. Int: Is respondent male or female? Male Female

Time Section Ended (24 hour clock)

M. FOR THE INTERVIEWER

Please complete the following questions as soon after you have left the household as possible.

M1. 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 |
In Waterford city                                     | 7 |
In Galway city                                         | 8 |
In Limerick city                                      | 9 |
In Cork city                                          | 10 |
In Dublin city (incl. Dun Laoghaire)                   | 11 |
In Dublin county (outside Dublin city) urban          | 12 |
In Dublin county (outside Dublin city) rural           | 13 |

M2. Did the respondent ask for clarification on any questions?

Never : 1    Almost Never : 2    Now and then : 3    Often : 4    Very Often : 5    Don’t Know : 6

M3. How engaged with the survey did you feel that the respondent was?

Very engaged : 1    Quite engaged : 2    Not very engaged : 3    Not at all engaged : 4

M4 Did you feel that the respondent was reluctant to answer any questions?

Never : 1    Almost Never : 2    Now and then : 3    Often : 4    Very Often : 5    Don’t Know : 6

M5 Did you feel that the respondent tried to answer the questions to the best of his or her ability?

Never : 1    Almost Never : 2    Now and then : 3    Often : 4    Very Often : 5    Don’t Know : 6

M6 Overall, did you feel that the respondent understood the questions?

Never : 1    Almost Never : 2    Now and then : 3    Often : 4    Very Often : 5    Don’t Know : 6

M7 Was anyone else present at the interview?

Yes : 1    No : 2

M8 Who?

Spouse/Partner : 1    Study Child : 2    Other Child : 3    Other Adult : 4
Primary Caregiver Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL
MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION P.P.

<table>
<thead>
<tr>
<th>AREA</th>
<th>HOUSEHOLD</th>
<th>RESPONDENT</th>
</tr>
</thead>
</table>

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.

S1. Are you the biological parent of the Study Child?
   Yes ................ [ ] ➔ Go to S12 No ................ [ ] ➔ Go to S2

S2. Are you the adoptive parent of the Study Child?
   Yes ................ [ ] ➔ Go to S7

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

S4. Was this a within family adoption?
   Yes ........ [ ]
   No .......... [ ]

S5. From which country?
   _____________

S6. What age was the Study Child when you adopted him/her?
   _____________years

NOW PLEASE GO TO S12

S7. Are you the foster parent of the Study Child?
   Yes ................ [ ] ➔ Go to S12

S8. How long has the Study Child been with your family?
   _______yrs _______mths _______days

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

S10. How many previous foster placements has the Study Child been in?
   _______previous placements DK...[ ]

S11. Immediately before coming to live with you was the Study Child living with another foster family, his/her family or in institutional care?
   Another foster family ....... [ ]
   Own family ........ [ ]
   Institutional care ....... [ ]

NOW PLEASE GO TO S12

Because the issue of family life is so important, one of the areas of interest to us is the effect of family changes on both parents and children. We would now like to ask some questions about your family and marital history.
**S14. [Show Card S14]** Looking at this card, could you tell me which of these codes best describes your current legal marital status?

<table>
<thead>
<tr>
<th>Code</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Married</td>
</tr>
<tr>
<td>2</td>
<td>Separated</td>
</tr>
<tr>
<td>3</td>
<td>Divorced</td>
</tr>
<tr>
<td>4</td>
<td>Widowed</td>
</tr>
<tr>
<td>5</td>
<td>Never Married</td>
</tr>
</tbody>
</table>

**S15 Are you currently living with a partner?**

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

**S16 Since when?**

_________ (yr)

**S17 Are you currently living with a partner?**

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

**S18 In what year did you marry your former spouse?**

_________ (year)

**S19 Since when have you been living apart/spouse deceased?**

_________ (year)

**S20 Are you currently living with another partner?**

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

**S21 In what year did you marry your former spouse?**

_______ (year)

**S22 Since when have you been living apart/spouse deceased?**

_______ (year)

**S23 Are you currently living with a partner?**

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

**S24. Interviewer:** Is respondent living with a spouse/partner(S15/S17/S23)?

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

**S25. Since when have you and your spouse or partner been living together?**

_________ (mth) ________ (year)

**S26. [Show Card S26/27]** Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days... [ ]
- At least once a week... [ ]
- Less than once a week... [ ]

**S27. [Still Card S26/27]** How often would you argue about the child(ren)?

- Most days... [ ]
- At least once a week... [ ]
- Less than once a week... [ ]

**S28. [Show Card S28]** When you and your partner argue, how often do you ....

- Shout or yell at each other... [ ]
- Throw something at each other... [ ]
- Push, hit or slap each other... [ ]

**S29. [Show Card S29]** And to end an argument, how often would you...

- Compromise... [ ]
- Apologise... [ ]
- Change the subject... [ ]
- Agree to discuss the issue later... [ ]
- Agree to disagree... [ ]
- Use affection (hug) or make a joke about it... [ ]
- Ignore or refuse to speak any more, walk away, leave the room or leave the house... [ ]

**S30 How often would you say that the following events occur between you and your partner?**

<table>
<thead>
<tr>
<th>Event</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a day</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philosophy of life</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Aims, goals and things believed important</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Amount of time spent together</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Having a stimulating exchange of ideas</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Calmly discuss something together</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Work together on a project</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
S31. The boxes on the line below represent different degrees of happiness in your relationship. The middle box, 'happy' represents the degree of happiness of most relationships. Please tick the box to indicate which best describes the degree of happiness, all things considered of your relationship.

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

S32. Do you feel that having Study Child has...

- Brought you and your spouse/partner closer together, [ ]
- Made you less close than before, [ ]
- Made no difference to your relationship, [ ]
- Can't say [ ]

S33. Have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child

- Yes [ ]
- No [ ]

S34. How many?

- One [ ]
- Two [ ]
- Three or more [ ]

S35. If you are the biological mother of the child, did you take any of the following at any stage during your pregnancy? Tick all that apply

- Amphetamines/Speed/Whizz [ ]
- Barbiturates [ ]
- Cannabis/Dope/Hash/Marijuana/Blow [ ]
- Glue/Gas [ ]
- Valium/Downers/Tamazepam/Jellies/Roches/Diazepam [ ]
- LSD/Acid/Magic mushrooms [ ]
- Cocaine/Coke/Crack [ ]
- Heroin/Smack/Skag/H [ ]
- Ecstasy/E's [ ]
- Popper's [ ]
- Methadone [ ]

S36. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

- Yes [ ]
- No [ ]

S37. Have you ever been to prison?

- Yes [ ]
- No [ ]

S38. Can we check, does the other parent of the Study Child live here with you or elsewhere?

- Lives here [ ]
- Deceased [ ]
- Lives elsewhere [ ]

S39. When did (the non-resident) father / mother stop living with you and the Study Child?

- [ ] month [ ] year
- Never lived together [ ]

S40. How far does the Study Child’s non-resident father/ mother live from here?

- Within ½ hours drive from here [ ]
- More than 1 hours drive from here [ ]
- Between ½ and 1 hours drive from here [ ]
- Outside the country [ ]

S41. Do you and the Study Child non-resident father/ mother have shared parenting of the Study Child on a regular basis?

- Yes [ ]
- No [ ]

S42. Please describe the nature of this shared parenting?

____________________________________________________________________________________
____________________________________________________________________________________
S43. How often does the Study Child see his non-resident father/mother?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>2</td>
</tr>
<tr>
<td>Weekly</td>
<td>3</td>
</tr>
<tr>
<td>Every second week/weekend</td>
<td>4</td>
</tr>
<tr>
<td>Monthly</td>
<td>5</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>6</td>
</tr>
<tr>
<td>Less than once a year</td>
<td>7</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>8</td>
</tr>
</tbody>
</table>

S44. Were you ever married to or did you ever live with the Study Child’s father?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, married to</td>
<td>1</td>
</tr>
<tr>
<td>Yes, lived with</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td>Adoptive/Foster parent</td>
<td>4</td>
</tr>
</tbody>
</table>

S45. When did you separate or split up with the Study Child’s father?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Partner died</td>
<td>1</td>
</tr>
<tr>
<td>In the last 4 years</td>
<td>2</td>
</tr>
<tr>
<td>Longer than 4 years but less than 10</td>
<td>3</td>
</tr>
<tr>
<td>Longer than 10 years ago</td>
<td>4</td>
</tr>
<tr>
<td>Before child was born</td>
<td>5</td>
</tr>
<tr>
<td>We were never a couple</td>
<td>6</td>
</tr>
</tbody>
</table>

S46. What was the nature of your relationship with the study child’s father when you became pregnant with the study child? (Please tick one box only).

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married and living together</td>
<td>1</td>
</tr>
<tr>
<td>Cohabiting/living as married</td>
<td>2</td>
</tr>
<tr>
<td>Separated</td>
<td>3</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
</tr>
<tr>
<td>Going out but not living together</td>
<td>5</td>
</tr>
<tr>
<td>Just friends</td>
<td>6</td>
</tr>
<tr>
<td>No relationship</td>
<td>7</td>
</tr>
</tbody>
</table>

S47. Do you have a formal or informal custody arrangement regarding the Study Child and where he/she lives?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal</td>
<td>1</td>
</tr>
<tr>
<td>Informal</td>
<td>2</td>
</tr>
</tbody>
</table>

S48. Briefly describe that arrangement

_________________________________________________________________________________________________
_________________________________________________________________________________________________

S49. Does the Study Child’s non-resident father/mother make ANY financial contribution to your household and the maintenance of <Study Child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, he/she never makes any payment</td>
<td>1</td>
</tr>
<tr>
<td>Yes, he/she makes a regular payment</td>
<td>2</td>
</tr>
<tr>
<td>Yes, he/she makes payments as required</td>
<td>3</td>
</tr>
</tbody>
</table>

S50. How much does he/she pay per week/fortnight/month?

**€** per Week.... | Month.... | Year....

S51. About how much per year?

**€** per year

S52. How often do you talk to the Study Child’s non-resident parent about the Study Child?

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

S53 How well do you get on with the Study Child’s non-resident parent? Would you say your relationship is?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Positive</td>
<td>1</td>
</tr>
<tr>
<td>Positive</td>
<td>2</td>
</tr>
<tr>
<td>Neither positive nor negative</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat negative</td>
<td>4</td>
</tr>
<tr>
<td>Very negative</td>
<td>5</td>
</tr>
</tbody>
</table>

S54. What is your date of birth? __________ day __________ month __________ year

S55. Int: Is respondent male or female?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
</tbody>
</table>

S56. Time Section Ended [   ] [   ] [   ] (24 hour clock)

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

YOUR ASSISTANCE IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST IN DEVELOPING POLICIES TO SUPPORT CHILDREN AND THEIR FAMILIES IN IRELAND
Secondary Caregiver Questionnaire
Hello, I'm from the Economic and Social Research Institute in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

All the information you and your family provides 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.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

A2. Int: Record gender of parent 1

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

B1. Scale on parenting efficacy removed

B2. Scale on parents’ views of child-rearing removed

Time Section Ended (24 hour clock)
D. BABY’S HABITS

Time Section Started _______ (24 hour clock)

1. Were you present at the birth of <baby>?
   Yes .............................................................
   Wanted to, but missed it  ...................□2
   No □3

2. Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please the rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).
   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) ___________

D1. How much is <baby’s> sleeping pattern or habits a problem for you?
   A large problem □1
   A moderate problem □2
   A small problem □3
   No problem at all □4
   Don't know □5

D14. Do you feel that <baby’s> crying is a problem for you?
   Yes ..................................
   No .........................

I. Parent’s Health and Lifestyle

Time Section Started _______ (24 hour clock)

I1. In general, how would you say your current health is?
   Excellent ...........................................□1
   Very Good ...........................................□2
   Good ..................................................□3
   Fair ....................................................□4
   Poor ...................................................□5

I2. Compared to one year ago, how would you rate your health in general now?
   Much better now ....................□1
   Somewhat better now .............□2
   About the same ..................□3
   Somewhat worse now ............□4
   Much worse now ................□5

I3. Do you have a longstanding illness, disability or infirmity. By longstanding I mean anything physically or mentally that has troubled you over a period of time or that is likely to affect you over a period of time?
   Yes ............□1
   No ........................□2

I4. What is the nature of this illness or disability? Please describe as fully as possible.
   __________________________________________
   __________________________________________

I5. Since when have you had this illness or disability? _________(mth) ______(year)

I6. Are you hampered in your daily activities by this physical or mental health problem?
   Yes, severely......□1
   Yes, to some extent .........□2
   No ........□3

I7. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <baby>?
   In the past ............□1
   Currently ........□2
   No ........□3
I13. Do you smoke daily, occasionally or never?
Daily ..................□1       Occasionally ........□2       Never ...............□3

I14. Have you ever smoked? Was it...
Daily ..................□1       Occasionally ........□2       Never ...............□3

(IF RESPONDENT CURRENTLY OR HAS EVER SMOKED DAILY, ASK)
I15. How many cigarettes did you/do you smoke on an average day _____ N

I16. How long have you been/were you a smoker for?
_____Weeks        _____Months        _____Years

I20. [Card I20] 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 once or twice a week ask:
I21. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?
Pints of Beer _________    Glasses of Wine ________    Measures of Spirits _______

I22. And when you drink, how many drinks would you have on an average night? _____N

I23. Do you mostly drink at home/friends house or outside in a pub, club or restaurant?
Always at home/friends house ....................□1
Mostly at home/friends house .....................□2
About equal ....................................................□3
Always at pub, club or restaurant ..................□4
Mostly at pub, club or restaurant ...................□5

I24. During the last year have you failed to do what was normally expected from you because of drinking?
Yes..............................□1       No ............................□2

127. About how many days each week do you do at least 30mins of moderate or vigorous physical activity
(like walking briskly, riding a bike, gardening, tennis, swimming, running etc….). Include physical activity at
work.   _____ N

Time Section Ended     (24 hour clock)

J. FAMILY CONTEXT

Time Section Started     (24 hour clock)

J1. [Card J1] 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.

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

J4. Overall, how do you feel about the amount of support or help you get from family or friends living elsewhere?
I get enough help ....................................................... I don't get enough help ...............................................
I don't get any help at all ........................................... I don't need any help ..................................................

J7. [Card J7] Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week: (tick one box on each line)

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

J8. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?
Yes .......... 1 No ............ 2

J21. Did you take, or are you currently on unpaid parental leave with <baby>?
Currently .......... 1 In the past................. 2 No ...................... 2

J22a. If yes, how many weeks?
J22b. Taking as a day per week
Time Section Ended ................. (24 hour clock)

K: SOCIO-DEMOGRAPHICS

K10. [Show Card K10] Which of these descriptions BEST describes your usual situation in regard to work?

Employee (incl. apprenticeship or Community Employment)........................1
Self employed outside farming.................................................................2
Farmer........................................................................................................3
Student full-time.......................................................................................4
On State training scheme (FAS, Failte Ireland etc.).................................5
Unemployed, actively looking for a job....................................................6
Long-term sickness or disability ..............................................................7
Home duties / looking after home or family ............................................8
Retired........................................................................................................9
Other (specify) .......................................................................................11
K11. 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

K12. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

__________________________________________________________________________________________________________________________

K13. Do you supervise or manage any personnel in your job?

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

K14. How many?

_____________

K15. How many employees (if any) do you have? _______ employees  N A ....[99]

K16. Do you ever work after 6pm or overnight?

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

K17. How often?

Permanent night shift ...............................................................[1]
4-7 days per week .........................................................................[2]
2-3 days per week .........................................................................[3]
About once a week .........................................................................[4]
Several times a month (including rotating shifts) .........................[5]
About once a month ......................................................................[6]
Less often .......................................................................................[7]
Don’t know ....................................................................................[8]

K18. Do you ever work on Saturdays or Sundays?

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

K19. How often

Every week .................................................................................[1]
Every 2 or 3 weeks ......................................................................[2]
About once a month .....................................................................[3]
Less often ......................................................................................[4]
Don’t know ....................................................................................[5]

K20. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _________ hours per week

K21. Apart for holiday or casual work, have you ever had a job? Yes ............[1]  No .............[2]

K22. In what year did you last work? _______ year  Never Worked ........[1]

K23. When you last worked were you?

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

K24. What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

__________________________________________________________________________________________________________________________

K25. [Show Card K25] From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. tick one only]

I can’t find a job .........................................................................[1]  I cannot find suitable childcare .................................................[6]
I chose not to work .....................................................................[2]  There are no suitable jobs available for me .........................[7]
I am caring for an elderly or ill relative or friend .........................[3]  My family would lose Social Welfare or medical benefits if I was earning .................................................[8]
I prefer be at home to look after my children myself ..............[4]  Other reason (specify) ..............................................................[10]
I cannot earn enough to pay for childcare ..........................[5]

K26. 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]
K40. [Card K40] What is the highest level of education you have completed to date?

Primary or less ...............................................
Intermediate/ junior/ Group Certificate or equivalent
Leaving Certificate or equivalent ...........................
Diploma/ Certificate .......................................  
Primary degree .............................................
Postgraduate/ Higher degree .............................
Refusal................................................................ 

K41. What language or languages do you and your partner speak with <baby> most often at home?

[Int. Tick all that apply]

English ....................................................
Irish .......................................................  
Arabic .....................................................
French ....................................................
Polish .....................................................  
Russian ...................................................
Czech .....................................................
Latvian ...................................................
Portuguese ................................................
Spanish ...................................................
Polish .....................................................  
Latvian ...................................................
Chinese ...................................................
Spanish ...................................................
Romanian ................................................
Other (specify) ..........................................  

K42. 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?

Yes ...........□1, No .............□2

K43. Can you usually read and fill out forms you might have to deal with in your own language?

Yes ...........□1, No .............□2

[Int: Ask K44 and K45 only if any language other than Irish or English is usually spoken at home see K41 above]

K44. You mentioned that you spoke <language> [Int See L40 above] at home, can I just check, can you read aloud to a child from a children's storybook written in English?

Yes ...........□1, No .............□2

K45. Can you usually read and fill out forms you might have to deal with in English?

Yes ...........□1, No .............□2

K46. 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

K47. Are you a citizen of Ireland?

Yes ...........□1, No .............□2

K48. What citizenship do you hold? ____________________________  Don’t know ...........□8

K49. Were you born in Ireland?

Yes ...........□1, No .............□2

K50. In which country were you born?

______________________________  Don’t know ...........□8

K51. How long ago did you first come to live in Ireland?

Within the last year ..........................□1, 1-5 years ago ..............□2
6-10 years ago ......................□3, 11-20 years ago ..................□4
More than 20 years ago ..........□5, Don’t Know ...........□8

K56. [Card K56] 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 (specify) ..........................□8
K57. What religion are you, if any? ________________________________

L5. Do you have any family living in this area? Yes□ ☐ No□ ☐

L6. What is your date of birth? ________ day ________ month ________ year

L7. Int: Is respondent male or female? Male□ ☐ Female□ ☐

Time Section Ended _______ (24 hour clock)

M. FOR THE INTERVIEWER
Please complete the following questions as soon after you have left the household as possible.

M2. Did the respondent ask for clarification on any questions?
Never□ ☐ Almost Never□ ☐ Now and then□ ☐ Often□ ☐ Very Often□ ☐ Don’t Know□ ☐

M3. How engaged with the survey did you feel that the respondent was?
Very engaged□ ☐ Quite engaged□ ☐ Not very engaged□ ☐ Not at all engaged□ ☐

M4. Did you feel that the respondent was reluctant to answer any questions?
Never□ ☐ Almost Never□ ☐ Now and then□ ☐ Often□ ☐ Very Often□ ☐ Don’t Know□ ☐

M5. Did you feel that the respondent tried to answer the questions to the best of his or her ability?
Never□ ☐ Almost Never□ ☐ Now and then□ ☐ Often□ ☐ Very Often□ ☐ Don’t Know□ ☐

M6. Overall, did you feel that the respondent understood the questions?
Never□ ☐ Almost Never□ ☐ Now and then□ ☐ Often□ ☐ Very Often□ ☐ Don’t Know□ ☐

M7. Was anyone else present at the interview? Yes□ ☐ No□ ☐

M8. Who? Tick all that apply.
Spouse/Partner□ ☐ Study Child□ ☐ Other Child□ ☐ Other Adult□ ☐
Appendix B – Instrumentation used in the pilot phase
Dear «mothers_title» «Mothers_sn»,

We are writing to you about a major new and historic study of children called *Growing Up in Ireland*. This is a government-funded study of children in the Ireland of the 21st Century. The Department of Health and Children is funding the study through the Office of the Minister for Children in association with the Department of Social and Family Affairs and the Central Statistics Office.

The study is being carried out by a group of independent researchers from the Economic and Social Research Institute (ESRI) and Trinity College, Dublin.

The purpose of the study is to improve our understanding of children and their development in Ireland today. The information collected will help to make decisions about future policies and services which will benefit all children and their families.

We would like to send an interviewer to your home in a few weeks time to interview you and your partner (if relevant) about yourselves and your baby («Childs_Fn»). Your name was selected at random from the Child Benefit (Children’s Allowance) Register for inclusion in the study.

Participation in this study is entirely voluntary. If you do not wish to take part simply fill out the enclosed ‘opt-out’ form and send it to the ESRI in the pre-paid envelope within 10 days. If you do so an interviewer will not call to your home. We do hope, however, that you will be able to assist us in the study.

We enclose an information sheet providing more details on the project. The interview will take about 70 minutes with yourself and (if relevant) about 20 minutes with your partner.

We hope you will be able to assist us in our work. If you have any queries please do no 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)
Complete this form only if you DO NOT want to take part.

Your name (capitals please): _____________________________________________

Your baby’s name (capitals please): _______________________________________

Your relationship to the baby (mother/father, etc): __________________________

Your address (capitals please): ____________________________________________

_____________________________________________________________________

_____________________________________________________________________

It would help us for future studies if you could tell us the main reason you decided not to participate in Growing Up in Ireland

Reason for not participating:_____________________________________________

_____________________________________________________________________

If you do not wish to take part in the study please return this form in the enclosed pre-paid envelope to:

Growing Up in Ireland,
Economic and Social Research Institute
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
Information Sheet for Respondents
Your baby has been chosen to take part in a new and historic national study of children in Ireland called *Growing Up in Ireland*. Your baby is one of 150 infants selected for the initial pilot study on the project. A total of 10,000 families of nine-month old infants will ultimately be selected to take part in the main study.

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

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

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

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

**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.

**How was my child selected?**

The pilot study will include just 150 infants and their families.

The families and their children have been selected from the Child Benefit Register on a purely random basis. We are now contacting the families of these babies to invite them to take part. The random selection will make sure that we can talk to all different types of children and families from all parts of the country.

This is a unique opportunity for your child and family to take part in this very important study.
**Why should my 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 Ireland in the 21st century. 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 for many years to come.

The experience of parents who have taken part in similar studies around the world is that they enjoyed participating and talking about their child and their lives 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 independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

**What happens if I take part?**

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

**Step One:** In a few weeks’ time an interviewer will call to your home to talk to you about the study, and, if you are happy to take part, will make arrangements to come back and interview you and your spouse/partner (where relevant).

**Step Two:** When the interviewer calls to your home, you and your partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. The visit to your home will last about 90 minutes.

**Step Three:** 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 decide in advance of the interviewer’s call that you do not want to take part, you can fill in the enclosed ‘opt-out’ form and return it to us in the next 10 days in the postage-paid envelope. If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

**Confidentiality**

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. Similarly, other participants such as your partner will not see the information you have given to us.

Under no circumstances could anyone in Government or any government agency or department be able to 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.*
What kind of questions will my 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 relatively sensitive issues like your family’s income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years time:

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. In the meantime, to keep you up-to-date, we will send you a newsletter on the study and how it is progressing.

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 unless you or another adult is 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 my rights if I 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.

What do I do next?

Nothing. An interviewer will call to your home to discuss the study with you, and you can tell him or her whether or not you would like to take part.
Your participation counts.

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

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

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

Where can I find out more information?

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

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

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

**Post:**  
Growing Up in Ireland,  
Economic & Social Research Institute,  
Whitaker Square,  
Sir John Rogerson’s Quay,  
Dublin 2
Consent Form for Respondents
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: ________________
Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & 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 & Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

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

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

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

A2a. Record <baby’s> name: ____________________________________________

A2b. Record <baby’s> gender  Male .................□1  Female......................□2

A2c. Record <baby’s> date of birth  ___dd___mm______yyyy

A3. [Card A3] Which of the following best describes your relationship with the <baby>? [Interviewer use codes only]

A. Biological parent (mother/ father) ......□1  E. Grand parent ...........................□5
B. Adoptive parent (mother/ father) ......□2  F. Aunt/uncle ...............................□6
C. Step-parent (mother/ father) ............□3  G. Other relative/ in law ................□7
D. Foster parent (mother/ father) ..........□4  H. Unrelated guardian....................□8

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

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?

____________________persons
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 the <baby>?
   e) tick one box to best describe their current economic status

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<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
<th>(E)</th>
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<tr>
<td>No.</td>
<td>First name/Initial</td>
<td>SEX</td>
<td>Date of Birth</td>
<td>Relationship of each member to mother and child. Use Relationship Codes from yellow card. Show Card A5D</td>
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<tr>
<td>INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2</td>
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<td></td>
<td>If DOB not available</td>
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Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2

A6. Do you have any other biological children who live outside the household?

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

A6a. How many __ 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
   | 1 | 2 | ___ / ___ / ___

2. Male Female Date of Birth
   | 1 | 2 | ___ / ___ / ___

3. Male Female Date of Birth
   | 1 | 2 | ___ / ___ / ___

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started ___ ___ ___ (24 hour clock)

B1. Scale on parent’s views on child-rearing removed

B2. Do you use a soother/dummy with <baby>?
   Yes ....... [1] No ........ [2]

B3. [Card B3] 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]
B4. [Card B4] 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

B5. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time 1
Sometimes 2
Hardly ever or never 3

B6. Scale on attachment removed

B7 Questions on knowledge of child development removed

B8 Infant Characteristics Questionnaire removed

C. BABY’S DEVELOPMENT

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

Scale on infant development removed (ASQ/PEDS: DM)

CX1. Do you talk to your baby while you work? (eg. while you do housework).

Never 1
Rarely 2
Sometimes 3
Often 4
Always 5

CX2. Items on infant development removed

CX3. And do you have any other concerns about any aspects of baby’s behaviour or development? [Int.: If yes, please specify]

D. BABY’S HABITS

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

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

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

D7. How many times per night on average? ___________________
D8. Do you ever wake <baby> for a feed during the night?
Yes, usually .................................................. Yes, sometimes ........................................... No, not at all .................................................. 1 2 3

D9. How does your baby normally 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 .................................... In your bedroom ........................................... Elsewhere .................................................. 1 3 4

D11. Where does <baby> sleep for most of the night?
In his/her own bed/cot ....................................... In bed/cot with other children .......................... In your bed ................................................... Other (specify) ........................................... 1 3 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 .................................................. No .......................................................... 1 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 3 4

D15. Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.
Yes .................................................. No .................................................. 1 2

E. CHILDCARE ARRANGEMENTS

Time Section Started ___________________ (24 hour clock)

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

E2. Can you indicate (a) who else minds <baby> on a regular basis, (b) number of hours per week spent in each type of childcare, (c) how much you pay for this childcare per week, (d) whether this is your main type of childcare

<table>
<thead>
<tr>
<th>[Tick all that apply]</th>
<th>Number of hours</th>
<th>Cost per week</th>
<th>Main type of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>A relative in your home</td>
<td>______ N</td>
<td>€________</td>
<td>4</td>
</tr>
<tr>
<td>Someone else in your home</td>
<td>______ N</td>
<td>€________</td>
<td>4</td>
</tr>
<tr>
<td>A relative in their home</td>
<td>______ N</td>
<td>€________</td>
<td>4</td>
</tr>
<tr>
<td>Someone else in their home</td>
<td>______ N</td>
<td>€________</td>
<td>4</td>
</tr>
<tr>
<td>A professional caregiver (e.g. Crèche / Day nursery)</td>
<td>______ N</td>
<td>€________</td>
<td>4</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>______ N</td>
<td>€________</td>
<td>4</td>
</tr>
</tbody>
</table>

E3. What age was <baby> when you started to use the main childcare arrangement? _______ months
E4. What was the single most important reason for you choosing this main form of childcare?

- I had no choice ................................................................. 1
- I could afford it ................................................................... 2
- It was convenient ............................................................... 3
- It was linked to my job ......................................................... 4
- I thought it would be beneficial for my child ......................... 5
- Other (please describe) ......................................................... 6

E5. How satisfied are you with these arrangements?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5

E6. What are your future intentions for childcare? [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

E7. 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

E8. Since <baby> was born has difficulty in arranging childcare ever.... [Tick all that apply]

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

F. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

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

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 <Study Child> 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 <study child> 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. Just let me check. Are your twins:
Two boys ............ ☐1 Two girls ............ ☐2 Boy and Girl............. ☐3
[Int. ask if no at F4.]
F6. Would you say they are alike in looks
Yes .......... ☐1 No ............ ☐2
F7. Would you say they are alike
a) In behaviour ...................................... ☐1 ☐2
b) in Personality/character .................... ☐1 ☐2
c) In health ............................................ ☐1 ☐2
F8. How do you dress them?
in matching clothes each day ................. ☐1
in matching clothes sometimes ............... ☐2
never in matching clothes ....................... ☐3
F9. How does this twin react to the other?
Yes, most of the time ☐1 Yes, some of the time ☐2 No, hardly ever ☐3
a) he/ she likes to be with his / her twin ......... ☐1 ☐2 ☐3
b) he/she doesn't seem to notice his / her twin ......... ☐1 ☐2 ☐3
c) he/she is upset if she is parted from his/her twin ......... ☐1 ☐2 ☐3
G. PRENATAL CARE

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

G1. Did you intend to become pregnant before <baby> was conceived?
Yes, at that time .......... ☐1 No ............ ☐2 Unsure/Didn't mind .......... ☐3
G2. Did you intend never to become pregnant before <baby> was conceived, or just at a different time?
Yes, but much later ............................................ ☐1
Yes, but somewhat later ..................................... ☐2
Yes, but earlier ..................................................... ☐3
No intention of becoming pregnant .................... ☐4
Other ................................................................. ☐5

No question G3 and G4

G5. How was your Ante-natal care provided?
Shared care (between GP and other professional) ............ ☐1
Private consultant alone .................................... ☐2
Hospital clinic alone ...................................... ☐3
Midwifes clinic alone ..................................... ☐4
Independent midwife alone ................................ ☐5
None .............................................................. ☐6
Other [Please specify] ........................................... ☐7
G6. Was this shared care with:
Hospital Clinic ............................................. ☐1
Midwife Clinic ............................................... ☐2
Independent Midwife ............ ☐3
Private Consultant ............ ☐4
G7. At how many weeks did you first become aware that you were pregnant? ____ weeks
G8. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your
GP or hospital? ____ weeks
G9. And who was this appointment with?
GP/Family physician ........................................... ☐1
Private consultant alone .................................... ☐2
Hospital clinic alone ...................................... ☐3
Midwifes clinic alone ..................................... ☐4
Independent midwife alone ................................ ☐5
Had no ante-natal care ..................................... ☐6
G10. 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? ____ N [If none enter ‘0’]
G11. Did you know the sex of your baby before the birth? Yes .......... ☐1 No ............ ☐2
G12. How much weight did you gain during the course of your pregnancy?
____ stone  ____ lbs OR  ____ kgs

G13. [Card G13] 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
G14. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

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

G15. How many separate admissions did you have? _____ N

G16. During your pregnancy with the <baby>, did you take any of the following supplements?

- Iron .............................................................................[ ]
- Folic acid/Folate before pregnancy ..................................[ ]
- Folic acid/Folate during the first 3 months of pregnancy ..................................[ ]

G17. 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)

H1. Where was <baby> born? ALSPAC (Adapted)

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

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

a. Name: _______________________________________

b. Address  _______________________________________

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

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

H4. What was the mode of delivery? GUIA (Adapted)

- Normal delivery .....................................................[ ]
- Emergency Caesarean ..........................................[ ]
- Vaginal breech delivery .............................................[ ]
- Forceps assisted birth .............................................[ ]
- Planned / Elective Caesarean .........................[ ]
- Don’t know .............................................................[ ]

H5a. After how many weeks of pregnancy was <baby> born? ___________ Wks

Don’t Know……[ ]

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

- Late birth (42 weeks or more) ....[ ]
- On time (37-41 weeks) ...........[ ]
- Somewhat early (33-36 weeks) ....[ ]
- Very early (32 weeks or less) .......[ ]
- Don’t know .............................................................[ ]

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

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

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

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

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

Yes ..........[ ]  No ..........[ ]  Don’t know ......[ ]

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

Yes ..........[ ]  No ..........[ ]  Don’t know ......[ ]

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

H12. How many days parts of days was <baby> in hospital after the birth? ____ days
H13. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes ........................................ 1
No ...................................... 2
Go to H16

H14a. Was <baby> ever exclusively breastfeed?
[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?

____ Days  ____ Weeks  ____ Months

<Baby> still being exclusively breastfed .............................................. 55
Go to H20

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

Yes ........................................ 1
No ...................................... 2
Go to H16

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

____ Days  ____ Weeks  ____ Months

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

Not enough milk/hungry baby .............................................. 1
Inconvenienced/fatigue ..................................................... 2
Difficulty with breast feeding techniques ...... 3
Sore nipples/engorged breast ............................................ 4
Mother’s illness ............................................................... 5
Planned to stop at this time ............................................. 6
Embarrassment/social stigma ............................................ 7
Other, please specify .......................................................... 8

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

Cow’s milk? ____ Days  ____ Weeks  ____ Months

Any other type of milk, such as soya milk? ____ Days  ____ Weeks  ____ Months

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
Herbal drinks ................................................................. 5
Tea or coffee ................................................................. 6
Other [please specify] ...................................................... 7

H18. 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

H19. How old was <baby> when he/she first had solid food regularly?

____ Days  ____ Weeks  ____ Months

Hasn’t yet ...................................................... 1

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

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

(b) Current health


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

Their six-week checkup ...................................................... 1
Vaccines at 6 months ....................................................... 4
Vaccines at 2 months ......................................................... 5
Vaccines at 4 months .......................................................... 3

H22. [Card H22] Why has <baby> not had all of his or her immunisations? [Tick all that apply]
H23. Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

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

H24. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

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

Minor .................. □
Moderate .......... □
Severe ............. □
H25. [Card H25] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems? [TICK ALL THAT APPLY]

- a. Snuffles/common cold
- b. Chest infections
- c. Ear infections
- d. Feeding problems
- e. Sleeping problems
- f. Dental problems (e.g. teething)
- g. Wheezing or asthma
- h. Skin problems
- i. Persistent nappy rash
- j. Undescended testicle
- k. Tight foreskin
- l. Hernia
- m. Sight or eye problems
- n. Failure to gain weight or to grow
- o. Persistent or severe vomiting
- p. Persistent diarrhea or constipation
- q. Fits or convulsions
- r. Meningitis
- s. Colic
- t. Other health problems [please specify]
- u. None of the above

H26. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about the <baby's> physical health? (exclude time of birth)

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

H27. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?  
Yes..................................[1] No..................[2] Don't know ......[3]

H28. Not including when he/she was born, approximately how many nights has <baby> spent in hospital?  NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

H29. 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?


H30. Why did <baby> not get the medical care or treatment? Was this because: [TICK YES OR NO TO EACH]

- You couldn't afford to pay
- The necessary medical care wasn't available or accessible to you
- You couldn't take time off work to visit the doctor
- Wanted to wait and see if the problem got better
- Still on the waiting list
- Other (specify) ...................................................

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

H31. 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]

H32. Does the family have private medical insurance?

Yes.....................[1] No ..................[2] Don't know ......[3]

H33. Does that insurance include the cost of GP visits?

Yes, in full ........[1] Yes, partially........[2] No ..............[3] Don't know ..........[4]

H34. Many babies have accidents at some time. Has the <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

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

H35. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? ______N

H36. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

Yes.............................[1] No ..................[2] Don't know ..........[3]
J. PARENT’S HEALTH

Time Section Started  (24 hour clock)

J1. In general, how would you say your current health is

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

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. 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

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

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. Since <baby> was born, how many times have you seen or talked on the telephone with any of the following about your own physical, emotional or mental health? (Exclude at time of birth)

INCLUDE ONLY CONSULTATIONS MADE ON YOUR OWN BEHALF AND EXCLUDE THOSE MADE ON BEHALF OF CHILDREN OR OTHER PERSONS.

A general practitioner (GP), or practice nurse .................. N
A public health nurse .................................................. N
A psychiatrist, psychologist or counsellor ....................... N
Another medical professional [please specify] ..................... N
Accident and Emergency or Outpatient ......................... N

J10. Have you been admitted to a hospital as an in-patient since <baby> was born? Please exclude any nights spent in hospital due to childbirth or the illness of other people, for example to accompany a child.

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

J11. About how many nights did you spend in hospital since the <baby’s> birth? ________ Nights

J12. Do you currently smoke daily, occasionally or not at all?

Daily ..................... 1
Occasionally .................. 2
Not at all .................... 3

J13. About how many cigarettes or cigars do/did you smoke on average each day?

______________ [Int. enter ‘0’ if less than 1 on average]
J14. Including yourself, how many members of the household smoke? _____ N IF NUMBER OF SMOKERS >0 ask:

J15. [Card J15] 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 once or twice a week ask:
J16. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer  ___________ Glasses of Wine  ___________ Measures of Spirits  ___________

J17. And when you drink, how many drinks would you have on an average night? _____ N

K. FAMILY CONTEXT

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

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

Int.: Ask only if respondent lives with a spouse/partner (see household grid)

K2. The next few questions are about the personal help and support you might get. Please say how much you agree or disagree with each of the following statements.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have no-one to share my feelings with ..................................................1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. There are other parents I can talk to about my experiences. ....................1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. If I had financial problems, I know my family or friends would help if they could. ...1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K3. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

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

K4. How often do you feel that you need support or help but can’t get it from anyone?

Very often Often Sometimes Never I don’t need it

K5. Are you in regular contact with <baby’s> grandparents?

Yes No Grandparents are deceased

K6. Here are some questions about how much support you receive from <baby’s> grandparents

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less often than once every 3 months</th>
<th>At least once every 3 months</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Every day or almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babysit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have &lt;baby&gt; to stay over night?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take &lt;baby&gt; out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buy toys or clothes for &lt;baby&gt;?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help you around the house?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help you out financially?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K8. Did you work full-time, part-time or not at all immediately before you became pregnant with <baby>?

Full-time Part – time Not at all

K9. How many hours were you working per week? _______ hours Irregular hours

K10. How long before you gave birth did you stop working? _____ weeks OR _____ months

K11. Are you currently at work outside the home?

Full-time Part – time No

K12. What age was <baby> when you returned to work? _______ months

K13. Did you take any of the following types of leave? If yes, how many weeks did you take?

a. Paid maternity / paternity leave? Yes How many weeks ______ wks No...
b. Unpaid maternity/ paternity leave? Yes How many weeks ______ wks No...
c. Annual leave? How many weeks ______ wks No...
   (Accumulated before or during maternity / paternity leave)
d. Sick leave? How many weeks ______ wks No...

K14. What was the main reason for going back to work?

Financial Maintain a Career Job related benefits (pension, car, health insurance etc)

K15. Do you intend to return to work outside the home?

Full-time Part – time No

K16. What age will <baby> be when you return to work? _______ months
K17. 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… □ b
b. Unpaid maternity /paternity leave? Yes □ 1  How many weeks ______ wks No… □ b
c. Annual leave? Yes □ 1  How many weeks ______ wks No… □ b
d. Sick leave? Yes □ 1  How many weeks ______ wks No… □ b

K18. 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

K19. Did you ever work? Yes □ 1  No □ 2  Go to Section L

K20. When were you last in paid employment outside the home? Month_____ Year_____

K21. Do you intend to return to work?

Yes, definitely ……… □ 1  Yes, probably ……… □ 2  No ……… □ 3  Go to K24

K22. What age will <baby> be when you return to work? _____ Months

K23. 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

K24. If you have returned to work after the birth of <baby>, or if you have other children and have previously worked outside the home, can I ask you the extent to which you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Because of my work responsibilities:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have missed out on home or family activities</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td></td>
</tr>
<tr>
<td>That I would have liked to have taken part in .................................................. □ 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. My family time is less enjoyable and more pressured ……………………………… □ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of my family responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. I have to turn down work activities or Opportunities that I would prefer to take on ………………………………………………………… □ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. The time I spend working is less enjoyable and more pressured ………………………………………………………… □ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L: SOCIO-DEMOGRAPHICS

Time Section Started  □ □ □ (24 hour clock)

L1. For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn’t afford it or for another reason?

<table>
<thead>
<tr>
<th>Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?</th>
<th>Yes □ 1</th>
<th>No, Cannot Afford □ 2</th>
<th>No, other reason □ 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your household have a roast joint (or its equivalent) at least once a week?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Do household members buy new rather than second-hand clothes?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Does each household member possess a warm waterproof coat?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Does each household member possess two pairs of strong shoes?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>
L2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

<table>
<thead>
<tr>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

L3. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

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

L4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

L5. Why was that?

<table>
<thead>
<tr>
<th>Didn’t want to</th>
<th>Couldn’t leave the children</th>
<th>Have a full social life in other ways</th>
<th>Illness</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

L6. Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

<table>
<thead>
<tr>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:

<table>
<thead>
<tr>
<th>House</th>
<th>Apartment / Flat / Bedsit</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L7b. Does your house or Apartment / Flat / Bedsit have access to a garden or common space (either private or shared)?

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

L8. [Card L8] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

<table>
<thead>
<tr>
<th>Owner occupied</th>
<th>Being purchased from a Local Authority under a Tenant Purchase Scheme</th>
<th>Rented from a Local Authority</th>
<th>Rented from a Voluntary Body</th>
<th>Rented from a Private Landlord</th>
<th>Living with and paying rent to your (or your partner’s) parent(s)</th>
<th>Occupied free of rent with your (or your partner’s) parent(s)</th>
<th>Occupied free of rent from your or your partner’s job</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

L9. How many separate bedrooms are in the accommodation? ____________ bedrooms

L10. [Show 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’].

<table>
<thead>
<tr>
<th>Employee (incl. apprenticeship or Community Employment)</th>
<th>Student full-time</th>
<th>On State training scheme (FAS, Failte Ireland etc.)</th>
<th>Unemployed, actively looking for a job</th>
<th>Long-term sickness or disability</th>
<th>Home duties / looking after home or family</th>
<th>Retired</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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
L12. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

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

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

L16x. [Ask only if Farmer at L10.] What is the acreage of the farm? ______________ acres

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 surveys

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. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible. [Int. Make sure to describe what respondent does as fully as possible]

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. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L21d. [Show 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.

I can’t find a job..........................................................□ 1  I cannot find suitable childcare ................................□ 6
I chose not to work..............................................................□ 2  There are no suitable jobs available for me......□ 7
I am caring for an elderly or ill relative or friend......□ 3  My family would lose Social Welfare or medical benefits if I was earning.................□ 8
I prefer be at home to look after my children myself, □ 4  Other reason (specify)___________________ .□ 10

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

L22. What is the occupation of your spouse / partner? (What does he/she mainly do in their job) –if relevant

[Int. If no spouse/partner enter NA – not applicable]

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]

L25. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS?

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

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

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]

---

**HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI**

<table>
<thead>
<tr>
<th>Category</th>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Under €230</td>
<td>Under €1,000</td>
<td>Under €12,000</td>
</tr>
<tr>
<td>B</td>
<td>€231 to under €350</td>
<td>€1,001 to under €1,500</td>
<td>€12,001 to under €18,000</td>
</tr>
<tr>
<td>C</td>
<td>€351 to under €460</td>
<td>€1,501 to under €2,000</td>
<td>€18,001 to under €24,000</td>
</tr>
<tr>
<td>D</td>
<td>€461 to under €575</td>
<td>€2,001 to under €2,500</td>
<td>€24,001 to under €30,000</td>
</tr>
<tr>
<td>E</td>
<td>€576 to under €800</td>
<td>€2,501 to under €3,500</td>
<td>€30,001 to under €42,000</td>
</tr>
<tr>
<td>F</td>
<td>€801 to under €925</td>
<td>€3,501 to under €4,000</td>
<td>€42,001 to under €60,000</td>
</tr>
<tr>
<td>G</td>
<td>€926 to under €1,150</td>
<td>€4,001 to under €4,500</td>
<td>€60,001 to under €80,000</td>
</tr>
<tr>
<td>H</td>
<td>€1,151 to under €1,505</td>
<td>€5,001 to under €5,500</td>
<td>€78,001 to under €96,000</td>
</tr>
<tr>
<td>I</td>
<td>€1,501 to under €1,850</td>
<td>€6,501 to under €8,000</td>
<td>€96,001 to under €123,000</td>
</tr>
<tr>
<td>J</td>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€123,001 or more</td>
</tr>
</tbody>
</table>

---

**A**  (Per week)  |  **B**  (Per month)  |  **C**  (Per year)  |  **D**  (Per semi-year)  |  **E**  (Per quarter)  |  **F**  (Per tri-monthly)  |  **G**  (Per bi-monthly)  |  **H**  (Per mon-monthly)  |  **I**  (Per tri-monthly)  |  **J**  (Per bi-monthly)  |  **K**  (Per quarter)  |  **L**  (Per semi-year)  |  **M**  (Per year)  |
<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
L28. Does anyone in your household currently receive Children’s Allowance/Child Benefit?

Yes ... 1  No ... 2

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ................................ 1  \( \Rightarrow \) Go to L30a  No ................................ 2  \( \Rightarrow \) Go to L31a

L30a. (Card L30a) Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card K30a, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

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

L30b. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare?

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

L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes 1  No 2

L31b. 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?
COPPLE / LONE PARENT INCOME – income of family unit of <study child>

L33. 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]

L34. [Card L34] What is the highest level of education you have completed to date?

Primary or less ............................................ [1]
Intermediate/ junior/ Group Certificate or equivalent ...... [2]
Leaving Certificate or equivalent ....................................... [3]
Diploma/ Certificate ............................................. [4]
Primary degree .................................................. [5]
Postgraduate/ Higher degree ....................................... [6]
Refusal ................................................................ [8]

L35.[Card L35] What language or languages do you and your partner speak with <baby> most often at home?

[Int. Tick all that apply]

Czech ......................................................... [7]  Latvian ................................................... [8]
Portuguese .................................................. [9]  Spanish .................................................. [10]
Romanian .................................................... [13] Other (specify) .......................................... [8]

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

[Int: Ask L39 and L40 only if any language other than Irish or English is usually spoken at home see L38 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]


L42. What citizenship do you hold? ___________________________ Don’t know ...................................................


L44. In which country were you born? ___________________________ Don’t know...........................

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]
Don’t Know ................................................................ [8]


L47. What citizenship does he / she hold? ___________________________ Don’t know ...................................................
L48. Was <baby> born in Ireland?   
Yes .......[1]  No ...........[2]

L49. In which country was he/she born?   ________________________________  Don't know ......[8]

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

<table>
<thead>
<tr>
<th>Within last 3 months</th>
<th>3-6 months</th>
<th>More than 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
</tr>
</tbody>
</table>

L51. [Card L51] What is your ethnic or cultural background? 

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
<td>[4]</td>
<td>Other (specify)</td>
<td>[8]</td>
</tr>
</tbody>
</table>

L52a. Do you belong to any religion?  

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

L52b. [Card L52b] Which religion 

<table>
<thead>
<tr>
<th>Christian – no denomination</th>
<th>[1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td>[2]</td>
</tr>
<tr>
<td>Anglican/Church of Ireland/Episcopalian</td>
<td>[3]</td>
</tr>
<tr>
<td>Other Protestant</td>
<td>[4]</td>
</tr>
<tr>
<td>Jewish</td>
<td>[5]</td>
</tr>
<tr>
<td>Muslim</td>
<td>[6]</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>[7]</td>
</tr>
</tbody>
</table>

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

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

L53b. [Card L53b] Which religion 

<table>
<thead>
<tr>
<th>Christian – no denomination</th>
<th>[1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td>[2]</td>
</tr>
<tr>
<td>Anglican/Church of Ireland/Episcopalian</td>
<td>[3]</td>
</tr>
<tr>
<td>Other Protestant</td>
<td>[4]</td>
</tr>
<tr>
<td>Jewish</td>
<td>[5]</td>
</tr>
<tr>
<td>Muslim</td>
<td>[6]</td>
</tr>
</tbody>
</table>

L54. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. 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 the Study Child? 

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

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? ________ months ________ years

M2. Are you involved with any of the following groups or organisations in your local area? 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary / charitable organisation</td>
<td>[1]</td>
</tr>
<tr>
<td>School groups</td>
<td>[1]</td>
</tr>
<tr>
<td>Church groups</td>
<td>[1]</td>
</tr>
<tr>
<td>Community groups</td>
<td>[1]</td>
</tr>
<tr>
<td>Ethnic groups</td>
<td>[1]</td>
</tr>
<tr>
<td>Sporting groups</td>
<td>[1]</td>
</tr>
</tbody>
</table>
M3. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

<table>
<thead>
<tr>
<th>Item</th>
<th>Very Common</th>
<th>Fairly Common</th>
<th>Not very Common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubbish and litter lying about</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Homes and gardens in bad condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Vandalism and deliberate damage to property</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>People being drunk or taking drugs in public</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

M4. To what extent do you agree or disagree with these statements about your local area? Please tick one box on each line.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is safe to walk alone in this area after dark</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>It is safe for children to play outside during the day in this area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>There are safe parks, playgrounds and play spaces in this area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>We as a family intend to continue living in this area</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

M5. 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?

<table>
<thead>
<tr>
<th>Service</th>
<th>Available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular public transport</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. GP or health clinic</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Schools (primary or secondary)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Library</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Social Welfare Office</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Banking/ Credit Union</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Essential grocery shopping</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Crèche, day-care, mother and toddler groups etc.</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

M6. Do you have any family living in this area? Yes.......................... ☐ No.............. ☐

M7. Would you describe the place where the household is situated as being.....?

<table>
<thead>
<tr>
<th>Description</th>
<th>Available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In open country</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In a village (200-1,499)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In a town (1,500-2,999)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In a town (3,000-4,999)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In a town (5,000-9,999)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In a town (10,000 or more)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Waterford city</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Galway city</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Limerick city</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cork city</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dublin city (incl. Dun Laoghaire)</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) urban</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) rural</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Time Section Ended ☐ ☐ ☐ (24 hour clock)
Primary Caregiver Sensitive Questionnaire
### GROWING UP IN IRELAND – the national longitudinal study of children

**STRICTLY CONFIDENTIAL 15/01/08**

**MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION**

<table>
<thead>
<tr>
<th>GROUP</th>
<th>SEQ NO.</th>
<th>RESPONDENT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interviewer Name __________________________</th>
<th>Interviewer Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Time Section Started</th>
<th>(24 hour clock)</th>
<th>Date day mth year</th>
</tr>
</thead>
</table>

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.**

**S1. Are you the biological parent of the Study Child?**

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

**S2. Are you the adoptive parent of the Study Child?**

| Yes ................ |  1 | 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 the Study Child when you adopted him/her?**

| ____________ years |

**NOW PLEASE GO TO S12**

**S7. Are you the foster parent of the Study Child?**

| Yes ........ |  1 | Go to S12 |

**S8. How long has the Study Child 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 the Study Child been in?**

| ____________ previous placements DK 99 |

**S11. Immediately before coming to live with you was the Study Child living with another foster family, his/her family or in institutional care?**

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

**NOW PLEASE GO TO S12**

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

**S12. Can you tell me which of these best describes your current marital status?**

| Married and living with husband / wife .......... |  1 | Go to S16 |
| Married and separated from husband / wife .......... |  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 ..........................   ☐  No .......................... ☐  Go to S25

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

S17. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list:

<table>
<thead>
<tr>
<th>Philosophy of life</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Aims, goals and things believed important</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount of time spent together</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S18. How often would you say the following events occur between you and your partner?

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a week</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a stimulating exchange of ideas</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Calmly discuss something together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Work together on a project</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

<table>
<thead>
<tr>
<th>Most days</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least once a week</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S20. How often would you argue about the child(ren)?

<table>
<thead>
<tr>
<th>Most days</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least once a week</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Less than once a week</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Hardly ever</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S21. When you and your partner argue, how often do you ....

<table>
<thead>
<tr>
<th>Shout or yell at each other</th>
<th>Almost never/ never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always/ always</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throw something at each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Push, hit or slap each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S22. And to end an argument, how often would you ....

<table>
<thead>
<tr>
<th>Compromise</th>
<th>Almost never/ never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always/ always</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apologise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Change the subject</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Agree to discuss the issue later</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Agree to disagree</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Use affection (hug) or make a joke about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Ignore or refuse to speak any more, walk away, leave the room or leave the house</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S23. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

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

S24. Do you feel that having Study Child has...

<table>
<thead>
<tr>
<th>Brought you and your spouse/partner closer together,</th>
<th>Made you less close than before,</th>
<th>Made no difference to your relationship,</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
S25. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes……………………□₁  No……………………□₂ → Go to S27

S26. How many?
One ……□₁  Two ………□₂  Three or more ………□₃

Only answer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child, If not please skip to S32

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. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. ______times

And how many of these pregnancies were:
b. Live births ______ N  c. Miscarriages ______ N  d. Stillbirths ______ N
e. Terminations ______ N  f. Ectopic ______ N  g. Currently pregnant ______ N

S28h. And what age were you when you became pregnant for the first time? ______ Age in years

S29. Would you describe the pregnancy of the study child as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

Yes……………………□₁  No……………………□₂

S30. Of the following supports, can you indicate which ones you felt you needed during this pregnancy, and separately which supports you received? [Tick all that apply]

<table>
<thead>
<tr>
<th>Supports Needed</th>
<th>Supports Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical help/check-up</td>
<td>□₁</td>
</tr>
<tr>
<td>Counselling or advice</td>
<td>□₂</td>
</tr>
<tr>
<td>Information on accommodation sources</td>
<td>□₃</td>
</tr>
<tr>
<td>Information on rights and entitlements</td>
<td>□₄</td>
</tr>
<tr>
<td>Support from family and friends</td>
<td>□₅</td>
</tr>
<tr>
<td>Don’t know</td>
<td>□₆</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□₇</td>
</tr>
</tbody>
</table>

S31. [Show Card S36]Did you take any of the following (a) at any stage during your pregnancy and (b) currently?

<table>
<thead>
<tr>
<th></th>
<th>During pregnancy</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sleeping pills</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>B. Tranquillisers</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>C. Pills for depression</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>D. Cannabis /marijuana</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>E. Painkillers (aspirin, paracetamol, etc.)</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>F. Amphetamines or other stimulants</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>G. Heroin, methadone, crack, cocaine</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>H. Anticonvulsants</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>I. Steroids</td>
<td>□₁</td>
<td>□₁</td>
</tr>
</tbody>
</table>
S32. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

Yes......[ ] No...... [ ] 2→Go to S34

S33. Was this: [Tick all that apply]

<table>
<thead>
<tr>
<th>Before being pregnant with &lt;baby&gt;</th>
<th>In the 1st trimester of the pregnancy</th>
<th>In the 2nd trimester of the pregnancy</th>
<th>In the 3rd trimester of the pregnancy</th>
<th>When &lt;baby&gt; was 0-2 months of age</th>
<th>When &lt;baby&gt; was 2-6 months of age</th>
<th>Since &lt;baby&gt; was 6 months of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.....[ ] No...... [ ]</td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
<td>Occasionally or a moderate amount of the time (3-4 days)</td>
<td>Most or all of the time (5-7 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1..................................</td>
<td>2..................................</td>
<td>3..................................</td>
<td>4..................................</td>
<td>5..................................</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S33a. Was this: [Tick all that apply]

<table>
<thead>
<tr>
<th>Before &lt;baby&gt; was born</th>
<th>When &lt;baby&gt; was 0-2 months of age</th>
<th>When &lt;baby&gt; was 2-6 months of age</th>
<th>Since &lt;baby&gt; was 6 months of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes.....[ ] No...... [ ]</td>
<td>Rarely or none of the time (less than 1 day)</td>
<td>Some or a little of the time (1-2 days)</td>
<td>Occasionally or a moderate amount of the time (3-4 days)</td>
</tr>
<tr>
<td>1...........................</td>
<td>2...........................</td>
<td>3...........................</td>
<td>4...........................</td>
</tr>
</tbody>
</table>

S34. Listed on this card 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.

1. I felt I could not shake off the blues even with help from my family or friends
2. I felt depressed
3. I thought my life had been a failure
4. I felt fearful
5. My sleep was restless
6. I felt lonely
7. I had crying spells
8. I felt sad

S35. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes.....[ ] No...... [ ] 2→Go to S37

S36. Have you ever been to prison?

Yes.....[ ] No...... [ ] 2→Go to S38

S37. Can we check, does the Study Child’s father/ mother live here with you or elsewhere?

Lives here ....................[ ] 2→Go to S53
Deceased ....................[ ] 2→ Go to S53
Temporarily lives elsewhere ....................[ ] 2→ Go to S53
Lives elsewhere ....................[ ] 2→Go to S53

S38. Were you ever married to or did you ever live with the Study Child’s father / mother?

Yes, married to ....................[ ] Yes, lived with ....................[ ] No [ ] Go to S40 Adoptive / Foster parent [ ] Go to S53

S39. When did you separate or split up with the Study Child’s father / mother?

Before child was born ....................[ ]
Before child was six months old ....................[ ]
In the last three months ....................[ ]

S40. What was the nature of your relationship with the Study Child’s father / mother when you became pregnant with the study child? (Please tick one box only).

Married and living together ....................[ ]
Cohabiting / living as married ....................[ ]
Separated ....................[ ]
Divorced ....................[ ]
Going out but not living together ....................[ ]
Just friends ..........................................................[ ]
No relationship ..........................................................[ ]

S41. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

Formal ....................[ ] Informal ....................[ ] No custody arrangement ....................[ ]

S42. Briefly describe that arrangement

___________________________________________________________________________________________
S43. Do you and the Study Child's father / mother have shared parenting of the Study Child on a regular basis?
Yes □1  No □2

S44. Please describe the nature of this shared parenting
___________________________________________________________________________________________
___________________________________________________________________________________________

S45. How far does the Study Child's father / mother live from here?
Within ½ hour's drive from here □1  More than 1 hour's drive from here □3
Between ½ and 1 hour's drive from here □2  Outside the country □4

S46. How often does the Study Child have contact with his / her father / mother?
Daily □1  Monthly □5
Once or twice a week □2  Less than once a month □6
Weekly □3  No contact □7
Every second week / weekend □4

S47. Does the Study Child's father / mother make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.
No, he/she never makes any payment □1
Yes, he/she makes a regular payment □2 €__________ per Week □1 Fortnight □2 Month □3
Yes, he/she makes payments as required □3

S48. How much does he /she pay per week/fortnight/month?
Yes, he/she makes a regular payment □2 €__________ per Week □1 Fortnight □2 Month □3

S49. About how much per year?
€______ per year

S50. How often do you talk to the Study Child’s father/ mother about the Study Child?
Every day □1  Several times a week □1
About once a week □2  A few times a month □4
Several times a month □3  Never □6
Never □5

S51. How well do you get on with the Study Child’s father/ mother? Would you say your relationship is?
Very positive □1  Positive □2
Neither positive nor negative □3  Somewhat negative □4
Very negative □5

S52. We would like to send a short questionnaire to the Study Child’s 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 the Study Child’s father/ mother?
Yes □1
No, I do not wish other parent to be contacted □2
No, I do not have contact details for other parent □3
Please give contact details to interviewer

S53. What is your date of birth? _______ day _______month ________year

S54. Int: Is respondent male or female?
Male □1  Female □2

Time Section Ended (24 hour clock)

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
YOUR ASSISTANCE IS GREATLY APPRECIATED.
Secondary Caregiver Questionnaire
Hello, I'm from the Economic and Social Research Institute in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

A1. Int: Record gender of respondent] 

<table>
<thead>
<tr>
<th>Male</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>2</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. Biological parent (mother/ father)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Adoptive parent (mother/ father)</td>
<td>2</td>
</tr>
<tr>
<td>C. Step-parent (mother/ father)</td>
<td>3</td>
</tr>
<tr>
<td>D. Foster parent (mother/ father)</td>
<td>4</td>
</tr>
<tr>
<td>E. Grand parent</td>
<td>5</td>
</tr>
<tr>
<td>F. Aunt/uncle</td>
<td>6</td>
</tr>
<tr>
<td>G. Other relative/ in law</td>
<td>7</td>
</tr>
<tr>
<td>H. Unrelated guardian</td>
<td>8</td>
</tr>
</tbody>
</table>

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started

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

B1. Scale on parent’s views of child-rearing removed

C. BABY’S DEVELOPMENT

Time Section Started

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted to, but missed it</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
</tr>
</tbody>
</table>
C2. 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 father 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. Who generally does the following with your baby?

Baths her
Feeds her
Shows her pictures in books
Cuddles her
Plays with her (eg. clapping, rolling over, peek-a-boo)
Taking her for walks, outings, visiting relatives or friends etc.
Reading stories to her
Changing her nappy
Getting up in the night to see to her
Sings to him / her

C4. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time
Sometimes
Hardly ever or never

C5. 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

C6. Do you feel that <baby’s> crying is a problem for you?

Yes
No

D. PARENT’S HEALTH AND LIFESTYLE

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

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

Excellent
Fair
Very Good
Poor

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

Yes
No

D3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[Int. Please record diagnosis – not symptoms of the problem]
D4. Since when have you had this problem, illness or disability? _________(mth) _____(year)

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

Yes, severely ................□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)

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

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

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

D8. About how many cigarettes or cigars do/did you smoke on average each day?  □□□□□  [Int. enter ‘0’ if less than 1 on average]

D9. [Card D9] 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 once or twice a week ask:

D10. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer □□□□□  Glasses of Wine □□□□□  Measures of Spirits □□□□□

D12. And when you drink, how many drinks would you have on an average night? ______N

E. FAMILY CONTEXT

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

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

E1. [Card E1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your child now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn’t do for my child if it was necessary</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life.</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me.</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
<td>□5</td>
</tr>
</tbody>
</table>
C. You have to turn down work activities or opportunities because of your family responsibilities:

- [ ] strongly disagree
- [ ] disagree
- [ ] neither agree nor disagree
- [ ] agree
- [ ] strongly agree

B. Your family time is less enjoyable and more pressured:

- [ ] strongly disagree
- [ ] disagree
- [ ] neither agree nor disagree
- [ ] agree
- [ ] strongly agree

D. The time you spend working is less enjoyable and more pressured:

- [ ] strongly disagree
- [ ] disagree
- [ ] neither agree nor disagree
- [ ] agree
- [ ] strongly agree

E2. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

<table>
<thead>
<tr>
<th>I get enough help</th>
<th>I don't get enough help</th>
<th>I don't get any help at all</th>
<th>I don't need any help</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

E3. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

**Because of your work responsibilities:**

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

**Because of your family responsibilities:**

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

E4a. Are you currently taking, or intend to take, unpaid parental leave with <baby>?

- [ ] currently
- [ ] in the past
- [ ] no

E4b. How many days or weeks will you take? _______ days OR _______ weeks.

E4c. Were these / will these be taken as a block or spread over a period of time?

- [ ] taking as a block
- [ ] spread over a period of time

---

**F: SOCIO-DEMOGRAPHICS**

Now some questions about the circumstances of your household.

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

**F1. [Show Card F1]**

Looking at Card F1, which of these descriptions BEST describes your usual situation in regard to work?

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

**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

**F3.** What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

---

**F4.** Do you supervise or manage any personnel in your job?
F5. How many? __________________________

F6. How many employees (if any) do you have? Employees N A ....

F6x. [Ask only if Farmer at F1.] What is the acreage of the farm? ____________ acres

F7. Apart from holiday or casual work, have you ever had a full-time job? Yes No

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) Self-employed outside farming Farmer

F10. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible

F11a. Do you currently have a part time job outside the home? Yes No

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

F11c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible

F11d. [Show Card F11d] From the reasons listed on Card F11d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]
   I can’t find a job I cannot earn enough to pay for childcare
   I choose not to work I cannot find suitable childcare
   I am caring for an elderly or ill relative or friend There are no suitable jobs available for me
   I prefer be at home to look after my children myself My family would lose Social Welfare or medical benefits if I was earning

F12. Do you plan to start or return to paid work?
   Yes, in the next 3 months Yes, in 3 to 12 months time Yes, in more than 1 year’s time Have no plans to return to paid work Other reason (specify)

F13. [Card F13] What is the highest level of education you have completed to date?
   Primary or less Primary degree Intermediate/ junior/ Group Certificate or equivalent Postgraduate/ Higher degree Leaving Certificate or equivalent Refusal Diploma/ Certificate

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 Arabic Polish Czech Portuguese Chinese Romanian
   Irish French Russian Latvian Spanish Lithuanian

F15. Is English your native language? Yes No

[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?
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 □ 2

F21. Are you a citizen of Ireland?
   Yes □ 1  No □ 2  Don’t know □ 8

F22. What citizenship do you hold?
   ________________Don’t know ________________________________ □ 8

F23. Were you born in Ireland?
   Yes □ 1  No □ 2  Don’t know □ 8

F24. In which country were you born?
   ___________________________Don’t know □ 8

F25. How long ago did you first come to live in Ireland?
   Within the last □ 1  1-5 years ago □ 2  6-10 years ago □ 3  11-20 years ago □ 4  More than 20 years ago □ 5  Don’t know □ 8

F26. [Card F26] 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 (specify) ................................................ □ 8

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

F28. [Show Card F28] Which religion
   Christian – no denomination............................... □ 1
   Roman Catholic ................................................ □ 2
   Anglican/Church of Ireland/Episcopalian .................. □ 3
   Other Protestant ................................................ □ 4
   Jewish .................................................................. □ 5
   Muslim .................................................................. □ 6
   Other (specify) ..................................................... □ 7

F29. Do you have any family living in this area?
   Yes □ 1  No □ 2

F30. What is your date of birth?
   ________ day ________ month ________ year

F31. Int: Is respondent male or female?
   Male ................................................ □ 1  Female .................. □ 2

Time Section Ended □□□□□□□□ (24 hour clock)
Secondary Caregiver Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL 15/01/08
FATHER /PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP  [ ]    SEQ NO.  [ ] [ ] [ ]    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.

S1. Are you the biological parent of the Study Child?
   Yes  { ]  Go to S12  No  [ ] 2  Go to S2

S2. Are you the adoptive parent of the Study Child?
   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 the Study Child when you adopted him/her?  [ ] _______ years
   NOW PLEASE GO TO S12

S7. Are you the foster parent of the Study Child?
   Yes  [ ] 1  No  [ ] 2  Go to S12

S8. How long has the Study Child 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 the Study Child been in?
    [ ] [ ] [ ] [ ] prev. placements  DK [ ] 99

S11. Immediately before coming to live with you was the Study Child living with another foster family, his/her family or in institutional care?
    Another foster family  [ ] 1  Own family  [ ] 2  Institutional care  [ ] 3
    NOW PLEASE GO TO S12

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

S12. Can you tell me which of these best describes your current marital status?
    Married and living with husband / wife  [ ] 1  Go to S16
    Married and separated from husband / wife  [ ] 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.................[ ]  No..................[ ] Go to S25
S16. Since when have you and your spouse or partner been living together? ______(mth) ______(year)
S17. Most people have disagreements in their relationships. Please indicate below the approximate extent of
greement or disagreement between you and your partner for each item on the following list.

<table>
<thead>
<tr>
<th>Philosophy of life</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims, goals and things believed important</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Amount of time spent together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S18. How often would you say the following events occur between you and your partner?

<table>
<thead>
<tr>
<th>Have a stimulating exchange of ideas</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a week</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calmly discuss something together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Work together on a project</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days..................................................[ ] → Go to S20
At least once a week......................................[ ] → Go to S20
Less than once a week....................................[ ] → Go to S20
Hardly ever.................................................[ ] → Go to S20
Never ................................................................[ ] → Go to S23

S20. How often would you argue about the child(ren)?

Most days..................................................[ ]
At least once a week......................................[ ]
Less than once a week....................................[ ]
Hardly ever.................................................[ ]
Never ................................................................[ ]

S21. When you and your partner argue, how often do you ....

<table>
<thead>
<tr>
<th>Shout or yell at each other</th>
<th>Almost never/never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Throw something at each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Push, hit or slap each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S22. And to end an argument, how often would you ....

<table>
<thead>
<tr>
<th>Compromise</th>
<th>Almost never/never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apologise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Change the subject</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Agree to discuss the issue later</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Agree to disagree</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Use affection (hug) or make a joke about it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Ignore or refuse to speak any more, walk away, leave the room or leave the house</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

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.

Extremely Unhappy  Fairly Unhappy  A little unhappy  Happy  Very Happy  Extremely Happy  Perfect

0  1  2  3  4  5  6

S24. Do you feel that having Study Child has...

Brought you and your spouse/partner closer together, Made you less close than before, Made no difference to your relationship, Don’t Know

[ ]  [ ]  [ ]  [ ]

1  2  3  4
S25. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes ..........□1  No ...........□2  ➔ Go to S27

S26. How many?
One ..........□1  Two ............□2  Three or more ...........□3

Only answer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child, If not please skip to S32

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. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _____times

And how many of these pregnancies were:

b. Live births ______ N  c. Miscarriages ______ N  d. Stillbirths _____ N
e. Terminations ______ N  f. Ectopic _____ N  g. Currently pregnant _______ N

S28h. And what age were you when you became pregnant for the first time? _____ Age in years

S29. Would you describe the pregnancy of the Study Child as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

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

S30. Of the following supports, can you indicate which ones you felt you needed during this pregnancy, and separately which supports you received? [Tick all that apply]

Medical help/check-up .................................................................□1
Counselling or advice .................................................................□2
Information on accommodation sources .....................................□3
Information on rights and entitlements ........................................□4
Support from family and friends ................................................□5
Don’t know ................................................................................□6
Other (specify) ______________________________________________□7

S31. [Show Card S36] Did you take any of the following (a) at any stage during your pregnancy and (b) currently?

<table>
<thead>
<tr>
<th></th>
<th>During pregnancy</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sleeping pills</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>B. Tranquilisers</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>C. Pills for depression</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>D. Cannabis /marijuana</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>E. Painkillers (aspirin, paracetamol, etc.)</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>F. Amphetamines or other stimulants</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>G. Heroin, methadone, crack, cocaine</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>H. Anticonvulsants</td>
<td>□1</td>
<td>□2</td>
</tr>
<tr>
<td>I. Steroids</td>
<td>□1</td>
<td>□2</td>
</tr>
</tbody>
</table>
S32. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

Yes............1 No............2 → Go to S34

[Ask S33 if biological mother, otherwise ask S33a.]

S33. 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

S33a. 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

S34. Listed on this card 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.

1. I felt I could not shake off the blues even with help from my family or friends .........................................................1
2. I felt depressed ........................................................................1
3. I thought my life had been a failure ...........................................1
4. I felt fearful ................................................................................1
5. My sleep was restless ...............................................................1
6. I felt lonely ...............................................................................1
7. I had crying spells ..................................................................1
8. I felt sad ..................................................................................1

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)

S35. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes............1 No............2 → Go to S37

S36. Have you ever been to prison? Yes............1 No............2

S37. Can we check, does the Study Child’s mother / father live here with you or elsewhere?

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

→ Go to S35

→ Go to S38

S38. Were you ever married to or did you ever live with the Study Child’s mother/father?

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

Go to S40

Go to S53

S39. When did you separate or split up with the Study Child’s mother/father?

Before child was born ................................................................1
Before child was six months old ..................................................2
In the last three months .............................................................3

S40. What was the nature of your relationship with the Study Child’s mother/ father when you became pregnant with the study child? (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

S41. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

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

S42. Briefly describe that arrangement

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________
S43. Do you and the Study Child’s mother / father have shared parenting of the Study Child on a regular basis?

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

S44. Please describe the nature of this shared parenting

___________________________________________________________________________________________
___________________________________________________________________________________________

S45. How far does the Study Child’s mother / father live from here?

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

S46. How often does the Study Child have contact with his / her mother / father?

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

S47. Does the Study Child’s mother/father make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment .......... □1  S48. How much does he/she pay per week/fortnight/month?
Yes, he/she makes a regular payment ........ □2 €__________ per Week ... □1  Fortnight..... □2 Month □3
Yes, he/she makes payments as required ... □3  S49. About how much per year?  €______ per year

S50. How often do you talk to the Study Child’s mother/father about the Study Child?

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

S51. How well do you get on with the Study Child’s mother/ father? Would you say your relationship is?

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

S52. We would like to send a short questionnaire to the Study Child’s mother/father. 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 Study Child’s mother/father?

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

Please give contact details to interviewer

S53. What is your date of birth?  __________ day  __________ month  __________ year

S54. Int:  Is respondent male or female?

Male ........... □1  Female ................ □2

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

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

YOUR ASSISTANCE IS GREATLY APPRECIATED.
Primary Caregiver Twin Questionnaire
Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started  (24 hour clock) DATE:___dd___mm___yy

A1. Scale on parent’s views on child-rearing removed

A2. Scale on parent's reactions

A3. Do you use a soother/dummy with <baby>?
   Yes ...... ☐  No......... ☐

A4. [Card B4] When you leave <baby> in someone else's care (not you or your partner), how does he/she usually react?
   Is happy and settled by the time you leave ................................................. ☐
   Is unhappy at first but quickly settles down ............................................. ☐
   Remains unsettled and unhappy during your entire absence ............................ ☐
A5. [Card B5] And when you collect <baby> from someone else’s care, 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

A6. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time .............................................. 1
Sometimes ................................................................ 2
Hardly ever or never ................................................... 3

A7.

Scale on parenting anxiety removed

A8

Infant Characteristics Questionnaire removed

B. BABY’S DEVELOPMENT

Time Section Started  (24 hour clock)

Scale on infant development removed (ASQ/PEDS DM)

BX1. Do you talk to your baby while you work? (eg. while you do housework).

Never  Rarely  Sometimes  Often  Always
1 2 3 4 5

BX2. Does your baby spend time with other children (other than brothers or sisters)?

Yes everyday  Yes 2-6 times a week  Once a week  Less than once a week  Never
1 2 3 4 5

BX3.

Items on infant development removed

BX4. And do you have any other concerns about any aspects of baby’s behaviour or development?
[Int.: If yes, please specify]

_____________________________________________________________________________________

C. BABY’S HABITS

Time Section Started  (24 hour clock)

C1. How many hours sleep do you get on an average night, at the present time? ______ N

C2. In general, what time in the evening does your baby usually go to sleep? ______ (24 hour clock)

C3. Approximately how many hours sleep does your baby have during
(a) the day? _________ hours (b) the night? _________ hours

C4. On a normal day what time does your baby usually get up at in the morning? _______ (24 hour clock)

C5. Is your baby ever difficult when put to bed?

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

C6. How often does your baby wake at night?

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

C7. How many times per night on average? __________________
C8. Do you ever wake <baby> for a feed during the night?
Yes, usually  Yes, sometimes  No, not at all

C9. How does your baby normally sleep?
On his/her stomach  On his/her side  On his/her back

C10. Does <baby> usually sleep:
In a room on his/her own  In your bedroom  Elsewhere

C11. Does <baby> sleep in his/her own bed or cot most nights or does he/she share a bed or cot?
In his/her own bed/cot  In bed/cot with other children  In your bed  Other (specify)

C12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _______________N

C13. Do you feel that <baby's> crying is a problem for you?
Yes  No

C14. 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

C15. Have you ever taken your child to a doctor or bought over the counter drugs for his/her sleeping problems?
Yes  No

D. CHILDCARE ARRANGEMENTS

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  No

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

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

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

D3. What age was <baby> when you started to use the main childcare arrangement? _______months

D4. What was the single most important reason for you choosing this main form of childcare?
I had no choice  I could afford it  It was convenient  It was linked to my job  I thought it would be beneficial for my child  Other (please for describe)
D5. How satisfied are you with these arrangements?

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

D6. What are your future intentions for childcare? [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

D7. 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

D8. [Card E8] 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 the baby (e.g. hitting etc.)?

Yes ................................□1

No ................................□2

F. INFANT’S HEALTH AND PHYSICAL DEVELOPMENT

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 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

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 the <baby> need any help with his/her breathing from a ventilator?

Yes .................□1

No ....................□2

Don’t know ....□3

F6. How many days in total were you in hospital after the birth? ____days

F7. How many days in total was <baby> in hospital after the birth? ____days
F8. Was <baby> ever breastfed? INCLUDE Colostrum in first few days after birth
Yes .................. ☐  No .................. ☐  Go to H16

F9a. Was <baby> ever exclusively breastfed?
[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]
Yes .................. ☐  No .................. ☐  Go to H15a

F9b. How old was <baby> when he/she stopped being exclusively breastfed?
_____ Days _____ Weeks _____ Months <Baby> still being exclusively breastfed ... ☐ Go to F16

F10a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?
Yes ............ ☐  Go to F11  No ............ ☐

F10b. How old was <baby> when he/she completely stopped being breastfed?

F10c. What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

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 ☐ Hasn’t Had
Cow’s milk? _____ Days _____ Weeks _____ Months ☐ Hasn’t Had
Any other type of milk, such as soya milk? _____ Days _____ Weeks _____ Months ☐ Hasn’t Had

F12. What else does <baby> drink apart from milk or formula? [Tick all that apply]

Water ................................................................. ☐  Herbal drinks ........................................... ☐ 5
Baby Juice ............................................................. ☐ 2  Tea or coffee ............................................... ☐ 6
Fruit juices/Cordial/Squash ............................................. ☐ 3  Other [please specify] ......................... ☐ 7
Fizzy or soft drinks (e.g. lemonade, coke) ......................... ☐ 4  None of the above .................................... ☐ 8

F13. Can I check, has <baby> had any solid food on a regular basis?
REGULARLY = MORE THAN TWICE A WEEK FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

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

F14. How old was <baby> when he/she first had solid food regularly?
_____ Days _____ Weeks _____ Months Hasn’t yet ☐

F15. In general, how would you describe (a) <Baby’s> Health at Birth (i.e. the first two weeks after birth) and (b) <Baby’s> Current Health

(a) Health at birth  (b) Current health

Very healthy, no problems ..................................... ☐ 1
Healthy, but a few minor problems ......................... ☐ 2
Sometimes quite ill ............................................. ☐ 3
Almost always unwell ....................................... ☐ 4
F16. Can you tell me whether <baby> has received: [Tick all that apply]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Their six-week checkup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccines at 6 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaccines at 2 months</td>
<td></td>
<td></td>
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<tr>
<td>Vaccines at 4 months</td>
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</tr>
</tbody>
</table>

F17. [Card H22] Why has <baby> not had all of his or her immunisations? [Tick all that apply]

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Not offered/Didn’t know due to have</td>
<td></td>
<td></td>
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<tr>
<td>b. Due to have it in near future/soon</td>
<td></td>
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<tr>
<td>c. Child was unwell/in hospital when due</td>
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<tr>
<td>d. Child is not able to have it for health reasons</td>
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<tr>
<td>e. Child was away/on holiday when due</td>
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<tr>
<td>f. Lack of supplies/ran out of immunisation</td>
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<tr>
<td>g. Concerns about the health risks to child</td>
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<tr>
<td>h. Child had bad reaction/unwell/had allergic reaction after previous immunisation</td>
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<td></td>
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<tr>
<td>i. Medical problems or bad reactions related to immunisations in family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Prefers to use homeopathy</td>
<td></td>
<td></td>
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<tr>
<td>k. Didn’t think it was of any benefit</td>
<td></td>
<td></td>
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<tr>
<td>l. Opposed to immunizations for other reasons</td>
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<td></td>
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<tr>
<td>m. Other reason [please specify]</td>
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</tbody>
</table>

F18. [Card H23] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Chronic respiratory disease [including asthma]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Heart abnormalities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Digestive allergies (e.g. lactose intolerant)</td>
<td></td>
<td></td>
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<tr>
<td>d. Eczema or any kind of skin allergy</td>
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<tr>
<td>e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion)</td>
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<tr>
<td>f. Difficulty seeing</td>
<td></td>
<td></td>
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<tr>
<td>g. A problem with mobility or using his/her arms legs to get around</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. A problem with using his/her hands or arms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Cerebral palsy</td>
<td></td>
<td></td>
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<tr>
<td>j. Chronic kidney disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Diabetes</td>
<td></td>
<td></td>
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<tr>
<td>l. Any developmental delay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Down syndrome</td>
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<td></td>
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<tr>
<td>n. Cleft lip and/or palate</td>
<td></td>
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<tr>
<td>o. Other long-term condition [please specify]</td>
<td></td>
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<tr>
<td>p. None of the above</td>
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</tbody>
</table>

F19. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

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

Minor .............................................. | Moderate .................................. | Severe .......................................

1 | 2 | 3

F20. [Card H25] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Snuffles/common cold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Chest infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Ear infections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Feeding problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Sleeping problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Dental problems (e.g. teething)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Wheezing or asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Skin problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Persistent nappy rash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Undescended testicle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Tight foreskin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Hernia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Slight or eye problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Failure to gain weight or to grow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Persistent or severe vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Persistent diarrhea or constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Fits or convulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. Meningitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s. Colic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t. Other health problems [please specify]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>u. None of the above</td>
<td></td>
<td></td>
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</tbody>
</table>
F21. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about the <baby’s> physical health? (exclude time of birth)

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 Outpatient N

F22. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?
Yes □1  No □2  Don’t know □3

F23. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS.
Nights □

F24. 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

F25. Why did <baby> not get the medical care or treatment? Was this because:[TICK YES OR NO TO EACH]

You couldn’t afford to pay □ Yes □1  No □2
The necessary medical care wasn’t available or accessible to you □ Yes □1  No □2
You could not take time off work to visit the doctor □ Yes □1  No □2
Wanted to wait and see if the problem got better □ Yes □1  No □2
Still on the waiting list □ Yes □1  No □2
Other (specify) □ Yes □1  No □2

F26. Many babies have accidents at some time. Has the <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?
Yes □1  No □2

F27. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital?
□

F28. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?
Yes □1  No □2  Don’t know □3

G. FAMILY CONTEXT

G1. [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.

A. I am happy in my role as a parent □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
B. There is little or nothing I wouldn’t do for my child if it was necessary □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
C. Caring for my child sometimes takes more time and energy than I have to give □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
D. I sometimes worry whether I am doing enough for my child □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
E. I feel close to my child □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
F. I enjoy spending time with my child □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
G. My child is an important source of affection for me □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
H. Having a child gives me a more certain and optimistic view for the future □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
I. The major source of stress in my life is my child □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
J. Having a child leaves little time and flexibility in my life □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
K. Having a child has been a financial burden □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
L. It is difficult to balance different responsibilities because of my child □ Strongly Agree  □ Agree  □ Not sure  □ Disagree  □ Strongly Disagree
M. The behaviour of my child is often embarrassing or stressful to me. ............................................................
N. If I had it to do over again, I might decide not to have child .................................................................
O. I feel overwhelmed by the responsibility of being a parent. .................................................................
P. Having child has meant having too few choices and too little control over my life. .................................
Q. I am satisfied as a parent. ...........................................................
R. I find my child enjoyable................................................
Hello, I'm from the Economic and Social Research Institute in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started [___ ___ ___ ___] (24 hour clock) DATE: ___ dd ___ mm ___ yy

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

A1. Scale on parent’s views on child-rearing removed

A2. Scale on parent’s reactions removed

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. When you leave <baby> in someone else’s care (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

B2. And when you collect <baby> from someone else’s care, 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. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time .................................................................
Sometimes ..............................................................................
Hardly ever or never ................................................................

B4. 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 .....................................................................

B5. Do you feel that <baby’s> crying is a problem for you?

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

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.

A. I am happy in my role as a parent ..............................................
B. There is little or nothing I wouldn’t do for my child if it was necessary ..............................................................
C. Caring for my child sometimes takes more time and energy than I have to give ..............................................................
D. I sometimes worry whether I am doing enough for my child ..................................................................................
E. I feel close to my child ................................................................
F. I enjoy spending time with my child ..............................................
G. My child is an important source of affection for me .......................
H. Having a child gives me a more certain and optimistic view for the future ..............................................................
I. The major source of stress in my life is my child ................................
J. Having a child leaves little time and flexibility in my life. ...............
K. Having a child has been a financial burden ..................................
L. It is difficult to balance different responsibilities because of my child. ..............................................................
M. The behaviour of my child is often embarrassing or stressful to me. ..............................................................
N. If I had it to do over again, I might decide not to have child ..............
O. I feel overwhelmed by the responsibility of being a parent ..........
P. Having child has meant having too few choices and too little control over my life. .....................................................
Q. I am satisfied as a parent ...........................................................
R. I find my child enjoyable ............................................................
Non Resident Parent Questionnaire
First of all, we would like to ask you a few questions about the time you spend with the study child.

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

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

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

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

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

1. Nowhere near enough
2. Not quite enough
3. About right
4. A little too much
5. Way too much

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

1. Work commitments
2. Commitments to other family/new partner
3. Physical distance between self and child
4. Other parent is uncooperative
5. Court-imposed custody rules
6. Other ___________________________

Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

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?

1. Court-imposed arrangements
2. Formal, negotiated arrangements other than legal (e.g. counsellor)
3. Mutual arrangement with no third party negotiator
4. No regular arrangements
Q9. Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing my child love and affection
- Taking time to play with my child
- Taking care of my child financially
- Giving my child moral and ethical guidance
- Making sure my child is safe and protected
- Teaching my child and encouraging his or her curiosity
- Other (specify)

Q10. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where ‘1’ is “excellent” and ‘5’ is “very poor”.

Excellent 1 2 3 4 5 Very Poor

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

- Prepare food for the child at home
- Put the child to bed
- Change nappies/bathe child
- Take the child to doctor /dentist etc
- Take the child to or from creche

Q12. Do you pay anything directly towards the rent or mortgage due on the child’s home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

Yes, I pay the full amount due ................. ☐1
No, I don’t pay towards the rent or mortgage directly ......☐3
Yes, I pay a contribution ........................... ☐2
There is no rent or mortgage owing on the home.....☐4

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? € _____ per month

Q14. Do you provide financial support to the child’s mother (other than a direct rent or mortgage payment)?

Never ... ☐1
Yes........ ☐2 a regular payment to the value of €_____ per month (excluding direct rent/mortgage payment)
Yes........ ☐3 on an as-required basis (e.g. back to school) to the value of €_____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

Your decision ................................. ☐1
Mutual agreement with mother ................. ☐2
Legally imposed arrangement ..................... ☐3

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never ..........☐1
Yes, occasionally ........☐2
Yes, frequently ............☐3
Q17. What was the status of your relationship with the study child’s mother when she became pregnant with the study child? (Please tick one box only).

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

Q18. What age was the study child when you separated from the child’s mother for the first time?

AGE ___ months OR ___ weeks

OR

Had separated before birth ....................... ☐ 1  OR  Never lived with mother ....................... ☐ 2

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

Yes ............................................. ☐ 1  No .................................................. ☐ 2
Not sure ............................................. ☐ 3

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

No ...... ☐ 1  Yes, through mother only .......................................................... ☐ 2
Yes, through court .......................................................... ☐ 3

Q21. If yes, was this application successful?

Yes...... ☐ 1  No...... ☐ 2  Ongoing...... ☐ 3

Q22. How often do you talk about your child with the child’s mother?

Every day ............................................. ☐ 1  A few times a month .................................. ☐ 4
Several times a week .................................. ☐ 2  Several times a year .................................. ☐ 5
About once a week ................................. ☐ 3  Not at all ............................................. ☐ 6

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

Very positive ☐ 1  Somewhat positive ☐ 2  Neutral ☐ 3  Somewhat negative ☐ 4  Very negative ☐ 5

Q24. Often parents have to make major decisions concerning the child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the study child:

A lot of influence ☐ 1  Some influence ☐ 2  No influence ☐ 3  Don’t know ☐ 4

Q25. Do you want to be involved in raising your child in the coming years?

Yes ☐ 1  No ☐ 2  Not sure ☐ 3
Q26. How often do you feel the following ways or do the following things?
For each item, mark (X) one response

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You talk a lot about your child to your friends and family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. You carry pictures of your child with you wherever you go</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. You often find yourself thinking about your child</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. You think holding and cuddling your child is fun</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. You think it’s more fun to get your child something new than</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Finally, we just have a few questions about you.

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

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

Q29. How would you describe your current employment status?

<table>
<thead>
<tr>
<th>Working for payment or profit</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking for first regular job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student or pupil</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Looking after home/family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>No formal education</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Junior Cert. or equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leaving Cert. or equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade Qualification</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Single</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>First marriage (or cohabitation)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remarried (or cohabitating) following</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorce</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q33. Are you currently living with a partner? Yes ___________ No ___________

Q34. If yes, how long have you been in this relationship? ______ years or _______ months

Q35. How many other children (not including the study child) do you have?

<table>
<thead>
<tr>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>by same parent as Study Child's</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by a different partner(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q36. What nationality are you?

Q37. If you are NOT Irish, how long have you been living in Ireland? ______ years OR _______ months

Q38. How would you describe your general state of health?

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE THE GROWING UP IN IRELAND TEAM AT 1800 200 434
Non Resident Parent Information Sheet
What is the Growing Up in Ireland study?
Growing Up in Ireland is a new, national, Government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

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

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

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

How did you get my name and contact details?
Growing Up in Ireland includes 10,000 9-month old children and their families.

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

As part of the study he/she was asked for your contact details as the non-resident parent of your child and he/she agreed to supply it.

Why should I take part?
We would like to ask you for your help in completing a picture of your child’s daily life.

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

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

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

What do I do next?
We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

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

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

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

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

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

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

Where can I find out more information?

**Phone:**
Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378

**Web:**
[www.growingup.ie](http://www.growingup.ie)

**Email:**
Email us at [growingup@esri.ie](mailto:growingup@esri.ie)

**Post:**
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2.
Home-based Carer Questionnaire
First of all, we would like to ask you some questions about caring for the study child in particular.

Q1. Which of the following best describes your relationship to the study child?
- Grandmother ........................................... □ 1
- Grandfather .......................................... □ 2
- Other relative ........................................ □ 3
- Friend of parent .................................... □ 4
- Neighbour .......................................... □ 5
- Nanny/au pair ....................................... □ 6
- Registered childminder .......................... □ 7
- Unregistered childminder ...................... □ 8

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?
- Yes ................□ 1  No .................□ 2

Q3. Do you care for the study child in his / her own home; in your home or somewhere else?
- Study Child’s home ................................ □ 1
- My own home ...................................... □ 2
- Somewhere else (please specify where) __________

Q4. How long have you been caring for the study child? ___ years ___ months ___ weeks

Q5. How many **hours** per week do you care for the study child? ___________ hours

Q6. How many **days** per week do you care for the study child? ___________ days

Q7. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?
- Very easy ........................................... □ 1
- Somewhat easy ................................... □ 2
- Neither easy nor difficult ...................... □ 3
- Somewhat difficult .............................. □ 4
- Very difficult ..................................... □ 5

We would also like some general information on the environment in which you look after the study child

Q8. On a typical day, how many children are in your care (excluding the study child, but including your own children)? ______________ children

Q9. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)
- 0 – 11 months ..................................... □ 1
- 1- 3 years .......................................... □ 2
- 4-6 years .......................................... □ 3
- 7-9 years ......................................... □ 4
- 10 - 12 years ..................................... □ 5
- 12 years and over ............................... □ 6

Q10. How many of the following types of toys are there available to the child while in your care?
- a. Cuddly toys or dolls ___________ (Enter number of toys)
- b. Activity type toys ____ (number)

Q11. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q12. In a typical day, how long would the child spend asleep while in your care? ____hours

Q13. 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
Q14. Do you look after the study child when he or she is sick?

Finally, we would like to know some things about you.

Q15. What is your date of birth? (DD/MM/YYYY)   __________ (day) __________ (mth)____________(yr)


Q17. What nationality are you?   ____________________________

Q18. Which of the following best describes your current employment status?

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

Q19. Is caring for children your main occupation?

Q20. If no, please tell us your main occupation using precise terms (e.g. ‘national school teacher’ instead of ‘teacher’).
____________________________________________

Q21. What is the highest level of education that you have completed?

Leaving Cert. or equivalent ............... [4]  Postgraduate Degree ........................ [8]

Q22. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

No ................................................ [1]
Yes, certificate level of less than one year’s duration ........................................ [2]
Yes, certificate level or above of greater than one year’s duration ........................ [3]

Q23. Have you undertaken any other training relevant to caring for children? Tick all that apply

First aid ........................................... [6]

Q24. 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
Q1. How long has the study child been attending this centre? ___ years ___ months ___ weeks

Q2. How many hours per week does the study child attend the centre? ___ hours

Q3. How many days per week does the study child attend the centre? ___ days

Q4. Compared with other children, do you think this child is . . . ?

- Much easier to get on with than average ................. 1
- More difficult to get on with than average ............. 4
- Easier to get on with than average ...................... 2
- Much more difficult to get on with than ............... 5
- About average ........................................... 3

Q5. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- Very easy ................................................. 1
- Somewhat easy ......................................... 2
- Neither easy nor difficult .............................. 3
- Somewhat difficult ..................................... 4
- Very difficult ............................................ 5

Q6. Are you registered with the Health Service Executive?

- Yes ................................................. 1
- No ................................................... 2
- Not sure ............................................. 3

Q7. On a typical day, how many children are in the centre (excluding study child)? ______ no. of children

Q8. What ages are these children? (Please indicate the number of children in these age categories)

- 0 – 11 months ........................................... 1
- 7-9 years .................................................. 4
- 1-3 years .................................................. 2
- 10-12 years ............................................. 5
- 4-6 years .................................................. 3
- 12 years and over ...................................... 6

Q9. If there is more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

- Yes ................................................. 1
- No ................................................... 2
- Sometimes ........................................... 3

Q10. How many children in the centre (excluding the study child) are from a non-English speaking family background? ______ children

Q11. How many children in the centre (excluding the study child) have a mental or physical disability? _____ children

Q12. How many of the following types of toys are there available to the child in the centre?

- a. Cuddly toys or dolls ______ (Enter number of toys)
- b. Activity type toys ______ (number)

Q13. On average, how many hours per day does the child spend watching TV or DVD’s while in your care? ____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? ____ hours

Q15. 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
Q16. 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

Q17. How many of these staff has a formal childcare qualification? _______ no. of staff

Q18. Are parents allowed to leave sick children into the centre?

Finally, we would like to know some things about you.

Q19. What is your date of birth? (DD/MM/YYYY) _______ (day) _______ (mth)_______(yr)

Q20. Are you?

Q21. What is your nationality? ______________________________

Q22. Which of the following best describes the type of care your centre provides?

Q23. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori etc.)?
   Diploma .................................. [3]

Q24. Please indicate the subject area in which the qualification was obtained:

Q25. When did you receive this qualification? Year: ________

Q26. Have you undertaken any other training relevant to caring for children? Tick all that apply.
   First aid .................................. [3]


Q28. If no, please describe your main occupation as fully as possible
   ______________________________________________________________________________

Q29. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____mths

Q30. How long have you worked in this particular care centre? ______ years ______ months

Q31. Overall, are you happy working in childcare?

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THE GROWING UP IN IRELAND TEAM AT 01-8632000
Carer Information Sheet
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- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy childhood.
- help us to discover what children think of their own lives and learn what it means to be a child in Ireland today.

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

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

How did you get my name and contact details?

*Growing Up in Ireland* includes 10,000 nine-month olds and their families.

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

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week.

Why am I being asked to take part?

As a carer of the study child we feel that you too have a contribution to make.

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

Who is running the study?

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

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.
What do I do next?
We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?
All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

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

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

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

We hope that you can support us in our work and we would like to thank you, in anticipation, for 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 C – Instrumentation used in the dress rehearsal phase
Introductory letter to Respondents
7th May 2008

Our ref:

Dear

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  
Sheila Greene  
(Research Professor, ESRI and (Director, Children’s Research Centre, TCD Principal Investigator, Growing Up in Ireland study). Co-director, Growing Up in Ireland study)
Consent Form for Respondents
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: ________________
PPSN Consent
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 find they move between our visits?

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

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

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

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

(Signed) ____________________________________________

DAD (as relevant)

R3 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 record your Personal Public Service number (PPSN). Would you be willing to allow us to use your PPSN for tracking or tracing purposes in the event of you moving between our interviews?

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

PPS Number: __________________________

R4 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. In the future if it were possible to use your PPSN to link to other data sources would you be willing to allow us to do so. This would be used only for statistical purposes or statistical analysis. No government department or similar body would have access to your personal data.

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

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

(Signed) ____________________________________________
NPRS Consent
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 Recording 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: __ / __ / 2008
Tracing Information
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 some relative, friend, neighbour or any other person or organisation who may be able to help us in contacting you, should you move between now and then.

[Int: Record name of contact person and address and/or phone number below for Mum AND Dad (where relevant) Please note that contacts should be different i.e. one contact person for Mum and another for Dad).

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
Work Assignment Sheet
**NLSCI INFANT DRESS REHEARSAL 2008**

**INTERVIEWER:** 9999   Mr Joe Bloggs  
**Group:** 8   **Hhold:** 520

Please interview between 7/05/2008 and 6/06/2008

**Child's Name:** Peter Smith   **Date of Birth:** 07 Aug 2007

**Mother's name:** Mary Smith  
**Address:** 4 Burlington Road, Dublin 4

Parent phone numbers

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<thead>
<tr>
<th><strong>SECTION A</strong></th>
<th>Y</th>
<th>N</th>
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<tbody>
<tr>
<td>Lives in household</td>
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<td>N</td>
</tr>
<tr>
<td>If yes, interview completed</td>
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<td>N</td>
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<td>Sensitive completed</td>
<td>Y</td>
<td>N</td>
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<td>If No, why not?</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>Mother</td>
<td>Y</td>
<td>N</td>
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<td>Lone Father</td>
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<td>Father/Partner</td>
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<td>N</td>
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<td>Twin of Study Infant</td>
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<th><strong>SECTION B</strong></th>
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<th>N</th>
<th><strong>SECTION C</strong></th>
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<td>Consent form signed</td>
<td>Y</td>
<td>N</td>
<td>PPS Child-Tracing</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>NPRS Permission</td>
<td>Y</td>
<td>N</td>
<td>PPS Child-Linkage</td>
<td>Y</td>
<td>N</td>
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<td>Qualitative permission</td>
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<td>N</td>
<td>PPS Mother-Tracing</td>
<td>Y</td>
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<td>Nanted permission</td>
<td>Y</td>
<td>N</td>
<td>PPS Mother-Linkage</td>
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<td>Observation sheet</td>
<td>Y</td>
<td>N</td>
<td>PPS Father-Tracing</td>
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<tr>
<td>Follow-Up tracing sheet</td>
<td>Y</td>
<td>N</td>
<td>PPS Father-Linkage</td>
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<th><strong>SECTION D</strong></th>
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<tbody>
<tr>
<td>Is there a NON RESIDENT PARENT?</td>
<td>Y</td>
<td>N</td>
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<tr>
<td>If so, name, address and phone number of non-resident parent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
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<tr>
<td>Address</td>
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<td></td>
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<tr>
<td>Phone</td>
<td></td>
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<tr>
<td>Permission to contact</td>
<td>Yes</td>
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<td>Is there a REGULAR CHILD MINDER?</td>
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<td>N</td>
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<tr>
<td>Name of child care centre</td>
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<td>Address of child care centre</td>
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<tr>
<td>Permission to contact</td>
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<td>ASQ Re-test Paper</td>
<td>Y</td>
<td>N</td>
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<td>Length (cms)</td>
<td></td>
<td></td>
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<tr>
<td>Head Circumference (cms)</td>
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Please complete **ALL** sections A to F.  
Work Assignment sheets **MUST** be returned to ESRI before payments for household can be processed.
Primary Caregiver Questionnaire
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE – Dress Rehearsal
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE

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

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

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

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

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

A2. [Int: Record gender of respondent]

Male ................□1
Female ...............□2

A2a. Record <baby’s> name: ____________________________________________

A2b. Record <baby’s> gender

Male ...............□1
Female ..............□2

A2c. Record <baby’s> date of birth ___dd___mm______yyyy

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]

A. Biological parent (mother/ father) ......□1
B. Adoptive parent (mother/ father) ......□2
C. Step-parent (mother/ father) ..........□3
D. Foster parent (mother/ father) ........□4
E. Grand parent .............................□5
F. Aunt/uncle .................................□6
G. Other relative/ in law ......................□7
H. Unrelated guardian.......................□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

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Relationship of each member to mother and child. Use Relationship Codes from yellow card. Show Card ASD</th>
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<td>9</td>
<td></td>
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</tbody>
</table>

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

A6. Do you have any other biological children who live outside the household?
   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 □1 Female □2 Date of Birth □ □ □ / □ □ □ / □ □ □
2. Male □1 Female □2 Date of Birth □ □ □ / □ □ □ / □ □ □
3. Male □1 Female □2 Date of Birth □ □ □ / □ □ □ / □ □ □

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

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

B1. Scale on parent’s views on child-rearing removed

B2. Do you use a soother/dummy with <baby>?
   Yes ...... □1   No ......... □2

B3. [Card B3] 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

B4. [Card B4] 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
B5. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time .......................................................... Sometimes ..........................................................
Hardly ever or never ..........................................................

B6. Scale on attachment removed

B7

Items on parent’s knowledge of child development removed

B8

Infant Characteristics Questionnaire removed

C. BABY’S DEVELOPMENT

Time Section Started [(24 hour clock)]

CX1. Do you talk to your baby while you work? (eg. while you do housework).

Never ........................................................ Rarely ..........................................................
Sometimes .......................................................... Often ..........................................................
Always ..........................................................

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

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

CX2b. What concerns do you have?


D. BABY’S HABITS

Time Section Started [(24 hour clock)]

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 ..........................................................
Rarely ..........................................................
At times ..........................................................
Rarely ..........................................................
Never ..........................................................

D6. How often does your baby wake at night?

Never ..........................................................
Occasionally ..........................................................
Most nights ..........................................................
Every night ..........................................................
More than once per night ..........................................................

D7. How many times per night on average? _________________

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

Yes, usually ..........................................................
Yes, sometimes ..........................................................
No, not at all ..........................................................

D9. How does your baby normally sleep?

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

D10. Does <baby> usually sleep:

In a room on his/her own ..........................................................
In your bedroom ..........................................................
In a room with other children ..........................................................
Elsewhere ..........................................................
D11. Where does <baby> sleep for most of the night?
- In his/her own bed/cot .......................................................
- In bed/cot with other children .............................................
- In your bed ........................................................................
- Other (specify) .................................................................

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 ..................................
- No............................

D14. How much is <baby’s> sleeping pattern or habits a problem for you?
- A large A moderate A small No problem  
- problem                             problem                             problem  at all
- ________________________________

D15. Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.
- Yes ..................................
- No.............................

D16. The next questions have to do with when your child may have been able to do certain things. If you do not know the exact age, your best estimate is fine.

(a) At what age did <baby> first sit him/herself up?  _______Months  Not yet
- Not yet

(b) At what age did <baby> start feeding him/herself?  _______Months  Not yet
- Not yet

(c) At what age did <baby> take his/her first steps?  _______Months  Not yet
- Not yet

(d) At what age did <baby> start saying his/her first words?  _______Months  Not yet
- Not yet

E. CHILDCARE ARRANGEMENTS

Time Section Started (24 hour clock)

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

E2. Can you indicate
- (a) who else minds <baby> on a regular basis,
- (b) number of hours per week spent in each type of childcare,
- (c) how much you pay for this childcare per week
- (d) whether this is your main type of childcare

<table>
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<tr>
<th>[Tick all that apply]</th>
<th>Number of hours</th>
<th>Cost per week</th>
<th>Main type of care</th>
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</thead>
<tbody>
<tr>
<td>A relative in your home</td>
<td>______N</td>
<td>€______</td>
<td>4</td>
</tr>
<tr>
<td>Someone else in your home</td>
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<td>Someone else in their home</td>
<td>______N</td>
<td>€______</td>
<td>4</td>
</tr>
<tr>
<td>A professional caregiver (e.g. Crèche / Day nursery)</td>
<td>______N</td>
<td>€______</td>
<td>4</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>______N</td>
<td>€______</td>
<td>4</td>
</tr>
</tbody>
</table>

E3. What age was <baby> when you started to use the main childcare arrangement? _______months

E4. What was the single most important reason for you choosing this main form of childcare?
- I had no choice ..............................................................
- I could afford it .............................................................
- It was convenient ...........................................................
- It was linked to my job ....................................................
- I thought it would be beneficial for my child ....................
- Other (please describe) ...................................................

E5. How satisfied are you with these arrangements?
- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- ________________________________
- ________________________________
- ________________________________
- ________________________________
- ________________________________
E6. What are your future intentions for childcare? [Tick all that apply]

<table>
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<tr>
<th>Option</th>
<th>Tick</th>
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</tr>
<tr>
<td>Baby minded by my partner on a full-time basis</td>
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</tr>
<tr>
<td>Shared by my partner and me</td>
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<tr>
<td>Full-time child-care</td>
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E7. Which type of childcare?

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<th>Option</th>
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<td>4</td>
</tr>
<tr>
<td>A professional caregiver (e.g. crèche/day nursery)</td>
<td>5</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>6</td>
</tr>
</tbody>
</table>

E8. [Card E8] Since <baby> was born has difficulty in arranging child care ever…. [Tick all that apply]

**QUARTERLY NATIONAL HOUSEHOLD SURVEY (QNHS)**

a. prevented you looking for a job                                    | 1    |
| b. made you turn down or leave a job                                 | 2    |
| c. stopped you from taking on any 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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>Lives elsewhere</th>
<th>Deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins? :**

<table>
<thead>
<tr>
<th>Identical twins</th>
<th>Fraternal (i.e. non-identical twins)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**F4. Has this been confirmed by a medical professional?**

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

**F5. Just let me check. Are your twins:**

<table>
<thead>
<tr>
<th>Two boys</th>
<th>Two girls</th>
<th>Boy and Girl</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

[Int. ask if no at F4.]

**F6. Would you say they are alike in looks**

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

**F7. Would you say they are alike**

a. In behaviour                                    | 1 | 2 |
| b. In Personality/character                       | 1 | 2 |
| c. In health                                      | 1 | 2 |

**F8. How do you dress them?**

<table>
<thead>
<tr>
<th>in matching clothes each day</th>
<th>in matching clothes sometimes</th>
<th>never in matching clothes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**F9. How does this twin react to the other?**

| a) he/ she likes to be with his / her twin | 1 | 2 | 3 |
| b) he/she doesn't seem to notice his / her twin | 1 | 2 | 3 |
| c) he/she is upset if she is parted from his/her twin | 1 | 2 | 3 |
G. PRENATAL CARE

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

[INT: Only Ask G1 – G2 if biological mother]

G1. Did you intend to become pregnant before <baby> was conceived?

Yes, at that time ............[ ]  
No..........................[ ]  
Unsure/Didn’t mind...........[ ]

G2. Did you intend never to become pregnant before <baby> was conceived, or just at a different time?

Yes, but much later.........................................................[ ]
Yes, but somewhat later............................................[ ]
Yes, but earlier..........................................................[ ]
No intention of becoming pregnant..........................[ ]
Other........................................................................[ ]

No question G3 and G4

G5. How was your Ante-natal care provided?

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

G6. Was this shared care with:

Hospital Clinic ..........................................................[ ]
Midwife Clinic ............................................................[ ]
Independent Midwife ....................................................[ ]
Private Consultant .......................................................[ ]

G7. At how many weeks did you first become aware that you were pregnant? ____ weeks

G8. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your GP or hospital? ____ weeks

G9. And who was this appointment with?

GP/Family physician .................................................[ ]
Private consultant alone .............................................[ ]
Hospital clinic alone ..................................................[ ]
Midwives clinic alone ................................................[ ]
Independent midwife alone .........................................[ ]
Had no ante-natal care ..............................................[ ]
Other [Please specify]....................................................[ ]

G10. 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’]

G11. Did you know the sex of your baby before the birth?  
Yes............[ ]  
No ..............[ ]

[INT: Only Ask G12 if biological mother]

G12. How much weight did you gain during the course of your pregnancy?

_____stone _____lbs OR _____kgs

G13. [Card G13] Were there any of the following complications with the pregnancy? [Tick all that apply]

a. Raised blood pressure (in isolation) .........................[ ]  
h. Vaginal Infection during pregnancy ......[ ]
b. Raised blood pressure and protein in the urine (Pre-eclampsia) ........................................[ ]  
i. Intrauterine Growth Restriction (small baby on scan)
c. Urinary or kidney infection ..................................[ ]  
j. Rhesus Incompatibility ........................................[ ]
d. Persistent vomiting or nausea ...........................[ ]  
k. Influenza ......................................................[ ]
e. Gestational diabetes (diet treated) ......................[ ]  
l. Placenta praevia ............................................[ ]
f. Gestational diabetes (insulin treated) ...................[ ]  
m. Miscarriage in a multiple pregnancy .............[ ]
g. Bleeding during the second half of pregnancy ...[ ]  

G14. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

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

G15. How many separate admissions did you have? ____No. of admissions
G16a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?
Yes □, No □

G16b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?
Yes □, No □

G16c. Did you take Iron during your pregnancy with <baby>?
Yes □, No □

G17. 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)

H1. Where was <baby> born?
Home birth [planned] .... □, In hospital ........ □, Other [please specify] ______________ □

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

H3. Did you have any form of pain relief in labour?
Yes □, No □, Did not have any labour .... □

H4. What was the mode of delivery?
Normal delivery □ □, Emergency Caesarean □ □, Suction assisted birth □ □, Vaginal breech delivery □ □, Forceps assisted birth □ □, Other [please specify] __________ □

H5a. After how many weeks of pregnancy was <baby> born? __________ Wks
Don’t Know..........□

H5b. Was <baby> born late, on time or early?
Late birth (42 weeks or more) .... □, On time (37-41 weeks) .......... □, Somewhat early (33-36 weeks) .... □, Very early (32 weeks or less) ........ □

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 .................................................... □ B. Very long labour (more than 12 hours) ........ □
C. Very rapid labour (less than 2 hours) ...................... □ D. Foetal distress – Abnormal Heart rate tracing ........ □
E. Foetal distress - Meconium or other sign .............. □ F. Foetal blood sample taken in labour .............. □
G. Birth injury – nerve injury / fracture / bruising ...... □ H. Other complication [please specify] __________ □

H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?
Yes □, No □

H10. Did <baby> need any help with his/her breathing from a ventilator?
Yes □, No □

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

H12. How many days or parts of days was <baby> in hospital after the birth? ____ days
H13a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes ........................................... □ 1  No ........................................... □ 2  → Go to H16

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  No ........................................... □ 2  → Go to H16

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

Not enough milk/hungry baby ........................................... □ 1  Physician told me to stop ........................................... □ 8
Inconvenience/fatigue .................................................. □ 2  Returned to work .................................................. □ 9
Difficulty with breast feeding techniques .................. □ 3  Partner/father wanted me to stop .................. □ 10
Sore nipples/engorged breast ........................................ □ 4  Formula feeding preferable ................................ □ 11
Mother’s illness ......................................................... □ 5  Wanted to drink alcohol ........................................ □ 12
Planned to stop at this time ........................................... □ 6  Embarrassment/social stigma .................. □ 13
Baby weaned himself/herself ........................................ □ 7  Other, please specify ........................................... □ 14

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  Herbal drinks ........................................... □ 5
Baby Juice ..................................................... □ 2  Tea or coffee ........................................... □ 6
Fruit juices/Cordial/Squash ......................................... □ 3  Other [please specify] ............................ □ 7
Fizzy or soft drinks (e.g. lemonade, coke) .................. □ 4  None of the above .................................. □ 8

H18. 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

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

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

(b) Current health

Very healthy, no problems ........................................... □ 1
Healthy, but a few minor problems .......................... □ 2
Sometimes quite ill .................................................. □ 3
Almost always unwell ................................................ □ 4
H21. Can you tell me whether <baby> has received: [Tick all that apply]

- Their six-week checkup
- Vaccines at 6 months
- Vaccines at 2 months
- No vaccinations
- Vaccines at 4 months

H22. [Card H22] Why has <baby> not had all of his or her immunisations? [Tick all that apply]

- a. Not offered/Didn’t know due to have
- b. Due to have it in near future/soon
- c. Child was unwell/in hospital when due
- d. Child is not able to have it for health reasons
- e. Child was away/on holiday when due
- f. Lack of supplies/ran out of immunisation
- g. Concerns about the health risks to child
- h. Child had bad reaction/was unwell/had allergic reaction after previous immunisation
- i. Medical problems or bad reactions related to immunisations in family
- j. Prefers to use homeopathy
- k. Didn’t think it was of any benefit
- l. Any developmental delay
- m. Other reason [please specify]

H23. [Card H23] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

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

H24. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

If the respondent asks which health condition to consider if the child has multiple conditions, instruct the respondent to consider [child’s] most severe condition.

Minor  □ □ □ □ Moderate □ □ □ □ Severe □ □ □ □

H25. [Card H25] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

- a. Snuffles/common cold
- b. Chest infections
- c. Ear infections
- d. Feeding problems
- e. Sleeping problems
- f. Dental problems (e.g. teething)
- g. Wheezing or asthma
- h. Skin problems
- i. Persistent nappy rash
- j. Undescended testicle
- k. Tight foreskin
- l. Hernia
- m. Sight or eye problems
- n. Failure to gain weight or to grow
- o. Persistent or severe vomiting
- p. Persistent diarrhoea or constipation
- q. Fits or convulsions
- r. Meningitis
- s. Colic
- t. Other health problems [please specify]
- u. None of the above

H26. 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
- A paediatrician
- A public health nurse or practice nurse
- Another medical doctor (such as a hearing specialist)
- Accident and Emergency or Outpatient

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

N
N
N
N
H27 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

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

H28. Not including when he/she was born, approximately how many nights has <baby> spent in hospital?  NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____

H29. 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  

H30. Why did <baby> not get the medical care or treatment? Was this because:

[TICK YES OR NO TO EACH] NSCH (Adapted)

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

H31. 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  

H32. Does the family have private medical insurance?

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

H33. Does that insurance include the cost of GP visits?

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

H34. 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  

H35. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? ______N

H36. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

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

J. PARENT’S HEALTH

Time Section Started  (24 hour clock)

J1. In general, how would you say your current health is?

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

J2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

J3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

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

__________________________________________________________

__________________________________________________________

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

J5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely....... 1  Yes, to some extent .......... 2  No ........... 3
J6. [Card J6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

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

J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>?

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

J8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent ......... 1 Brother / Sister  2 Other relative......  3 Non relative ......  4

J9. Since <baby> was born, how many times have you seen or talked on the telephone with any of the following about your own physical, emotional or mental health? (Exclude at time of birth)

INCLUDE ONLY CONSULTATIONS MADE ON YOUR OWN BEHALF AND EXCLUDE THOSE MADE ON BEHALF OF CHILDREN OR OTHER PERSONS [IF NONE THEN ENTER O – DO NOT LEAVE BLANK]

A general practitioner (GP), or family physician .............. N
An obstetrician ................................................................. N
A public health nurse or practice nurse ............................ N
A psychiatrist, psychologist or counsellor........................ N
Another medical doctor.................................................... N
Accident and Emergency or Outpatient............................ N

J10. Have you been admitted to a hospital as an in-patient since <baby> was born? Please exclude any nights spent in hospital due to childbirth or the illness of other people, for example to accompany a child.

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

J11. About how many nights did you spend in hospital since <baby’s> birth? _______ Nights

J12. Do you currently smoke daily, occasionally or not at all?

Daily ........................................  1 Occasionally ......................  2 Not at all .......................  3

J13. Have you ever smoked? Was it:

Daily .............  1 Occasionally ...  2 Never ....  3

J14. About how many cigarettes or cigars do/did you smoke on average each day?

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

J15. Including yourself, how many members of the household smoke? ____N

J16. [Card J16] 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: J17. 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 _____

J18. And when you drink, how many drinks would you have on an average night? _______ N
K. FAMILY CONTEXT

Time Section Started

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

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

K2. The next few questions are about the personal help and support you might get. Please say how much you agree or disagree with each of the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I have no-one to share my feelings with</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. There are other parents I can talk to about my experiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. If I had financial problems, I know my family or friends would help if they could</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K3. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

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

K4. How often do you feel that you need support or help but can't get it from anyone? GUIA

Very often  Often  Sometimes  Never  I don't need it

K5. Are you in regular contact with <baby’s> grandparents?

Yes  No  Grandparents are deceased

K6. Here are some questions about how much support you receive from <baby’s> grandparents

<table>
<thead>
<tr>
<th>How often do &lt;baby’s&gt; grandparents babysit?</th>
<th>Never</th>
<th>Less often than once every 3 months</th>
<th>At least once every 3 months</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Every day or almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
No question K7

K8. 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 K19

K9. How many hours were you working per week? ______ hours

K10. How long before you gave birth did you stop working? ______ weeks OR ______ months

K11. Are you currently at work outside the home?

Full-time .................[1] Part – time .................[2] No ..........[3]

K12. What age was <baby> when you returned to work? ______ months

K13. Did you take any of the following types of leave? If yes, how many weeks did you take?


(Accumulated before or during maternity / paternity leave)


K14. 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 K24

K15. Do you intend to return to work outside the home?

Full-time ............[1] Part – time ............[2] No ............[3] → Go to K24

K16. What age will <baby> be when you return to work? ______ months

K17. 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?


(Accumulated before or during maternity / paternity leave)


K18. 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 K24


K20. When were you last in paid employment outside the home? Month____ Year____

K21. Do you intend to return to work?

Yes, definitely ............[1] Yes, probably ..........[2] No ........[3] → Go to K24
L: SOCIO-DEMOGRAPHICS

K22. What age will <baby> be when you return to work? ______ Months

K23. 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 K24

K24. 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?

Because of your work responsibilities:

A. You have missed out on home or family activities
That you would have liked to have taken part in .................................................................[ ] 1   [ ] 2   [ ] 3   [ ] 4   [ ] 5

B. Your family time is less enjoyable and more pressured ........................................................................[ ] 1   [ ] 2   [ ] 3   [ ] 4   [ ] 5

Because of your family responsibilities:

C. You have to turn down work activities or
Opportunities that you would prefer to take on ........................................................................[ ] 1   [ ] 2   [ ] 3   [ ] 4   [ ] 5

D. The time you spend working is less enjoyable and more pressured ................................................[ ] 1   [ ] 2   [ ] 3   [ ] 4   [ ] 5

Strongly Disagree Disagree Neither agree nor disagree Agree Strongly Agree N/A

L1. 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? ....................................................[ ] 1   [ ] 2   [ ] 3
Does your household have a roast joint (or its equivalent) at least once a week? .................................................................[ ] 1   [ ] 2   [ ] 3
Do household members buy new rather than second-hand clothes? ........................................................................[ ] 1   [ ] 2   [ ] 3
Does each household member possess a warm waterproof coat? ........................................................................[ ] 1   [ ] 2   [ ] 3
Does each household member possess two pairs of strong shoes? ........................................................................[ ] 1   [ ] 2   [ ] 3
Does the household replace any worn out furniture? ................................................................................[ ] 1   [ ] 2   [ ] 3
Does the household keep the home adequately warm? ................................................................................[ ] 1   [ ] 2   [ ] 3
Does the household have family or friends for a drink or meal once a month? .........................................................[ ] 1   [ ] 2   [ ] 3
Does the household buy presents for family or friends at least once a year? .........................................................[ ] 1   [ ] 2   [ ] 3

L2. 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
[ ] 1   [ ] 2   [ ] 3   [ ] 4   [ ] 5   [ ] 6

L3. 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

L4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

L5. Why was that?
Didn’t want to ..................................................[ ] 1 Couldn’t leave the children .......[ ] 4
Have a full social life in other ways .................[ ] 2 Illness .............................................[ ] 5
Couldn’t afford to ..........................................[ ] 3 Other .............................................[ ] 6
L6. 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
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 house or Apartment / Flat / Bedsit have access to a garden or common space (either private or shared)?
- Yes ........................................... 1
- No................................. 2

L8. From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?
- Owner occupied ........................................................................................................ 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. Which of these descriptions BEST describes your usual situation in regard to work?
- Employee (incl. apprenticeship or Community Employment) .................................. 1
- Student full-time ............................................................................................ 4
- On State training scheme (FAS, Failte Ireland etc.) ................................................. 5
- Unemployed, actively looking for a job .................................................................. 4
- Long-term sickness or disability ....................................................................... 6
- Home duties / looking after home or family .......................................................... 7
- Retired ............................................................................................................. 9
- Other (specify) ______________________ ....... 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

L12. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]
____________________________________________________________________________

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

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. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible. [Int. Make sure to describe what respondent does as fully as possible]
L21a. Do you currently have a part time job outside the home?  
Yes ☐  No ☐ 2 Go to L21d

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

L21c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible  
[Int. Make sure to describe what respondent does as fully as possible]

L21d. [Show 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.

I can’t find a job………………………………………………………….☐ 1
I cannot find suitable childcare………………………………...☐ 6
I chose not to work…………………………………………………….☐ 2
There are no suitable jobs available for me…….☐ 7
I am caring for an elderly or ill relative or friend………☐ 3
My family would lose Social Welfare or medical benefits if I was earning………………..☐ 8
I prefer be at home to look after my children myself ….☐ 4
I cannot earn enough to pay for childcare ……………..☐ 5
Other reason (specify)…………………………………………………..☐ 9

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

L22. What is the occupation of your spouse / partner? (What does he/she mainly do in their job) –if relevant

[Int. If no spouse/partner enter NA – not applicable]

**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]

| A | B
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Yes</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----</td>
</tr>
<tr>
<td>A. Wages or Salaries ..................................................</td>
<td>☐ 1</td>
</tr>
<tr>
<td>B. Income from Self-Employment ..........................................</td>
<td>☐ 1</td>
</tr>
<tr>
<td>C. Income from Farming ..........................................................</td>
<td>☐ 1</td>
</tr>
<tr>
<td>D. Children’s Allowance/ Child Benefit ........................................</td>
<td>☐ 1</td>
</tr>
<tr>
<td>E. Other Social Welfare Payments ...............................................</td>
<td>☐ 1</td>
</tr>
<tr>
<td>F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) .................</td>
<td>☐ 1</td>
</tr>
</tbody>
</table>

**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 Week ......☐ 1  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]

**HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI**

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €230</td>
<td>Under €1,000</td>
<td>Under €12,000</td>
<td>A</td>
</tr>
<tr>
<td>€231 to under €350</td>
<td>€1,001 to under €1,500</td>
<td>€12,001 to under €18,000</td>
<td>B</td>
</tr>
<tr>
<td>€351 to under €460</td>
<td>€1,501 to under €2,000</td>
<td>€18,001 to under €24,000</td>
<td>C</td>
</tr>
<tr>
<td>€461 to under €575</td>
<td>€2,001 to under €2,500</td>
<td>€24,001 to under €30,000</td>
<td>D</td>
</tr>
<tr>
<td>€576 to under €800</td>
<td>€2,501 to under €3,500</td>
<td>€30,001 to under €42,000</td>
<td>E</td>
</tr>
<tr>
<td>€801 to under €925</td>
<td>€3,001 to under €4,000</td>
<td>€42,001 to under €48,000</td>
<td>F</td>
</tr>
<tr>
<td>€926 to under €1,150</td>
<td>€4,001 to under €5,000</td>
<td>€48,001 to under €60,000</td>
<td>G</td>
</tr>
<tr>
<td>€1,151 to under €1,500</td>
<td>€5,001 to under €6,500</td>
<td>€60,001 to under €78,000</td>
<td>H</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
<td>€6,001 to under €8,000</td>
<td>€78,001 to under €96,000</td>
<td>I</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>Refused</td>
<td>J</td>
</tr>
</tbody>
</table>

L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th>Section</th>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Refused</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>under €75</td>
<td>€0 to €300</td>
<td>€0 to €4,000</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>B</td>
<td>€231 to €270</td>
<td>€271 to €310</td>
<td>€12,001 to €14,000</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>C</td>
<td>€351 to €390</td>
<td>€1,001 to €1,150</td>
<td>€18,001 to €20,000</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>D</td>
<td>€461 to €500</td>
<td>€2,001 to €2,150</td>
<td>€24,001 to €26,000</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>E</td>
<td>€576 to €650</td>
<td>€2,501 to €2,800</td>
<td>€24,001 to €26,000</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>F</td>
<td>€651 to €750</td>
<td>€3,001 to €3,500</td>
<td>€6,001 to €6,500</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>G</td>
<td>€751 to €800</td>
<td>€3,501 to €3,800</td>
<td>€6,501 to €7,000</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>H</td>
<td>€801 to €880</td>
<td>€4,001 to €4,400</td>
<td>€7,001 to €7,500</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I</td>
<td>€881 to €925</td>
<td>€4,401 to €4,800</td>
<td>€7,501 to €8,000</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>J</td>
<td>€926 to €1,150</td>
<td>€4,801 to €5,200</td>
<td>€8,001 to €8,500</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

L28. Does anyone in your household currently receive Children’s Allowance/Child Benefit?

Yes ☐  No ☐

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ☐  No ☐

Go to L30a  Go to L30b
L30a. (Card L30a) Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L30a, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

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

L30b. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare? Yes...........□₁  No ......□₂

L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes□₁  No....□₂

L31b. How much does the household receive PER WEEK in rent or mortgage supplement? €------------------------

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

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

L33. 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
L34. [Card L34] Looking at Card L34, can you tell me what is the highest level of education you have completed to date?

Primary or less ............................................
Intermediate/ junior/ Group Certificate or equivalent
Leaving Certificate or equivalent ...................
Diploma/ Certificate........................................
Primary degree .............................................
Postgraduate/ Higher degree ............................

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 ......................................................
Arabic ......................................................
Polish ......................................................
Czech ......................................................
Portuguese ..............................................
Chinese ...................................................
Romanian ................................................

L35a. Is English your native language? Yes ........... Go to L38 No ............

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 ........... No ................

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

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

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 ........... No ............

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

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

L40. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change? MCS (Adapted)

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

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

L42. What citizenship do you hold? ________________

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

L44. In which country were you born? _______________________________

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

Within the last year .................................
1-5 years ago ........................................
6-10 years ago ......................................
11-20 years ago ....................................
More than 20 years ago .........................

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

L47. What citizenship does he / she hold? ____________________________
L48. Was <baby> born in Ireland?  Yes .......... □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. 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? 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 ...... □₄ ➔ 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, after-school etc.)............... □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
Finally, we would like to ask you some questions about your local area.

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

M2. Are you involved with any of the following groups or organisations in your local area?

<table>
<thead>
<tr>
<th>Group Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary / charitable organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnic groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sporting groups</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M3. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very Common</th>
<th>Fairly Common</th>
<th>Not very Common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubbish and litter lying about</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes and gardens in bad condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vandalism and deliberate damage to property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People being drunk or taking drugs in public</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M4. To what extent do you agree or disagree with these statements about your local area?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is safe to walk alone in this area after dark</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is safe for children to play outside during the day in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are safe parks, playgrounds and play spaces in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We as a family intend to continue living in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M5. 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?

<table>
<thead>
<tr>
<th>Service</th>
<th>Available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. GP or health clinic</td>
<td>Yes [1] No [2]</td>
</tr>
</tbody>
</table>

M6. Do you have any family living in this area? Yes [1] No [2] 

M7. Would you describe the place where the household is situated as being.....?

<table>
<thead>
<tr>
<th>Location</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>In open country</td>
<td>[1]</td>
</tr>
<tr>
<td>In a village (200-1,499)</td>
<td>[2]</td>
</tr>
<tr>
<td>In a town (1,500-2,999)</td>
<td>[3]</td>
</tr>
<tr>
<td>In a town (3,000-4,999)</td>
<td>[4]</td>
</tr>
<tr>
<td>In a town (5,000-9,999)</td>
<td>[5]</td>
</tr>
<tr>
<td>In a town (10,000 or more)</td>
<td>[6]</td>
</tr>
<tr>
<td>Waterford city</td>
<td>[7]</td>
</tr>
<tr>
<td>Galway city</td>
<td>[8]</td>
</tr>
<tr>
<td>Limerick city</td>
<td>[9]</td>
</tr>
<tr>
<td>Cork city</td>
<td>[10]</td>
</tr>
<tr>
<td>Dublin city (incl. Dun Laoghaire)</td>
<td>[11]</td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) urban</td>
<td>[12]</td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) rural</td>
<td>[13]</td>
</tr>
</tbody>
</table>
Primary Caregiver Sensitive Questionnaire
We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

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

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
- Married and separated from husband / wife
- Widowed
- Never married
- Divorced

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

S14. Since when have you been living apart / spouse deceased?

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

Yes ☐ No ☐

Go to S25

S16. Since when have you and your spouse or partner been living together?

M: ______ (mth) ______ (year)

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

Most days ............................................
At least once a week ............................................
Less than once a week ....
Hardly ever ............................................
Never ............................................

Go to S18

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

Most days ............................................
At least once a week ............................................
Less than once a week ....
Hardly ever ............................................
Never ............................................

Go to S19

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

Shout or yell at each other ....
Throw something at each other ....

Push, hit or slap each other ....

Almost never/never ☐
Not very often ☐
Sometimes ☐
Often ☐
Almost always/always ☐

Don't know ☐

Go to S20

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

Compromise ............................................
Agree to discuss the issue later ....
Agree to disagree ....
Use affection (hug) or make a joke about it ....
Ignore or refuse to speak any more, walk away, leave the room or leave the house ....

Almost never/never ☐
Not very often ☐
Sometimes ☐
Often ☐
Almost always/always ☐

Don't know ☐

Go to S21

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

<table>
<thead>
<tr>
<th>Philosophy of life</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Have a stimulating exchange of ideas ....
Calmly discuss something together ....
Work together on a project ....

Never ☐ Less than once a month ☐ Once or twice a month ☐ Once or twice a week ☐ Once a week ☐ More often ☐

Go to S25
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.

0  Extremely Unhappy
1  Fairly Unhappy
2  A little unhappy
3  Happy
4  Very Happy
5  Extremely Happy
6  Perfect

S24. Do you feel that having <baby> has...
Brought you and your spouse/partner closer together, Made you less close than before, Made no difference to your relationship, Don’t Know

1
2
3
4

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 intracytoplasmic 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. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. ______ times

And how many of these pregnancies were:
b. Live births _____ N
c. Miscarriages _____ N
d. Stillbirths _____ N
e. Terminations _____ N
f. Ectopic _____ N

g. Are you currently pregnant 
   Yes ............. 1
   No ............. 2

S28h. And what age were you when you became pregnant for the first time? ______ Age in years

S29. Would you describe the pregnancy of <baby> as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

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

S30. What was the nature of this crisis?
________________________________________________________________________________________
________________________________________________________________________________________
S31. Did you smoke at all during the pregnancy?

Yes ☑ No ☐

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

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>☑</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Second</td>
<td>☑</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Third</td>
<td>☑</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

S33. Did you consume alcohol during your pregnancy? NLSCY (Adapted)

Yes ☑ No ☐

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

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Yes</th>
<th>No</th>
<th>Pints of beer/cider</th>
<th>Measures of spirits</th>
<th>Glasses of wine</th>
<th>Bottles of alcopops</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>☑</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second</td>
<td>☑</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third</td>
<td>☑</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

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

S36. During the last year have you failed to do what was normally expected from you because of drinking? Rapid Alcohol Problems Screen – performance

Yes ☑ No ☐

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

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

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

Yes, on a regular basis ☑ Yes, on an occasional basis ☑ Never ☐
S39. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

Yes……..☐ 1  No…….. ☐ → 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 on this card 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.

1. I felt I could not shake off the blues even with help from my family or friends.......................................................... ☐ 1
   Rarely or none of the time (less than 1 day)                      ☐ 2
   Some or a little of the time (1-2 days)                         ☐ 3
   Occasionally or a moderate amount of the time (3-4 days)     ☐ 4
   Most or all of the time (5-7 days)

2. I felt depressed .................................................................................... ☐ 1

3. I thought my life had been a failure......................................................... ☐ 1

4. I felt fearful ........................................................................................... ☐ 1

5. My sleep was restless ............................................................................ ☐ 1

6. I felt lonely .................................................................................................. ☐ 1

7. I had crying spells .................................................................................... ☐ 1

8. I felt sad ...................................................................................................... ☐ 1

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

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

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

S49. Briefly describe that arrangement

___________________________________________________________________
S50. Do you and <baby's> biological father / mother have shared parenting of <baby> on a regular basis?
Yes ............................................. 1  No ............................................. 2 →Go to S52

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

S52. How far does <baby's> biological father / mother live from here?
Within ½ hour’s drive from here ................. 1  More than 1 hour’s drive from here ............. 3
Between ½ and 1 hour’s drive from here .. 2  Outside the country .................................. 4

S53. How often does <baby> have contact with his / her biological father / mother?
Daily ..................................................... 1  Monthly ............................................. 5
Once or twice a week .......................... 2  Less than once a month ...................... 6
Weekly .................................................... 3  No contact ......................................... 7
Every second week / weekend ............. 4

S54. Does <baby's> biological father / mother make ANY financial contribution to your household and the
maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct
maintenance payment etc.
No, he/she never makes any payment ........ 1
Yes, he/she makes a regular payment ........ 2  € ________ per Week .... 1  Fortnight .... 2  Month 3
Yes, he/she makes payments as required ... 3

S55. How much does he/she pay per week/fortnight/month?
€ ________ per Week ........................................ 1  € ________ per Fortnight ..................... 2  € ________ per Month ............... 3

S56. About how much per year?
€ ________ per year ..................................

S57. 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

S58. 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

S59. We would like to send a short questionnaire to <baby's> biological father/ mother. We would be happy
to show you the content of this questionnaire before we send it. Would you be able to provide us with
contact details for <baby's> biological father/ mother?
Yes ................................................................. 1
No, I do not wish other parent to be contacted .... 2
No, I do not have contact details for other parent ..... 3

Please give contact details to interviewer

S60. What is your date of birth? _______ day  _______ month  _______ year

S61. Int: Is respondent male or female?
Male .................. 1  Female ..................... 2

Thank you very much for taking part in the GROWING UP IN IRELAND PROJECT.

Your assistance is greatly appreciated.
Secondary Caregiver Questionnaire
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE – Dress Rehearsal
STRICTLY CONFIDENTIAL
FATHER / PARTNER QUESTIONNAIRE

INTERVIEWER NAME ______________________
INTERVIEWER NO: ______________________

We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 90 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

6BA1. Int: Record gender of respondent

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
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<td>□</td>
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</table>

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

A. Biological parent (mother/ father) …… □1
B. Adoptive parent (mother/ father) …… □2
C. Step-parent (mother/ father) ………… □3
D. Foster parent (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>.

B1. Scale on parent’s views on child-rearing removed

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. [Show Card C2] 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 father 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. [Show Card C3] Who generally does the following with <baby>?

(a) Bathes him / her ________
(b) Feeds him / her ________
(c) Shows him / her pictures in books ________
(d) Cuddles him / her ________
(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo) ________
(f) Taking him / her for walks, outings, visiting relatives or friends etc. ________
(g) Reading stories to him / her ________
(h) Changing his / her nappy ________
(i) Getting up in the night to see to him / her ________
(j) Sings to him / her ………… ________

C4. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time ________
Sometimes ________
Hardly ever or never ________

C5. 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 ________

C6. Do you feel that <baby’s> crying is a problem for you?
Yes…………………………… ________
No…………………………… ________

D. PARENT’S HEALTH AND LIFESTYLE

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

D1. In general, how would you say your current health is?
Excellent ……………………………… ________
Fair ……………………………… ________
Very Good ……………………………… ________
Poor ……………………………… ________
Good ……………………………… ________

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?
Yes ……………………………… ________
No ……………………………… ________
D3. What is the nature of this problem, illness or disability? Please describe as fully as possible. [Int. Please record diagnosis – not symptoms of the problem]


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

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

Yes, severely ..................☐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)

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 ....oggle.DOZZ Yes, to some extent .................☐2 No......................☐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. And when you drink, how many drinks would you have on an average night? _____

N

E. FAMILY CONTEXT

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

E1. [Show 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.

A. I am happy in my role as a parent ..................................................☐1 ☐2 ☐3 ☐4 ☐5

B. There is little or nothing I wouldn't do for my child if it was necessary ..................................................☐1 ☐2 ☐3 ☐4 ☐5
Currently living outside your household?  

Now some questions about the circumstances of your household.

E4b. How many days or weeks will you take? □ days OR □ weeks.

E4c. Were these / will these be taken as a block or spread over a period of time?

Taken as a block ....... □

Spread over a period of time ....... □

F: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.
F1. [Show Card F1] Looking at Card F1, which of these descriptions BEST describes your usual situation in regard to work?

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

F2. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. ____________ hours

F3. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]
______________________________________________________________________________

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

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. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]
________________________________________________________________________________________

F11a. Do you currently have a part time job outside the home? Yes ...... 1

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

F11c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]
________________________________________________________________________________________

F11d. [Show 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 ........................................................................................................... 1
- I chose not to work ..................................................................................................... 2
- I am caring for an elderly or ill relative or friend ..................................................... 3
- I prefer be at home to look after my children myself ............................................. 4
- I cannot earn enough to pay for childcare .............................................................. 5
- I cannot find suitable childcare ................................................................................. 6
- There are no suitable jobs available for me ............................................................. 7
- My family would lose Social Welfare or medical benefits if I was earning .......... 8
- Other reason (specify) .............................................................................................. 9
F12. Do you plan to start or return to paid work?
Yes, in the next 3 months ........................................................ [ ]
Yes, in 3 to 12 months time .................................................... [ ]
Yes, in more than 1 year’s time ............................................. [ ]
Have no plans to return to paid work .................................... [ ]
Other reason (specify)___________________  ...................... [ ]

F13. What is the highest level of education you have completed to date?
Primary or less ................................................................. [ ]  Diploma/ Certificate .................................................. [ ]
Intermediate/ junior/ Group Certificate or equivalent .......... [ ]  Primary degree ........................................................... [ ]
Leaving Certificate or equivalent ........................................ [ ]  Postgraduate/ Higher degree................................. [ ]

F14. What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]
English ................................................................. [ ]  Irish ................................................................. [ ]
Arabic ................................................................. [ ]  French ............................................................... [ ]
Polish ................................................................. [ ]  Russian .......................................................... [ ]
Czech ................................................................. [ ]  Latvian .......................................................... [ ]
Portuguese ......................................................... [ ]  Spanish .......................................................... [ ]
Chinese ............................................................ [ ]  Lithuanian ...................................................... [ ]
Romanian .......................................................... [ ]  Other (specify) ................................................... [ ]

F15. Is English your native language? Yes ............... [ ] Go to F18 No ............... [ ]

F16. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?
Yes ............... [ ]  No ............... [ ]

F17. Can you usually read and fill out forms you might have to deal with in your own language?
Yes ............... [ ]  No ............... [ ]

F18. As you may know many people have problems with reading. Can I just check can you read aloud to a child from a children's story book written in English?
Yes....... [ ]  No....... [ ]

F19. Can you usually read and fill out forms you might have to deal with in English?
Yes ............... [ ]  No ............... [ ]

F20. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?
Yes ............... [ ]  No ............... [ ]

F21. Are you a citizen of Ireland?
Yes........... [ ]  No ............... [ ]

F22. What citizenship do you hold? __________________________

F23. Were you born in Ireland?
Yes........... [ ]  No ............... [ ]

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 ............................................... [ ]

F26. What is your ethnic or cultural background?
Irish ................................................................. [ ]  Any other Black background ................. [ ]
Irish Traveller ...................................................... [ ]  Chinese .......................................................... [ ]
Any other white background .................................... [ ]  Any other Asian background ................. [ ]
African ............................................................. [ ]  Other [incl. mixed background] - specify [ ]
F27. Do you belong to any religion?

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

F28. Which religion?
- Christian – no denomination .................................................. [ ]
- Roman Catholic ............................................................................ [ ]
- Anglican/Church of Ireland/Episcopalian ..................................... [ ]
- Other Protestant ........................................................................... [ ]
- Jewish ......................................................................................... [ ]
- Muslim ........................................................................................ [ ]
- Other (specify) ............................................................................. [ ]

F29. Do you have any family living in this area?

- Yes [ ]
- No [ ]

F30. What is your date of birth? ________ day _______ month ________ year

F31. Int: Is respondent male or female?
- Male ................ [ ]
- Female .............. [ ]

Time Section Ended (24 hour clock)
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL – Dress Rehearsal
FATHER / PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

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.

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

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

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

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

S5. From which country?
   ________________________________

S6. What age was <baby> when you adopted him/ her? ___________years
   NOW PLEASE GO TO S12

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

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

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

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

S11. Immediately before coming to live with you was <baby> living with another foster family, his/her family or in institutional care?
   Another foster family ....... 1
   Own family ........... 2
   Institutional care ....... 3
   NOW PLEASE GO TO S12
Because the issue of family life is so important, we would now like to ask some questions about your family and marital history.

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

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

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

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

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

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

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

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

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<tr>
<th>Action</th>
<th>Almost never/never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
<th>Don't know</th>
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<tr>
<td>Shout or yell at each other</td>
<td>□</td>
<td>□</td>
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<td>Throw something at each other</td>
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<td>Push, hit or slap each other</td>
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**S20. And to end an argument, how often would you ....**

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<th>Sometimes</th>
<th>Often</th>
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<td>□</td>
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<tr>
<td>Change the subject</td>
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<td>□</td>
<td>□</td>
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<td>□</td>
</tr>
<tr>
<td>Agree to discuss the issue later</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Agree to disagree</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Use affection (hug) or make a joke about it</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Ignore or refuse to speak any more, walk away, leave the room or leave the house</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a week</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a stimulating exchange of ideas</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Calmly discuss something together</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Work together on a project</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
S23. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

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

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

- Brought you and your spouse/partner closer together, [ ]
- Made you less close than before, [ ]
- Made no difference to your relationship, [ ]
- Don’t Know [ ]

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

Yes [ ]  No [ ] \( \rightarrow \) Go to S27a

S26. How many?

One [ ]  Two [ ]  Three or more [ ]

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

S27a. Did you have any medical fertility treatment for this pregnancy? GUIA (Adapted)

Yes [ ]  No [ ]

S27b. What treatment did you receive?

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

S28a. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _____ times

And how many of these pregnancies were:

- a. Live births _____ N  c. Miscarriages _____ N  d. Stillbirths _____ N
- e. Terminations _____ N  f. Ectopic _____ N
- g. Are you currently pregnant \( \rightarrow \) Yes [ ]  No [ ]

S28h. And what age were you when you became pregnant for the first time? _____ Age in years

S29. Would you describe the pregnancy of <baby> as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

Yes [ ]  No [ ]
S30. What was the nature of this crisis?

_________________________________________________________________________________________

_________________________________________________________________________________________

S31. Did you smoke at all during the pregnancy?
Yes .......................................................... 
No ..........................................................

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

<table>
<thead>
<tr>
<th>Trimester</th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S33. Did you consume alcohol during your pregnancy?
Yes ..........................................................
No ..........................................................

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S36. During the last year have you failed to do what was normally expected from you because of drinking?
Yes ..........................................................
No ..........................................................
S37. How often do you have 6 or more drinks on one occasion?

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

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

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

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

Yes........[1]
No........[2]→Go to S41

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

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

S40a. Was this: [Tick all that apply]
Before <baby> was born..................................................[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 on this card 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.

1. I felt I could not shake off the blues even with help from my family or friends..................................................[1]
2. I felt depressed ................................................................[2]
3. I thought my life had been a failure........................................[3]
4. I felt fearful .......................................................................[4]
5. My sleep was restless ......................................................[5]
6. I felt lonely ........................................................................[6]
7. I had crying spells ..........................................................[7]
8. I felt sad ...............................................................................[8]

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

Yes........[1]→Go to S44
No........[2]

S43. Have you ever been to prison?

Yes...........[1]
No...........[2]→Go to S44

S44. Can we check, does <baby’s> biological father/ mother live here with you or elsewhere?

Lives here ..........................................................................[1]→Go to S60
Deceased............................................................................[2]→Go to S60
Temporarily lives elsewhere .............................................[3]→Go to S60
Lives elsewhere ..................................................................[4]→Go to S45

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

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 mother / father?

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 mother / father 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 mother / father have shared parenting of <baby> on a regular basis?

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

S51. Please describe the nature of this shared parenting

___________________________________________________________________________________________
___________________________________________________________________________________________

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

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

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

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

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

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

S55. How much does he/she pay per week/fortnight/month?

- €_________________ per Week ........................................ 1
- €_________________ per Fortnight .................................. 2
- €_________________ per Month ...................................... 3

S56. About how much per year? €_________________ per year

S57. How often do you talk to <baby’s> biological mother / father about <baby>?  

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

S58. How well do you get on with <baby’s> biological mother / father? Would you say your relationship is?

- Very positive ......................................................... 1
- Positive ...................................................................... 2
- Neither positive nor negative .................................. 3
- Somewhat negative .................................................. 4
- Very negative .......................................................... 5
S59. We would like to send a short questionnaire to <baby’s> biological mother / father. 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 mother / father?

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

Please give contact details to interviewer

S60. What is your date of birth? ________ day _______month ________year

S61. Int: Is respondent male or female? Male...........□ 1 Female ...............□ 2

Time Section Ended ______ (24 hour clock)

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

YOUR ASSISTANCE IS GREATLY APPRECIATED.
Primary Caregiver Twin Questionnaire
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE PILOT
STRICKLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE
TWIN MODULE - Dress Rehearsal

GROUP [ ]  SEQ NO [ ]  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 90 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

A. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

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

A1

Scale on parent's views of child-minding removed

A2. Do you use a soother/dummy with <baby>?
Yes ...... [ ]  No. ........... [ ]

A3. [Card A3] 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 ................................................. [ ]
Is unhappy at first but quickly settles down ............................................. [ ]
Remains unsettled and unhappy during your entire absence ................. [ ]

A4. [Card B4] And when you return, having left <baby> with someone else, how does he or she usually act?
With delight .................................................................................................. [ ]
With a mixture of delight and annoyance ..................................................... [ ]
Hard to tell, no particular emotion ............................................................... [ ]
Seems to be annoyed/angry with me for leaving him/her ............................ [ ]
A5. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?
Most or all of the time       Sometimes       Hardly ever or never
☐1                                                                 ☐2                                                                 ☐3

A6

Scale on parent attachment removed

A7.

Infant Characteristics Questionnaire removed

B. BABY’S DEVELOPMENT

Time Section Started   (24 hour clock)

Scale on infant development removed (ASQ)

BX1. Do you talk to your baby while you work? (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. How many hours sleep do you get on an average night, at the present time? _____ N

C2. In general, what time in the evening does your baby usually go to sleep? ______ (24 hour clock)

C3. Approximately how many hours sleep does your baby have during
(a) the day? _______ hours    (b) the night? _______ hours

C4. On a normal day what time does your baby usually get up at in the morning? _______ (24 hour clock)

C5. Is your baby ever difficult when put to bed?
Most of the time       Often       At times       Rarely       Never
☐1                                                                 ☐2                                                                 ☐3     ☐4                                                                 ☐5

C6. How often does your baby wake at night?
Never       Occasionally       Most nights       Every night       More than once per night
☐1                                                                 ☐2                                                                 ☐3     ☐4                                                                 ☐5

C7. How many times per night on average? ______________

C8. Do you ever wake <baby> for a feed during the night?
Yes, usually       Yes, sometimes       No, not at all
☐1                                                                 ☐2                                                                 ☐3
C9. How does your baby normally sleep?

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

C10. Does <baby> usually sleep:

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

C11. Where does <baby> sleep for most of the night?

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

C12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? ________________N

C13. Do you feel that <baby's> crying is a problem for you?

- Yes
- No

C14. 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

C15. Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.

- Yes
- No

C16. The next questions have to do with when your child may have been able to do certain things. If you do not know the exact age, your best estimate is fine.

(a) At what age did <baby> first sit him/herself up? .....................  ______Months Not yet 999
(b) At what age did <baby> start feeding him/herself? ....................  ______Months Not yet 999
(c) At what age did <baby> take his/her first steps? .....................  ______Months Not yet 999
(d) At what age did <baby> start saying his/her first words? ..........  ______Months Not yet 999

D. CHILDCARE ARRANGEMENTS

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
- No

D2. Can you indicate

(a) who else minds <baby> on a regular basis,
(b) number of hours per week spent in each type of childcare,
(c) how much you pay for this childcare per week
(d) whether this is your main type of childcare

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

- A relative in your home
- Someone else in your home
- A relative in their home
- Someone else in their home
- A professional caregiver (e.g. Crèche / Day nursery)
- Other (please specify)
D3. What age was <baby> when you started to use the main childcare arrangement? _______ months

D4. What was the single most important reason for you choosing this main form of childcare?

I had no choice .................................................................[1]
I could afford it ..........................................................[2]
It was convenient .........................................................[3]
It was linked to my job .............................................[4]
I thought it would be beneficial for my child ..............[5]
Other (please for describe) ___________________________[6]

D5. How satisfied are you with these arrangements?

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Fairly satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Fairly dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
</table>

D6. What are your future intentions for childcare? [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]

D7. 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]

D8. [Card D8] 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

F1. How much did <baby> weigh at birth? ___lbs ___ounces OR ___kgs
F2. What was <baby’s> length at birth? ___inches OR ___cms
F3. [Card F3] Were there any complications during <baby's> birth? [Tick all that apply]

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

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

Yes ........................................  
No ....................................  
Don't know ............

F5. Did <baby> need any help with his/her breathing from a ventilator?

Yes ........................................  
No ....................................  
Don't know ............

F6. How many days or parts of days were you in hospital after the birth? ____ days

F7. How many days or parts of days was <baby> in hospital after the birth? ____ days

F8a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes ........................................  
No ....................................  
Go to F11

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

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

F9a. Was <baby> ever exclusively breastfeed?
[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes ........................................  
No ....................................
Go to F10a

F9b. How old was <baby> when he/she stopped being exclusively breastfed?

____ Days ____ Weeks ____ Months <Baby> still being exclusively breastfed  
____ Days ____ Weeks ____ Months <Baby> stopped being exclusively breastfed

F10a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes ........................................  
No ....................................
Go to F11

F10b. How old was <baby> when he/she completely stopped being breastfed?

____ Days ____ Weeks ____ Months

F10c. What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply] ( 

Not enough milk/hungry baby  
Inconvenienced/fatigue  
Difficulty with breast feeding techniques  
Sore nipples/engorged breast  
Mother’s illness  
Planned to stop at this time  
Baby weaned himself/herself

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  
Cow’s milk? ____ Days ____ Weeks ____ Months  
Any other type of milk, such as soya milk? ____ Days ____ Weeks ____ Months
F12. What else does <baby> drink apart from milk or formula? [Tick all that apply]

Water ................................................................. 1  
Baby Juice .......................................................... 2  
Fizzy or soft drinks (e.g. lemonade, coke)............. 3  
Fruit juices/Cordial/Squash ................................. 4  
Herbal drinks ..................................................... 5  
Tea or coffee ....................................................... 6  
Other [please specify] ......................................... 7  
None of the above ............................................. 8  

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

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  
Healthy, but a few minor problems ........................... 2  
Sometimes quite ill ............................................... 3  
Almost always unwell ............................................ 4  

F16. 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  

F17. [Card F17] Why has <baby> not had all of his or her immunisations?

[Card F17] Why has <baby> not had all of his or her immunisations?

[Tick all that apply]

a. Not offered/Didn’t know due to have ................................................................. 1  
b. Due to have it in near future/soon ................................................................. 2  
c. Child was unwell/in hospital when due ......................................................... 3  
d. Child is not able to have it for health reasons ................................................. 4  
e. Child was away/on holiday when due ........................................................... 5  
f. Lack of supplies/ran out of immunisation ...................................................... 6  
g. Concerns about the health risks to child ....................................................... 7  
h. Child had bad reaction/was unwell/had allergic reaction after previous immunisation .............. 8  
i. Medical problems or bad reactions related to immunisations in family .......... 9  
j. Prefers to use homeopathy ............................................................................ 10  
k. Didn’t think it was of any benefit .................................................................... 11  
l. Opposed to immunizations for other reasons ................................................ 12  
m. Other reason [please specify] ....................................................................... 13

F18. [Card F18] 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 / Hydroencephalitis ................................................................. 14  
o. Cleft lip and/or palate ................................................................................... 15
p. Other long-term condition [please specify] .................................................. 16
q. None of the above ...................................................................................... 17

**F19. 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

**F20. [Card F20]** We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY ]
a. Snuffles/common cold ......................... 1
b. Chest infections .............................................. 2
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

**F21. 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
An obstetrician ..................................................... 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

**F22. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?**

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

**F23. Not including when he/she was born, approximately how many nights has <baby> spent in hospital?**

NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

**F24. 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

**F25. Why did <baby> not get the medical care or treatment? Was this because:**

[TICK YES OR NO TO EACH]

You couldn’t afford to pay .............................................. 1
The necessary medical care wasn’t available or accessible to you ....... 2
You could not take time off work to visit the doctor .......................... 3
Wanted to wait and see if the problem got better .............................. 4
Still on the waiting list .................................................. 5
Other (specify) ........................................................... 6

**F26. 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

**F27. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital?**

_____ N
**G. FAMILY CONTEXT**

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

**G1. [Card G1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent</td>
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<tr>
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<td>J. Having a child leaves little time and flexibility in my life.</td>
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<td>R. I find my child enjoyable</td>
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Secondary Caregiver Twin Questionnaire
We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 90 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

A. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

B. BABY’S DEVELOPMENT

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

B1. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?
Most or all of the time ..........................................................................................................<br> Sometimes ..................................................................................................................<br> Hardly ever or never ......................................................................................................

B2. How much is <baby’s> sleeping pattern or habits a problem for you?
A large problem ..........................................................................................................<br> A moderate problem ..................................................................................................<br> A small problem .........................................................................................................<br> No problem at all ...........................................................................................................

B3. Do you feel that <baby’s> crying is a problem for you?  Yes..................................<br> No ..................................
B4. [Card B4] Who generally does the following with <baby>?

<table>
<thead>
<tr>
<th>Task</th>
<th>Always Yourself</th>
<th>Usually Yourself</th>
<th>About Equally by You &amp; Partner</th>
<th>Usually Spouse/Partner</th>
<th>Always Spouse/Partner</th>
<th>Some One Else</th>
<th>No One Does This</th>
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<tbody>
<tr>
<td>Bathes him/her</td>
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<td>Feeds him/her</td>
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<td>Shows him/her pictures in books</td>
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<td>Cuddles him/her</td>
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<td>Plays with him/her (eg. clapping, rolling over, peek-a boo)</td>
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<td>Taking him/her for walks, outings, visiting relatives or friends etc.</td>
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<td>Reading stories to him/her</td>
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<td>Changing his/her nappy</td>
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<td>Getting up in the night to see to him/her</td>
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<tr>
<td>Sings to him/her</td>
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</table>

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.

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

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

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

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

Q4. How long does a typical contact occasion last? ___

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 □ 1
Not quite enough □ 2
About right □ 3
A little too much □ 4
Way too much □ 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 ………………………………………..…….. □ 1
Commitments to other family/new partner …………….. □ 2
Physical distance between self and child ……………… □ 3
Other _____________________________ □ 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:

- Prepare food for the child at home
- Put the child to bed
- Change nappies/bathe child
- Take the child to doctor /dentist etc
- Take the child to or from creche

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
There is no rent or mortgage owing on the home...☐4

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? € ________ per month

Q14. Do you provide financial support to the child’s mother (other than a direct rent or mortgage payment)?

Never … ☐1
Yes........ ☐2 a regular payment to the value of €_____ per month (excluding direct rent/mortgage payment)
Yes........ ☐3 on an as-required basis (e.g. back to school) to the value of €_____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

Your decision ......................... ☐1
Mutual agreement with mother ................. ☐2
Legally imposed arrangement .................... ☐3

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never ........ ☐1
Yes, occasionally ........ ☐2
Yes, frequently .......... ☐3
Q17. What was the status of your relationship with the study child’s mother when she became pregnant with the study child? (Please tick one box only).

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

Q18. What age was the study child when you separated from the child’s mother for the first time?

AGE ___ months OR ___ weeks

OR

Had separated before birth .......................... 1
Never lived with mother .......................... 2

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

Yes .......................................................... 1
No ............................................................ 2
Not sure .................................................... 3

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

No ...... 1
Yes, through mother only ...... 2
Yes, through court ...... 3

Q21. If yes, was this application successful?

Yes...... 1
No ...... 2
Ongoing...... 3

Q22. How often do you talk about your child with the child’s mother?

Every day ......................................................... 1
A few times a month .............................................. 4
Several times a week ........................................... 2
Several times a year ............................................. 5
About once a week ........................................... 3
Not at all ......................................................... 6

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

Very positive .................................................. 1
Somewhat positive .......................................... 2
Neutral .......................................................... 3
Somewhat negative .......................................... 4
Very negative .................................................. 5

Q24. Often parents have to make major decisions concerning the child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the study child:

A lot of influence ......................................... 1
Some influence ............................................ 2
No influence ................................................ 3
Don’t know .................................................... 4

Q25. Do you want to be involved in raising your child in the coming years?

Yes .......................................................... 1
No ............................................................ 2
Not sure .................................................... 3

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

All of the time Some of the time Rarely Never

a. You talk a lot about your child to your friends and family...................................................................... 1 2 3 4

b. You carry pictures of your child with you wherever you go ........................................................................ 1 2 3 4
c. You often find yourself thinking about your child .... ............................. 1 2 3 4
d. You think holding and cuddling your child is fun ...... 1 2 3 4
e. You think it's more fun to get your child something new than to get yourself something new ............. 1 2 3 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 …………………… □ 1
- Retired from employment …………………… □ 6
- Looking for first regular job …………………… □ 2
- Unable to work due to permanent …………… □ 6
- Unemployed ………………………………… □ 3
- sickness or disability ………………………;; □ 7
- Student or pupil ……………………………... □ 4
- Other (please specify) ………………………; □ 8
- Looking after home/family …………………… □ 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 ………………….. □ 1
- Certificate ………………………………… □ 6
- Primary …………………………………… □ 2
- Diploma …………………………………… □ 7
- Junior Cert. or equivalent ……………… □ 3
- Degree …………………………………… □ 8
- Leaving Cert. or equivalent …………… □ 4
- Postgraduate Degree …………………… □ 9
- Trade Qualification …………………….. □ 5

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

- Single …………………………………… □ 1
- Separated ………………………………… □ 4
- First marriage (or cohabitation) ……… □ 2
- Divorced ………………………………… □ 5
- Remarried (or cohabitating) following □ 3
- Widowed ………………………………… □ 6
- Widowhood …………………………….. □ 7
- Divorce ……………………………………… □ 3
- Remarried (or cohabitating) following □ 4
- Widowhood …………………………….. □ 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 □ 6
- _______ by a different partner(s) □ 7

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 □ 1
- Very good □ 2
- Good □ 3
- Fair □ 4
- Poor □ 5

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAYED ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 1800 200 434
Non Resident Parent Information Sheet
What is the Growing Up in Ireland study?

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

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

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

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

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

How did you get my name and contact details?
The main phase of Growing Up in Ireland will include 10,000 9-month old children and their families.

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

As part of the study he/she was asked for your contact details as the non-resident parent of your child and he/she agreed to supply it.

Why should I take part?
We would like to ask you for your help in completing a picture of your child’s daily life.

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

Who is running the study?

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

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.
What do I do next?
We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?
All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

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

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

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

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

Where can I find out more information?

Phone:
Freephone 1800 200 434
or contact our Communications Officer,
Jillian Heffernan, on 01 896 3378

Web:
www.growingup.ie

Email:
Email us at growingup@esri.ie

Post:
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2.
Home-based Carer Questionnaire
First of all, we would like to ask you some questions about caring for the study child in particular.

Q1. Which of the following best describes your relationship to the study child?

- Grandmother ………………………………… [□ 1]
- Neighbour ………………………………………… [□ 2]
- Grandfather ………………………………………… [□ 3]
- Nanny/au pair ………………………………………… [□ 4]
- Other relative ………………………………………… [□ 5]
- Registered childminder ………………………………… [□ 6]
- Friend of parent ………………………………………… [□ 7]
- Unregistered childminder ………………………………… [□ 8]

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) ____________ [□ 3]

Q4. How long have you been caring for the study child? ___ years ___ months ___ weeks

Q5. How many hours per week do you care for the study child? ____________ hours

Q6. How many days per week do you care for the study child? ____________ days

Q7. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- Very easy [□ 1]
- Somewhat easy [□ 2]
- Neither easy nor difficult [□ 3]
- Somewhat difficult [□ 4]
- Very difficult [□ 5]

We would also like some general information on the environment in which you look after the study child.

Q8. On a typical day, how many children are in your care (excluding the study child, but including your own children)? ____________ children

Q9. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

- 0 – 11 months ……………………………… [□ 1]
- 7-9 years ………………………………………… [□ 2]
- 1- 3 years ………………………………………… [□ 3]
- 10 - 12 years ………………………………………… [□ 4]
- 4-6 years ………………………………………… [□ 5]
- 12 years and over ………………………………………… [□ 6]

Q10. How many of the following types of toys are there available to the child while in your care?

   a. Cuddly toys or dolls ______ (Enter number of toys)
   b. Activity type toys _____ (number)

Q11. On average, how many hours per day does the child spend watching TV or DVD’s while in your care? _____ hrs

Q12. In a typical day, how long would the child spend asleep while in your care? ____hours

Q13. 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]
Q14. 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.

Q15. What is your date of birth? (DD/MM/YYYY) ________ (day) ________ (mth) ________ (yr)

Q16. What is your gender?  
Male .................. □1  Female .................. □2

Q17. What nationality are you?  

Q18. Which of the following best describes your current employment status?

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

Q19. Is caring for children your main occupation?

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

Q20. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').  

Q21. 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

Q22. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

No .................. □1
Yes, certificate level of less than one year’s duration .......................... □2
Yes, certificate level or above of greater than one year’s duration .......................... □3

Q23. 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

Q24. How long have you regularly worked 10 or more hours per week in a childcare situation?

___ years ___ months

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THE GROWING UP IN IRELAND TEAM AT 01-8632000
Centre-based Carer Questionnaire
GROWING UP IN IRELAND – national study of children
Strictly Confidential – CENTRE-BASED CARE Infant Dress Rehearsal

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 ........... 1
- More difficult to get on with than average ........ 4
- Easier to get on with than average ................. 2
- Much more difficult to get on with than ............ 5
- About average ....................................... 3

Q5. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy 1 Somewhat easy 2 Neither easy nor difficult 3 Somewhat difficult 4 Very difficult 5

Q6. Are you registered with the Health Service Executive?

Yes ...................... 1 No ......................... 2 Not sure ......................... 3

Q7. On a typical day, how many children are in the centre (excluding study child)? ______ no. of children

Q8. What ages are these children? (Please indicate the number of children in these age categories)

0 – 11 months ..................... 1 7-9 years ......................... 4
1- 3 years ....................... 2 10 - 12 years .................. 5
4-6 years ....................... 3 12 years and over ............... 6

Q9. If there is more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes ...................... 1 No ......................... 2 Sometimes ....................... 3

Q10. How many children in the centre (excluding the study child) are from a non-English speaking family background? ______ children

Q11. How many children in the centre (excluding the study child) have a mental or physical disability? ______ children

Q12. How many of the following types of toys are there available to the child in the centre?

a. Cuddly toys or dolls  ______ (Enter number of toys)  
b. Activity type toys ____ (number)

Q13. On average, how many hours per day does the child spend watching TV or DVD’s while in your care? _____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? ____ hours

Q15. 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
Q16. 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

Q17. How many of these staff has a formal childcare qualification? __________ no. of staff

Q18. Are parents allowed to leave sick children into the centre?

Finally, we would like to know some things about you.

Q19. What is your date of birth? (DD/MM/YYYY) __________(day) ____________ (mth)_________(yr)


Q21. What is your nationality? __________________________

Q22. Which of the following best describes the type of care your centre provides?
Creche…………………………………………[1]  Montessori…………………………[3]
Preschool/Playschool ………………………[2]  Other ……………………………[4]

Q23. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori etc.)?
No formal qualification …………………[1]  Degree ……………………………[4]
Certificate ……………………………[2]  Postgraduate Degree ……………[5]
Diploma …………………………………[3]

Q24. 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 ………………………………[8]

Q25. When did you receive this qualification? Year: ________

Q26. 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]


Q28. If no, please describe your main occupation as fully as possible
________________________________________________________________________________________

Q29. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____mths

Q30. How long have you worked in this particular care centre? _______ years _______ months

Q31. Overall, are you happy working in childcare?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
</table>

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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?

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

Where can I find out more information?

Phone:
Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378

Web:
www.growingup.ie

Email:
Email us at growingup@esri.ie

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