



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
 - o Information Sheet and Consent Form for Respondents
 - o 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
 - o Introductory letter to Respondents
 - o Information Sheet for Respondents
 - o Consent Form for Respondents
 - o 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
 - o Introductory letter to Respondents
 - o Information Sheet for Respondents
 - o Consent Form for Respondents
 - o PPSN Consent
 - o NPRS Consent
 - o 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

Information Sheet and Consent Form for Respondents









Parent's / Guardian's Information and Consent Form

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.

Name of Respondent:_______

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian:______

(BLOCK CAPITALS PLEASE)

Signature of Respondent ______

Date:______

Contact telephone:______

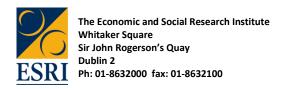
If you are happy to take part in this pre-pilot interview, please sign and date below.

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

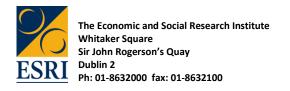
R.1 Thank you very much for your participation in the Growing Up in Ireland survey.

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: R	Record name of contact person and address and/or phone number below].
Nam	ne:
Add	lress :
	Phone: ()
Relationship	o to respondent:
Would you find they r	ght assist us in tracing you if we were able to record your Personal Public Service number (PPS). u be willing to provide us with your PPS number to assist us in tracking or tracing of respondents who move between our visits? It would be used only to assist us in tracing you in the event that you ove in the interim. Yes
	PPS Number:
	providing my PPS number for purposes of tracing in the Growing Up in Ireland survey. I understand s the only purpose for which it will be used.
	(Signed)
Would you p	rovide information at:
	Yes

Primary Caregiver Questionnaire





NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE PRE-PILOT (DRAFT 24-4-07) STRICTLY CONFIDENTIAL

MOTHER or LONE FATHER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT
INTERVIEWER NAME INTERVIEWER NO:
Time Section Started (24 hour clock)
Hello, I'm from the Economic and Social Research Institute in Dublin. I am contacting you about <i>Growing Up in Ireland - the National Longitudinal Study of Children</i> . 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 9-month-old="" child="" of="" study="">. The interview with the parents / guardians will take about 90 minutes to complete.</name>
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
A1. Are you the parent / guardian of the <baby> who usually provides the most care to him / her.</baby>
Yes□ ₁ No□ ₂
A2. Int: Record gender of parent 1 Male
A3. [Card A3] Which of the following best describes your relationship with the <baby> ? [Interviewer use codes only]</baby>
A. Biological parent (mother/ father)
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?

A5.	For each	member	of the	household	could vo	ou tell me:
73.	I OI CACII	IIICIIIDEI	OI LIIC	HOUSEHOIG	could ve	Ju tell lile.

- 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

		l (2)	T (5)	(0)	1	(D)					/ E\			
		(A)	(B)	(C)	Dolationch	(D) ip of each mem	har ta mathar		ı		(E)			
No.	First name/Initial	Sex	Date of Birth	If DOB not available		ıp or each mem Use Relationshi yellow card.			tion	ning	p		St	
Person No.	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	M F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: Mother	R'SHIP TO: Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1				yrs	1	////		\Box_1	\prod_2	\square_3	\Box_4	□ 5	\Box_6	\square_7
2				yrs	2		////	\Box_1	\square_2	\square_3	\Box_4	\square_5	\Box_6	\square_7
3				yrs	3			\square_1	\square_2	\square_3	\Box_4	\square_5	\Box_6	\Box_7
4				yrs	4			\square_1	\square_2	\square_3	\Box_4	\square_5	\Box_6	□ ₇
5				yrs	5			\square_1	\square_2	Пз	□ 4	□ 5	□ 6	□ ₇
6				yrs	6			\square_1	\square_2	Пз	□ 4	<u></u>	□ 6	7
7				yrs	7			\square_1	\square_2	Пз	□ 4	□ 5	□ 6	7
8				yrs	8			\square_1	\square_2	\square_3	□ 4	□ 5	□ 6	□ ₇
9				yrs	9			\square_1	\square_2	З	4	<u></u>	□ 6	7
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 Time Section Started (24 hour clock) 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 soot	her/dumr	my with <bal< td=""><td>by>?</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></bal<>	by>?										
Yes														
B5. Wh	en you leave <l< td=""><td>baby> in</td><td>someone els</td><td>se's care</td><td>(not you</td><td>or your pa</td><td>artner), ho</td><td>w do</td><td>es h</td><td>e/sh</td><td>e us</td><td>ually</td><td>read</td><td>ct?</td></l<>	baby> in	someone els	se's care	(not you	or your pa	artner), ho	w do	es h	e/sh	e us	ually	read	ct?
Is unha	y and settled by ppy at first but q ns unsettled and	uickly sett	tles down					[$_{2}^{-}$					
	nd when you co		•					_	_	act?	•			
	pparent delight mixture of deligh													

Most or all of the time	Som	etimes	•	ever or never	•
B8.					
20.	Scale o	n parenting	anxiety remo	ved	
B9 How does baby read	ct to the following p	eople at the p	resent time?		
	R	No eacts pa		es react	
a. Family members who Ib. Other regular carerc. Other relatives/friendsd. Complete strangers	ive with him/her who live elsewhere		action wel		
B10.	Scale on know	ledge of chi	ld developme	ent removed	
		J	•		
B11					
	Infant Chara	cteristics Q	uestionnaire	removed	
Time Section Ended		(24	hour clock)		
	C. B	ABY'S DEV	VELOPMENT	Γ	
Time Section Started		(24	hour clock)		
	Denve	r Pre-Screeı	n Items remov	/ed	
C26. Do you talk to you	r baby while you wo	rk? (eg. whil	e you do hous	ework).	
Never	Rarely	Sometim	ies	Often	Always 5
C27. Does your baby sp	end time with other	children (oth	er than brothe	rs or sisters)'	?
Yes everyday	Yes 2-6 times a week	Once	e a week 3	Less than on	ce a week Neve
Time Section Ended		(24	hour clock)		
		D. BABY'S	HABITS		
Time Section Started		(24	hour clock)		
D1. How much is <baby< td=""><td>'s> sleeping pattern</td><td>or habits a p</td><td>roblem for you</td><td>ı?</td><td></td></baby<>	's> sleeping pattern	or habits a p	roblem for you	ı?	
A large problem	A moderate problem	A small problem	N	o problem at all	Not sure/ don't know
1	• 	· —		4	5
D2. How many hours sle	eep do you get on a	n average nig	ht, at the prese	ent time?	N
D3.Have you ever taken problems.	your child to a doct	or or bought	over the coun	ter drugs for l	his / her sleeping
Yes	. □1 No		2		
D4. On a normal day wh		ng does your	baby usually g	go to sleep?	

(4) 1110 44)	hours	(b) the night		hours	
D6. On a normal o	day what time do	es your baby us	ually get u	ip at in the morning	j ?
(24 ho	ur clock)				
D7. Is your baby e	ever difficult whe	en put to bed?			
Most of the time	Often	· _	times	Rarely	Never
□ 1	2	L	<u> </u>		5
D8. How often do	-	_			
Never	Occasionally	Most nig	hts	Every night	More than once per night
<u> </u>	2	[3	4	5
D9. How many tin	nes per night? _				
D10. Do you ever	wake <babv> fo</babv>	r a feed during th	ne niaht?		
_	Yes	_	J	No, not at all	
·		2			
D11. How does yo	our baby normal	ly sleep?			
On stomach	On side		back		
□ 1	2		3		
			.∟.3		
D12. Does <baby:< td=""><td>> usually sleep:</td><td></td><td></td><td>In your bedroom</td><td></td></baby:<>	> usually sleep:			In your bedroom	
D12. Does <baby: In a room on his/he</baby: 	> usually sleep: er own		🔲 1		3
D12. Does <baby: In a room on his/he In a room with othe</baby: 	> usually sleep: er own er children				
D12. Does <baby: <baby:="" a="" bed<="" d13.="" does="" he="" her="" his="" in="" on="" othe="" own="" room="" td="" with=""><td>> usually sleep: er own er children > sleep in his/he</td><td>r own bed or cot</td><td></td><td>Elsewhere</td><td>4</td></baby:>	> usually sleep: er own er children > sleep in his/he	r own bed or cot		Elsewhere	4
D12. Does <baby: <baby:="" a="" bed="" cot="" d13.="" does="" he="" her="" his="" in="" on="" other="" other<="" own="" room="" td="" with=""><td>> usually sleep: er own er children > sleep in his/her //cot</td><td>r own bed or cot</td><td> □1 □2 most nigh □1 □1</td><td>Elsewhere</td><td>4</td></baby:>	> usually sleep: er own er children > sleep in his/her //cot	r own bed or cot	□1 □2 most nigh □1 □1	Elsewhere	4
D12. Does In a room on his/her on a room with other own bed. In bed/cot with other own bed. In bed/cot with other own bed. In your bed	> usually sleep: er own er children > sleep in his/hele //cot	r own bed or cot		Elsewhere	4
D12. Does In a room on his/he In a room with other D13. Does baby: In his/her own bed. In bed/cot with other In your bed Other (specify)	> usually sleep: er own er children > sleep in his/her /cot er children	r own bed or cot	1 2 most nigh 1 2 3 4	Elsewherents or does he/she s	4
D12. Does In a room on his/he In a room with other D13. Does In his/her own bed. In bed/cot with other In your bed Other (specify) D14. Do you feel to	> usually sleep: er own er children > sleep in his/her //cot er children that <baby's> cr</baby's>	r own bed or cot	1 2 most nigh 1 2 3 4 n for you?	Elsewherents or does he/she s	
D12. Does <baby: In a room on his/he In a room with othe</baby: 	> usually sleep: er own er children > sleep in his/her //cot er children that <baby's> cr</baby's>	r own bed or cot	1 2 most nigh 1 2 3 4 n for you?	Elsewherents or does he/she s	4
D12. Does In a room on his/he In a room with other D13. Does baby: In his/her own bed. In bed/cot with other In your bed Other (specify) D14. Do you feel to	> usually sleep: er own er children > sleep in his/her //cot er children that <baby's> cr</baby's>	r own bed or cot	1 2 most nigh 1 2 3 4 n for you?	Elsewherents or does he/she s	
D12. Does In a room on his/her in a room with other in a room with other in bed/cot with other in your bed	> usually sleep: er own er children > sleep in his/her /cot er children that <baby's> cr</baby's>	r own bed or cot ying is a problen No bout how <baby:< td=""><td></td><td>Elsewhere Its or does he/she so the so</td><td>share a bed or cot? Yes, a lot Don't know</td></baby:<>		Elsewhere Its or does he/she so the so	share a bed or cot? Yes, a lot Don't know
D12. Does In a room on his/he in a room with other in a room with other in bed/cot with other in your bed	> usually sleep: er own er children > sleep in his/her //cot er children that <baby's> cr</baby's>	r own bed or cot ying is a problen No bout how <baby:< td=""><td></td><td>Elsewhere Ats or does he/she s Yes, a little</td><td>share a bed or cot? Yes, a lot Don't know</td></baby:<>		Elsewhere Ats or does he/she s Yes, a little	share a bed or cot? Yes, a lot Don't know
D12. Does In a room on his/hell in a room with other in a room with other in bed/cot with other in your bed	> usually sleep: er own er children > sleep in his/her /cot er children that <baby's> cr</baby's>	r own bed or cot		Yes, a little	Yes, a lot Don't know
D12. Does In a room on his/he In a room with other In a room with other In bed/cot with other In your bed Other (specify) D14. Do you feel to you have I. Makes speech so I. Makes speech so I. Uses his/her har	> usually sleep: er own er children > sleep in his/her //cot er children that <baby's> cr</baby's>	r own bed or cot	1 2 most nigh 1 2 3 4 n for you? 2 >:	Elsewhere Ats or does he/she s Yes, a little	Yes, a lot Don't know

E. CHILDCARE ARRANGEMENTS

Time Section Started		(24 hour clo	CK)	
E4 Is a second by Language the Latin constru				
E1. Is your child currently being mind	-		ian you or your parti	ner, on a regular basis.
Tick Yes or No for the following and ind	licate which is	s tne <u>main</u> type.		
	Yes	No	Main	
A relative in your home	1	2		
A relative in your home Someone else in your home	1	2	3	
In another relative's home	1	2	3	
In someone else's home	1	2	3	
In another relative's home In someone else's home In a crèche/day nursery Other (please specify)	∤□1	2	3	
Other (please specify)	∤. ∐1	2	3	
E2. Approximately how many hours p	per week doe	es <baby> spend</baby>	in your <u>main</u> form of	childcare
	•		<u> </u>	
$\underline{\hspace{1cm}}$ hours per week $\underline{\hspace{1cm}}$	Not relevant,	at home with pare	nt/guardian	2
			40	41
E3. What age was <baby> when you</baby>	started to us	e the main childo	are arrangement?	months
E4. What was the main reason for ah	oosing this f	arm of obildoors		
E4. What was the main reason for ch	_		•	
I had no choice				
I could afford it		<u>—-</u> -		
It was convenient				
It was linked to my job				
I thought it would be beneficial for my cl Other (please for describe)				
,		 -		
E5. How satisfied are you with these	arrangemen	ts?		
				Vame diagatisfical
Very satisfied Fairly satisfied	Fairly	dissatisfied	Neither satisfied	very dissatisfied
Very satisfied Fairly satisfied	-	dissatisfied	nor dissatisfied	Very dissatisfied
Very satisfied Fairly satisfied	-		nor dissatisfied	-
•		3	nor dissatisfied	-
E6.What are your future intentions fo	or childcare?	3	nor dissatisfied	-
E6.What are your future intentions fo	or childcare?	3	nor dissatisfied	-
E6.What are your future intentions fo Yes Stay at home	or childcare?	3	nor dissatisfied	-
E6.What are your future intentions fo	or childcare?	3	nor dissatisfied	-
E6.What are your future intentions fo Yes Stay at home	or childcare? No 2 2 2	3	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	or childcare? No 2 2 2 7es]3 No	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	or childcare? No 2 2 2 Yes		nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	or childcare? No 2 2 2 Yes	No	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	r childcare? No	No □2 □2 □2	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	r childcare? No 2 2 Yes	No □2 □2 □2 □2 □2	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	Yes	No 2222222	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	Yes	No 2222222	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	Yes	No 2222222	nor dissatisfied	-
E6.What are your future intentions for Yes Stay at home	Yes	No2	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes	No 2 2 2 2 2 2 2 2 2 4 by in arranging ch	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes	No 2 2 2 2 2 2 2 2 4y in arranging ch	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes	No 2 2 2 2 2 2 2 2 4y in arranging ch	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes has difficult	No 2 2 2 2 2 2 4y in arranging ch	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes has difficult dy or training ourse	No 2 2 2 2 2 2 4y in arranging ch	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes has difficulting ourse	No 2 2 2 2 2 2 4y in arranging ch	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes has difficulting ourse	No 2 2 2 2 2 2 4y in arranging ch	nor dissatisfied	
E6.What are your future intentions for Yes Stay at home	Yes has difficulting ourse	No 2 2 2 2 2 2 4y in arranging ch	nor dissatisfied	

F. SIBLINGS AND TWINS

Time Sect	tion Starte	d		(2	4 hour clock)		
F1. Have a hitting etc.		her childr	en in your ho	usehold be	en particular	ly jealous/	unhappy abo	out the baby (eg
Yes		□ ₁ N	0]2			
	your baby			_	-			
Yes		1 N	0]2			
If yes, F3(b) Wou	ld you say t	they are al	ike:					
ii) In behav iii) Persona	iourlity/characte	er	Ye □ ₁ , □ ₁ ,	2 				
F3(c) How	do you dre	ss them?						
in similar cl	othes some	times	Ye □ □					
F3(d) How	does this t	win react t	to the other?	V	V.		N. 1.	
				Yes, most of the time	of t	s, some he time	No, ha ever	-
ii) she does	sn't seem to	notice her	twin	1		…∐₂]]]] 3
Time Section	on Ended] (2	4 hour clock)			
			G. PR	ENATAL	CARE			
Time Sect	tion Starte	d		(2	4 hour clock)		
G1. Exclud	ling the pre	 gnancy, w		 I in the birt	h of <baby> h</baby>	ow many t		hout your life h
	_				hich did not g			
G2. For ea of the preg		cy, please	indicate Mot	her's age a	nd tick one b	ox on eacl	n row to indi	cate the outcon
					OUTCO	ME		
Pregnancy	Mother's	Birth of child	Miscarriage	Stillbirth	Termination	Ectopic	Still	Other (specify
1	Age				\Box 4	\square_5	Pregnant	
2					4			7
3				\square_3	4	5	<u>6</u>	7
<u>4</u> 5				3	4	5	6	7
	u intend to	become p	regnant befo	<u> </u>	<u> </u>	<u>∟</u> 5 d?	<u> </u> 6	<u> </u>
-	time		No				3	
G4. Did yo	u intend ne	ver to bec	ome pregnan	it before <b< td=""><td>aby> was co</td><td>nceived, o</td><td>r just at a dif</td><td>ferent time?</td></b<>	aby> was co	nceived, o	r just at a dif	ferent time?
Yes, but mi	uch later				1			
Yes, but so	mewhat late	er			2			
								
			t					
Dian Could					⊏೨			

Ge. Card Ge) What treatment did you receive? Clomiphene citrate alone OiP1: Gamele Intrafallopian Trensfer	
Clomiphene citrate alone GIFT: Gamete Intrafalloplan Transfer IVF: In Vitro Fertilisation ICSI: IVF with intra cytoplasmic sperm injection	Yes
GIT: Gamete Intrafalopian Transfer	G6. [Card G6] What treatment did you receive?
Shared care (between GP and another)	GIFT: Gamete Intrafallopian Transfer
Private consultant alone	G7. How was your Ante-natal care provided?
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 No G13. How much weight did you gain during the course of your pregnancy? stone lbs _ QR 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) b. Raised blood pressure and protein in the urine (Pre-eclampsia) c. Urinary or kidney infection d. Persistent vomiting or nausea d. Gestational diabetes (diet treated) g. Gestational diabetes (insulin treated) g. Hoseus Incompatibility h. Vaginal Infection during pregnancy h. Influenza h. In	Private consultant alone
G12. Did you know the sex of your baby before the birth? Yes No G13. How much weight did you gain during the course of your pregnancy? stonelbs_ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] a. Raised blood pressure (in isolation)	
G13. How much weight did you gain during the course of your pregnancy? stonelbs _ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)	
stonelbs_ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] a. Raised blood pressure (in isolation)	
G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)	
A. Raised blood pressure (in isolation)	
G15. During pregnancy, before you went into labour, were you admitted to hospital? Yes	Yes
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? Everyday Most days Sometimes Not at all 1. Codeine</baby>	b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2 c. Urinary or kidney infection
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? Everyday Most days Sometimes Not at all 1. Codeine</baby>	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] 11 l. Other [please specify] 11
Everyday Most days Sometimes Not at all 1. Codeine	b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2 c. Urinary or kidney infection
Everyday Most days Sometimes Not at all 1. Codeine	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] 11 l. Other [please specify] 12 G15. During pregnancy, before you went into labour, were you admitted to hospital?
2. Paracetamol	b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2 c. Urinary or kidney infection
3. Sleeping tablets	b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2 c. Urinary or kidney infection
4. Laxatives	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] 11 l. Other [please specify] 12 G15. During pregnancy, before you went into labour, were you admitted to hospital? Yes 17 Yes 18 G16. How many separate admissions did you have? N G17. During your pregnancy with Substances taken? 19 Everyday Most days Sometimes Not at all 10 Codeine 19 10 11 12 13 14
G18. During your pregnancy with the <baby>, did you take any of the following supplements? Yes No Iron</baby>	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 11 l. Other [please specify] 11 l. Other [please specify] 12 G15. During pregnancy, before you went into labour, were you admitted to hospital? Yes 7 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? Everyday Most days Sometimes Not at all 1. Codeine 1 2 3 4 2. Paracetamol 1 2 3 4 3 4 4</baby>
Yes No Iron□ ₁ □ ₂	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 11 l. Other [please specify] 11 l. Other [please specify] 12 G15. During pregnancy, before you went into labour, were you admitted to hospital? Yes 7 G16. How many separate admissions did you have? N G17. During your pregnancy with Substances taken? 11 L. Codeine 12 L. Codeine 14 L. Codeine 15 L. Paracetamol 16 L. Paracetamol 17 L. Codeine 17 L. Paracetamol 17 L. Paracetamol 18 L. Codeine 19 L. Paracetamol 19 L. Codeine
Iron	b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2 c. Urinary or kidney infection
Folic acid/Folate	b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2 c. Urinary or kidney infection
	b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2 c. Urinary or kidney infection

G19. Did you smoke at all during the pregnancy?	
Yes No	now □3
G20. Did you smoke during the first, second and third trimester [Tick one box on each line] Yes No	of the pregnancy? How many per day?
First Trimester [1 st , 2 nd or 3 rd month]	N
G21. During your pregnancy, how many members of the househ	
G23. Did you consume alcohol during your pregnancy?	
	now
G24. Did you drink during the first, second and third trimester of that you drank, about how much on average did you drink per w	f the pregnancy? For each trimester
First Trimester [1 st , 2 nd or 3 rd month]	Spirits (glasses) Wine (glasses)
Time Section Ended (24 hour cl	ock)
H. INFANT'S HEALTH AND PHY	SICAL DEVELOPMENT
Time Section Started (24 hour c	lock)
H1. Where was <baby> born?</baby>	
Home birth [planned] 1 In hospital	ıer [please specify]□₃
H2. Please give the name of the maternity hospital or unit where	<pre>< <baby> was born.</baby></pre>
Name: Address	
H3. Did you have any form of pain relief in labour?	
Yes \square_1 No \square_2 Did not H4. What was the mode of delivery?	have any labour 3
<u>-</u>	ean
Suction cup/ventouse	ery 6
Forceps	y]
H5. Was <baby> born late, on time or early?</baby>	
Late birth (42 weeks or more) \square_1 On time (37-41 weeks) \square_2 Somewhat early (33-36 weeks) \square_3 Very early (32 weeks or less) \square_4 Don't know \square_5	
H6. How much did <baby> weigh at birth?lbsounces</baby>	<u>OR</u> kgs
H7. What was <baby's> length at birth?inchesOR</baby's>	cms
H8. [Card H8] Were there any complications during the <baby's></baby's>	• birth? [Tick all that apply]
Very long labour (more than 12 hours)	stress - Meconium or other sign

H9. Did <baby> have to go into a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born</baby>
Yes ☐ ₁ No ☐ ₂ Don't know ☐ ₃
H10. Did the <baby> need any help with his/her breathing from a ventilator?</baby>
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</baby>
H13. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH</baby>
Yes
H14. Is <baby> still being breastfed? INCLUDE EXPRESSED BREASTMILK</baby>
Yes
H15. How old was <baby> when he/she completely stopped being breastfed? INCLUDE EXPRESSED BREAST MILK</baby>
DaysWeeksMonths
H16. How old was <baby> when he/she stopped being exclusively breastfed?</baby>
DaysWeeksMonths
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:</baby></baby>
Formula milk, such as Cow & Gate or SMA? Has not had
H18. Does <baby> regularly have other drinks apart from milk or formula? Yes</baby>
H19. What else does <baby> drink? [Mark all that apply]</baby>
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</baby>
DaysWeeksMonths Hasn't yet □₁
H21. How old was <baby> in months when he/she was first given wheat-based foods, such as bread, rusks objective? Months</baby>
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</baby's></baby's>
(a) Health at birth (b) Current health
Very healthy, no problems
Healtny, but a few minor problems
Almost always unwell

H23. Can you tell me whether <baby> has receiv</baby>	ed: [Tick all that apply]
Their six-week checkup	at 6 months
H24. Why has <baby> not had all of his or her im</baby>	munisations? [Tick all that apply]
Not offered/Didn't know due to have	
	told you that <baby> has any of the following conditions?</baby>
[Tick all that apply]	Yes
a. Chronic 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 ter	
to a cold or congestion)	
f. Difficulty seeingg. A problem with mobility or using his/her arms legs	
h. A problem with using his/her hands or arms	
i. Cerebral palsy	
j. Chronic kidney disease	
k. Diabetes I. Any developmental delay	
m. Downes syndrome	
n. Cleft palate	
o. Other long-term condition [please specify]	
describe his/her health condition(s) as minor, mo	CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE
Minor \square_1 Moderate \square_2	Severe
We would like to know about any health problems Health Centre or Health visitor, or to Accident and	s or illnesses for which <baby> has been taken to the GP, d Emergency.</baby>
H27. How many separate health problems, if any, ANY ACCIDENTS OR INJURIES]N	has <baby> had since he/she was born. [DO NOT COUNT</baby>
H28. [Card H28] What were these problems? [TIC	-
a. Snuffles/common cold	k. Tight foreskin
c. Ear infections	m. Sight or eye problems
d. Feeding problems	n. Failure to gain weight or to grow
e. Sleeping problems5	o. Persistent or severe vomiting
Dental problems (e.g. teething)	p. Persistent diarrhea or constipation
h. Skin problems	r. Meningitis
i. Persistent nappy rash	s. Other health problems [please specify]
j. Undescended testicle	

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.)</baby's></baby>
A general practitioner (GP), or family physicianN A paediatricianN
A public health nurse or practice nurseN
Another medical doctor (such as a hearing specialist) N
Accident and Emergency or OutpatientN
H30. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?</baby>
Yes
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</baby>
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?</baby>
Yes
H33. Why did <baby> not get the medical care or treatment? Was this because: [TICK YES OR NO IN RESPECT OF EACH]</baby>
Yes No
You couldn't afford to pay
The necessary medical care wasn't available or accessible to you
You could not take time off work to visit the doctor
Still on the waiting list
Other (specify)
H34. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card \square_1 Yes, GP only \square_2 Not covered \square_3
H35. Does the family have private medical insurance?
Yes
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?</baby>
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?</baby>
Yes
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
Very Good
Good
Fair
Poor

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
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
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>?</baby>
In the past ☐ ₁ Currently ☐ ₂ No ☐ ₃
I8. Since <babb> 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.</babb>
A general practitioner (GP), or family physician
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</baby>
I10. About how many nights did you spend in hospital since the <baby's> birth? Nights</baby's>
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
[TICK YES OR NO IN RESPECT OF EACH] Yes No
You couldn't afford to pay
I13. Do you smoke daily, occasionally or never?
Daily
I14. Have you ever smoked? Was it
Daily

(IF RESPONDENT CURRENTLY OR HAS EVER SMOKED DA I15. How many cigarettes did you/do you smoke on an aver				
I16. How long have you been/were you a smoker for?				
WeeksMonthsYears				
I17. Including yourself, how many members of the househo	ld smo	ke?N		
IF NUMBER OF SMOKERS >0 ask:				
I18. Does anyone smoke in the same room as <baby>?</baby>				
Yes, regularly□ ₁ Yes, occasionally□ ₂	I	Never	□3	
I19. On average, how many hours per day does <baby> spe</baby>	nd arou	und people who a	re smokin	g?N
I20. [Card I20] Which of the following best describes how of	ften yo	u usually drink al	cohol?	
Never Less than once a month 1-2 times a month 1-2 times a week 3-4 times a week 5-6 times a week Every day If currently drink alcohol between everyday and once or twice a 121. And in an average week, how many pints of beer, glass			enirit wou	ld vou drink?
Pints of Beer Glasses of Wine			•	ia you arink?
Always at home/friends house	mally e oods ar	xpected from you nd drinks once, m More than	because ore than c	once, or not a
4 Freeh fruit	Once		At All	know
1.Fresh fruit				
3.Meat / Chicken / Fish	□1	🔲 2	🔲 3	4
4.Eggs5.Cooked vegetables				
6.Raw vegetables or salad		2	∐3	
6.Raw vegetables or salad				4
8.Hot chips or French fries	□1			
O Criana or agyoury angels			□₃	🔲 4
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		·····
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		
9.Crisps or savoury snacks			3 3 3 3 3	
9.Crisps or savoury snacks			3 3 3 3 3	
9.Crisps or savoury snacks			3 3 3 3 3	
9.Crisps or savoury snacks			3 3 3 3 3	

or less during your pregnancy?	c, on aver	age, t			•	
		.ess		Same	More	
1.Fresh fruit	_					
2.Fruit juice						
3.Meat / Chicken / Fish	_					
4.Eggs	_			_		
5.Cooked vegetables						
6.Raw vegetables or salad						
7.Meat pie, hamburger, hot dog, sausage or sausage roll 8.Hot chips or French fries	<u> </u>	<u> </u>	⊟	2	<u></u> 3	
9.Crisps or savoury snacks	·····	_1 ····· ⅂	⊢	2 ······· 2 ······		
10.Bread	·····-		······ H			
11.Potatoes/ Pasta/ Rice	<u>-</u>],],	H	2	_	
12.Cereals						
13.Biscuits, doughnuts, cake, pie or chocolate						
14.Cheese/yoghurt/ fromage frais						
15.Low fat Cheese/ low fat yoghurt						
16.Water (tap water / still water/ sparkling water)						
17.Soft drinks / minerals / cordial / squash (not diet)]1	🔲:	2	<u></u> 3	
18. Soft drinks / minerals / cordial / squash (diet)]1		2	<u></u>	
19.Full cream milk or full cream milk products]1		2	\square_3	
20.Skimmed milk or skimmed milk products]1		2	<u></u> 3	
(like walking briskly, riding a bike, gardening, tennis, work N Time Section Ended J. FAMIL	(24 hour c	clock)		.c <i>j</i> . men	uue piiysicai a	ictivity at
g. FAMIL						
	_	_				
Time Section Started	(24 hour c	lock)				
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child <u>now</u> . Rememb as honest as possible.	agree witl per, there a	h eacl are no		and wrong		t try and be Strongly
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child <u>now</u> . Rememb as honest as possible.	agree witl per, there a Strongly Agree	h eacl are no Ag	right :	and wrong Not sure	g answers, jus Disagree	t try and be
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree witl per, there a Strongly Agree	h eacl are no Ag	right :	and wrong Not sure	g answers, jus Disagree	t try and be Strongly
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with ser, there a strongly Agree	h eacl are no Ag	right	Not sure	g answers, jus Disagree	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with ser, there a strongly Agree	h eacl are no Ag	right	Not sure	g answers, jus Disagree	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree	h eaclare no	o right :	Not sure 3	g answers, jus Disagree 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree .	Ag	o right :	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree .	Ag	o right :	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree .	Ag	o right :	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree .	Ag	o right :	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree .	Ag	o right :	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree .	Ag	2	Not sure 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	p answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree .	Ag	2	Not sure 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	p answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree 5 5 5 5
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree 5 5 5 5
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree 5 5 5 5
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree	Ag	2	Not sure	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	agree with per, there a strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4	Strongly disagree

A. I have no-one to s B. There are other pany experiences C. If I had financial por friends would help	vith each of the following the leach of the following the leach of the following that the leach of the following that the leach of the	ng statemer Strongly agree		Neither	ght get. Ple Disagree	ase say hov	w much yo
B. There are other party experiences C. If I had financial party friends would help 14. Overall, how do	arents I can talk to about	agree	Agree		Disagree		
B. There are other party experiences C. If I had financial party friends would help 14. Overall, how do	arents I can talk to about			agree nor disagree		Strongly disagree	Can't say
C. If I had financial por friends would help 14. Overall, how do				З			6
J4. Overall, how do	roblems, I know my fami	lv			🗆 4	5	□6
J	you feel about the amo				m family or	friends	
	I don't get end						
	ou feel that you need su						<u> </u>
/ery often □₁	Often 2	Some		Neve □4	er		t need it ⊡₅
/6. Do you take adv	vice from the <baby's></baby's>	grandparen	its about p	parenting?			
/es		No			2		
	is a list of some of the uring the past week: (ti	ck one box Rarely none o	on each I		Occa e time amo	asionally or moderate unt of the (3-4 days)	Most or all of the time (5-7 days)
nelp from my family	e off the blues even with or friends		1			`	4
felt depressed			1			3	4
felt fearful	been a failure		1	2		2	4
My sleep was restles	ss	🗖	1	2		3	4
felt lonely			1	2		3	
felt sad	SS		1 1	2 		3 3	4
	peen treated by a medic						s'?
		Yes	□ 1	No	2		
J9. Was this:	Before being pregna In the 1st trimester o In the 2nd trimester o In the 3rd trimester o When <baby> was 2- Since <baby> was 6</baby></baby>	f the pregna of the pregna of the pregna 6 months of	ncy ancy ancy	2 3 4 5			
J10.	·			7			
	Scale	on parent	ing belief	s removed			
J11. Did you work f	ull-time, part-time or no	ot at all befo	ore you be	came pregna	int with <ba< td=""><td>by>?</td><td></td></ba<>	by>?	
-			-			-	3
l12. If yes, how ma	ny hours were you wor	king per we	ek?	hours	Irre	gular hours	55

J14. Can I ask you, did you go				_
Yes, Part-time ☐ ₁ Yes, F	ull-time□ ₂ No	ot yet	. □ ₃ No	□4
J15. What age was/will <baby></baby>	be when you went/go	back to work?	months	
J16. What was/is the main rea	son for going back to w	ork?		
Financial Maintain a Career		n outlet outside the h	nome \square_3	
J17. Did/Will you return to the	same job you had befo	re the birth of <bal< td=""><td>by> (i.e., same jo</td><td>ob and employer)?</td></bal<>	by> (i.e., same jo	ob and employer)?
Yes1	No	\square_2		
J18. Are you/will you be working	,	,	•	
	No, lower level 	Yes, same le		No, higher level
J19. If you did not work during	g pregnancy, when were	you last in paid e	mployment? Mo	onth year
J20. Did you take, or are you o	currently on:			
a. Paid maternity leave? Yes				2
b. Unpaid maternity leave? Yes c. Annual leave? Yes		iy weeksi iy weeks		
(Accumulated before or during n		<u></u>	WKO 140.	
J21. Did you take, or are you o	currently on unpaid pare	ental leave with <b< td=""><td>aby>?</td><td></td></b<>	aby>?	
Currently	In the pa	ast	No	2
J22a. If yes, how many weeks	?	w	eeks	
J22b. Taking as a day per wee	k Yes	□ ₁ No	<u></u>	
Time Section Ended		(24 hour clock)		
	K: SOCIO-D	EMOGRAPHICS		
Time Section Started		(24 hour clock)		
K1. For the following items co			sehold, has the i	tem and, if not, if it is
because you couldn't afford it	or for another reason?			No, No,
			Yes	Cannot other Afford reason
Does your household eat meals			alent)	
at least every second day? Does your household have a roa	est joint (or its equivalent)	at least once a wee	⊔1 ek? □₄	
Do household members buy nev	v rather than second-han	d clothes?	1	
Does each household member p	ossess a warm waterbro	or coar?	1	2 3
Does the household replace any	worn out furniture?			
Does the household have family	ome adequately warm?	neal once a month?		
Does the household replace any Does the household keep the ho Does the household have family Does the household buy present	ts for family or friends at I	east once a year?		
K2. A household may have difto it. Concerning your househ				
the household able to make en	nds meet?		•	•
With great difficulty With d	, ·	_	¬ ·	asily Very easily
<u></u> _11	<u></u>	L	4	<u></u>
K3. Have you ever had to go w had to go without a fire on a c coal/fuel?)				
coantuer:)	Yes	□₁ No		

Yes	No2		
K5. Why was that?			
Didn't want to	. \square_1 Could	dn't leave the children	🔲 1
Have a full social life in other ways	. □ ₂ Illnes	s	🔲 1
Couldn't afford to	. □ ₃ Othe	r	1
(6. Thinking back to when you were 16 years old, c	an you tell me, with v	which degree of ease	or difficulty wa
our household able to make ends meet?		_	_
	e difficulty Fairly ea		
□1□2□	3	ا <u>ل</u> 5	Ц6
(7. I would now like to ask you some questions abo	ut your accommodat	on: Is this accommo	odation a:
House	□1		
Apartment / Flat/ Bedsit	<u>—</u> =		
Other (specify)	3		
(8. [Show Card K8] From this card, please tell me w	hich best describes y	our (and your partne	er's) occupancy
of the accommodation?			
Owner occupied			
Being purchased from a Local Authority under a Tenant			— -
Rented from a Local Authority			
Rented from a Voluntary Body			 :
Rented from a Private Landlord			
iving with and <u>paying rent</u> to your (or your partner's) pa			
Occupied free of rent with your (or your partner's) paren	` '		
Occupied free of rent from your or your partner's job			П ₈
(9. How many separate bedrooms are in the accoming the second of these descriptions in the second of these descriptions in the second of these descriptions in the second of the second	modation?	bedrooms	egard to work?
K10. [Show Card K10] Which of these descriptions in the control of	modation? BEST describes your which she intends to intend the student full-times.	bedrooms usual situation in reseturn to she should be geturn to she should be	egard to work? e coded as 'at eland etc.)
K10. [Show Card K10] Which of these descriptions of the second into the second	modation? BEST describes your which she intends to r Student full-time On State trainin Unemployed, ac Long-term sickr	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Intively looking for a jokess or disability	egard to work? e coded as 'at eland etc.)
K10. [Show Card K10] Which of these descriptions in the control of	Student full-time On State trainin Unemployed, ac Long-term sickr	bedrooms usual situation in reseturn to she should be geturn to she	egard to work? e coded as 'at eland etc.)
K10. [Show Card K10] Which of these descriptions in the control of	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a job ess or disability	egard to work? e coded as 'at eland etc.)
K10. [Show Card K10] Which of these descriptions in the control of	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a job less or disability	egard to work? e coded as 'at eland etc.)
K10. [Show Card K10] Which of these descriptions in the control of	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired Other (specify)	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a job less or disability	egard to work? e coded as 'at
(10. [Show Card K10] Which of these descriptions of the second that if resp is on maternity leave and has a job work']. Employee (incl. apprenticeship or Community Employment)	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired Other (specify) ek, including any regulations in all jobs.	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at
(10. [Show Card K10] Which of these descriptions of the second that if resp is on maternity leave and has a job work']. Employee (incl. apprenticeship or Community Employment)	Student full-time On State trainin Unemployed, ac Long-term sickn Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions of the second that if resp is on maternity leave and has a job work']. Employee (incl. apprenticeship or Community Employment)	Student full-time On State trainin Unemployed, ac Long-term sickn Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions of the second that if resp is on maternity leave and has a job work']. Employee (incl. apprenticeship or Community Employment)	Student full-time On State trainin Unemployed, ac Long-term sickn Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions and the intervent of the	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions of the second that if resp is on maternity leave and has a job work']. Employee (incl. apprenticeship or Community Employment)	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions and the interest is on maternity leave and has a job work']. Employee (incl. apprenticeship or Community Employment)	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions and the intervent of the	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions and the intervent of the	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions and the state of the	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lc Retired	bedrooms usual situation in reseturn to she should be geturn to she she she should be geturn to she	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions and the intervent of the	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lc Retired	bedrooms usual situation in reseturn to she should be g scheme (FAS, Failte Inctively looking for a jokiness or disability	egard to work? e coded as 'at eland etc.)
(10. [Show Card K10] Which of these descriptions and the state of the	Student full-time On State trainin Unemployed, ac Long-term sickr Home duties / lo Retired	bedrooms usual situation in reseturn to she should be geturn to she she she should be geturn to she	egard to work? e coded as 'at eland etc.) 6 amily 8 amily 11 ars

K17 How often?	
K17. How often? Permanent night shift	
4-7 days per week	
2-3 days per week	
About once a week	
Several times a month (including rotating shifts)	— ·
About once a month	
Less often	
Don't know	
K18. Do you ever work on Saturdays or Sundays?	Yes
WAO How often	
K19. How often	
Every Week	—·
Every 2 or 3 weeks	
Less often	
Don't know	
DOLL KILOW	
K20. If you were completely free to choose, how man work overall?hours per week	ny hours a week (paid work) would you like to
K21. Apart for holiday or casual work, have you ever	had a job? Yes
K22. In what year did you last work?	
K23. When you last worked were you? Employee (incl. apprenticeship	
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship	n Never Worked 1 Inployed outside farming
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	Never Worked 1 Inployed outside farming 2 Farmer 3 Ind you mainly do in your job?) Please describe as ondent does as fully as possible] Is card could you tell me which is the single most
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	Never Worked
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	Never Worked
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	Never Worked 1 Inployed outside farming 2 Farmer 2 Ind you mainly do in your job?) Please describe as andent does as fully as possible] Is card could you tell me which is the single most utside the home? [Int. tick one only] I cannot find suitable childcare
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming Farmer
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming Farmer
K22. In what year did you last work?year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming Farmer
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	Never Worked

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

		are currentl vas before				your cu	ırrent l	househol	d inco	me the s	same as, (greater than o
Great	er		Same			Less tha	n	🔲 з	Not	Applicab	le	<u>4</u>
HOUS	SEHOLI		me, i.e. a									d be the tot all sources ar
	on't Kno ear	OW□ ₉₉	€			per	Week		М	onth	2	
[INT:	IF RES	PONDENT	CANNO7	GIVE EX	ACT F	IGURE G	60 TO	K29. If ex	act figu	ıre given	go to K30]
a sca	le of inc		l we wou	ld like to								s card we hav ncome falls, i.
ne th	e letter	me from al of the grou er of the gr	ıp your h	ousehol	d falls i	nto, afte	r dedu	ctions fo	r tax aı	nd PRSI.		l could you te
						_		ICTIONS				
Per V	Veek		Per Mo	onth r C 1 000		l le	Per Y	'ear 2.000		Cate	egory	Cord K20
		r €350										
		r €460										
€461	to unde	r €575	€2,00	1 to unde	r € 2,50	0 €2	4,001	to under €	30,000	D <u>_</u> i →	Section D	, Card K29
		r € 800										
		r € 925										
		r €1,150										
		ler €1,500										
		ler €1,850										
€1,85	1 or mo	re	€8,00	1 or more								
/20	Cord V	207 Wanda	that ha i	tial (1 O a	r 2 in a							
	Per we	30] Would		5				p				
^	Per Mo			0)				
	Per Ye							,000				00
В	Per we	eek	€231 to €	270		€271 t)		€311		
	Per Mo							,350				0
	Per Ye			to €14,000				, 16,000				000□3
С	Per we			390)		€421	to €460	
	Per Mo	onth	€1,501 to	€1,700	□1	€1,70°	1 to €1	,800	□2	€1,80	1 to €2,00	0
	Per Ye			to €20,000			01 to €	22,000	□2			000□₃
D	Per we			500				5				
	Per Mo			€2,150				,300				0
-	Per Ye			to €26,000				28,000				<u>000</u> 3
E	Per we			650)				3
	Per Mo) €2,800				,250		-		0
-	Per we			to €34,000 \$50				38,000)				000 ₃
'	Per Mo			£3,650				, ,800				0
	Per Ye			to €44,000				46,000				000
G	Per we			1,000				,050				0 ₃
	Per Mo			€ 4,300				,600				0
	Per Ye			to €52,000				56,000				000
Н	Per we	eek	€1,151 to	€1,250	<u> </u>			,375				0
	Per Mo			€5,500				,000				0
	Per Ye			to €66,000				72,000				000□3
	Per we			€1,600				,750				0
	Per Mo			€7,000				,500				0
-	Per Ye			to €84,000				90,000				000]₃
J	Per We			€2,100		€2,10°		,400				
	Per Mo			. €9,250 to €110,00				0,500 €125,000				e ₃ re ₃
	1 01 16	uı	~~,000 l	-	<i>,</i> ∪∐1	C110,0	יטווטי	C120,000	…∐2	€1 ∠ 3,		. ∪

		e household other than y cial Welfare, a pension e		nd your spou	ise / partn	ner have an incom	e of any sort
Only re	espondent and/ or s	spouse/partner□ ₁ -→	Go to K33	Other house	eholds mei	mbers □₁→Go	to K29
K32. N RECEI COMB	Now I would like IVE. If you added INED TOTAL NET	you to think ONLY OF d up all the income so I INCOME OF THE TWO s mentioned above and t	THE INCOurces fro	OME WHICH ' m YOU AND , i.e. after dec	YOUR AN YOUR F ductions	D YOUR PARTNEP PARTNER what we for tax and PRSI (ER / SPOUSE would be the only? Include
	K ₉₉	€	per	Week] ₁ Mor	nth□₂	
	ar IF RESPONDENT	CANNOT GIVE EXACT F	IGURE G	O TO K33. If e	exact figure	e given go to K34]	
but on NET in from a the le	this card we have necome of you and all sources mention	that it is difficult to give ve a scale of incomes, a your spouse / partner factored above but only for into which the comb	nd we wo alls, i.e. af you and	uld like to kn ter deduction your partner.	ow into was for tax and tax in the contract of	vhich group the co and PRSI only? In g at the card coul	ombined total clude income d you tell me
[Tick th	he letter of the grou	ıp your household falls int	o, after de	ductions for ta	x and PRS	SI only]	
C	OMBINED NET INC	COME AFTER DEDUCTION	ONS OF T	AX AND PRS	I FOR RE	SPONDENT AND F	PARTNER
						_	
		Per Month Under €1,000					
		€1,001 to under €1,50					
		€1,501 to under €2,00					
		€2,001 to under €2,50					
		€2,501 to under €3,50					
		€3,501 to under €4,00					
		€4,001 to under €5,00					
		€5,001 to under €6,50					
		€6,501 to under €8,00 €8,001 or more					
€1,051	or more	Refused				Don't' Know	
		rtordood		Ц//		Don't raiow	∟88
K34 <u>. [</u>	Card K30] Would	that be [and tick 1, 2 or 3	in approp	riate section u			
A	Per week	under €75					
	Per month	€0 to €300				€651 to €1,000	
_	Per year	€0 to €4,000		· · · · · · · · · · · · · · · · · · ·		€8,001 to €12,000	
В	Per week	€231 to €270		to €310		€311 to €350	
	Per month	€1,001 to €1,150		1 to €1,350		€1,351 to €1,500	
	Per year	€12,001 to €14,000		01 to €16,000		€16,001 to €18,000	
٦	Per week Per month	€351 to €390		to €420 1 to €1,800		€421 to €460	
	Per year	€1,501 to €1,700 €18,001 to €20,000		01 to €1,600		€1,801 to €2,000 €22,001 to €24,000	
П	Per week	€461 to €500		to €535		€536 to €575	
	Per month	€2,001 to €2,150		1 to €2,300		€2,301 to €2,500	
	Per year	€24,001 to €26,000		01 to €28,000		€28,001 to €30,000	
E	Per week	€576 to €650		to €750		€751 to €800	
	Per month	€2,501 to €2,800		1 to €3,250		€3,251 to €3,500	
	Per year	€30,001 to €34,000		01 to €38,000		€38,001 to €42,000	
F	Per week	€801 to €850		to €880		€881 to €925	
	Per month	€3,501 to €3,650		1 to €3,800		€3,801 to €4,000	
	Per year	€42,001 to €44,000] ₁ €44,0	01 to €46,000	□2	€46,001 to €48,000	0 □3
G	Per week	€926 to €1,000		1 to €1,050		€1,051 to €1,150	
	Per month	€4,001 to €4,300		1 to €4,600		€4,601 to €5,000	
	Per year	€48,001 to €52,000		01 to €56,000		€56,001 to €60,000	
H	Per week	€1,151 to €1,250		1 to €1,375		€1,376 to €1,500	
	Per month	€5,001 to €5,500		1 to €6,000		€6,001 to €6,500	
-	Per year	€60,001 to €66,000		01 to €72,000		€72,001 to €78,000	
	Per week	€1,501 to €1,600		1 to €1,750		€1,751 to €1,850	
	Per month Per year	€6,501 to €7,000 €78,001 to €84,000 □		1 to €7,500 01 to €90,000		€7,501 to €8,000	
1	rei veai	T/O UUT 10 FA4 UUU 1	I4 €04 [U - 10 - 9 0 000	1 10	モッし ししょ しし モタわ しし	1 10 1

€2,101 to €2,400

€9,251 to €10,500□₂

€11,0001 to €125,000 .. □2

€2,401 or more \square_3

€10,501 or more \square_3

€125,001 or more □3

J Per week

Per month

Per year

€1,851 to €2,100

€8,001 to €9,250

€96,000 to €110,000 ... □1

1/0F D					1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	¬
K35. DO VO	ou or vour partner	receive any Socia	I Welfare payments?	res	I₄ → Go to K36 INO I	2 → Go to K3/

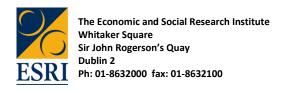
K36. [Card K36] Now I'd like to record information on any Social Welfare payments YOU OR YOUR PARTNER are receiving. Looking at this card could you tell me whether or not you or your partner currently receive any of these Social Welfare payments? [Int Tick payments which either partner receives]

Social Welfare Payment		Social Welfare Payment	
RETIREMENT PAYMENTS	•		
State Pension (Transition)		State Pension Non-Contributory	\square_3
State Pension (Contributory)		Pre-Retirement Allowance	
ONE-PARENT FAMILY / WIDOW(ER) PAY	MENTS		
Widow's or Widower's (Contributory) Pension		Deserted Wife's Allowance	9
Deserted Wife's Benefit		Prisoner's Wife's Allowance	
Widowed Parent Grant		One-Parent Family Payment	
Widow's or Widower's (Non-Contrib) Pension		The raise raise raise rayment	11
CHILD RELATED PAYMENTS	8		
Maternity Benefit		Health & Safety Benefit	
	12	Guardian's Payment (Contributory)	14
Adoptive Benefit	13	Guardian's Payment (Contributory) Guardian's Payment (Non-Contributory)	15
		Guardian's Payment (Non-Contributory)	16
DISABILITY AND CARING PAYMENTS		L.C December	
Illness Benefit	17	Injury Benefit	23
Invalidity Pension	18	Incapacity Supplement	24
Disability Allowance	19	Disablement Benefit	25
Blind Pension		Medical Care Scheme	26
Carer's Benefit	21	Constant Attendance Allowance	27
Carer's Allowance		Death Benefits (Survivor's Benefits)	
UNEMPLOYMENT PAYMENTS	•		
Jobseeker's Benefit		Jobseeker's Allowance or	
	29	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		
7. Do you or your partner currently receive chi 8. Do you or your partner currently receive ren			No. 🗌
9. How much do you receive per week in rent o	or mortg	age supplement? €	
0. [Card K40] What is the highest level of educ	cation yo	ou have completed to date?	
mary or less	<u> </u>		
ermediate/ junior/ Group Certificate or equivalent	<u>2</u>		
aving Certificate or equivalent	<u></u> 3		
oloma/ Certificate	∐3 □4		
bloma/ Certificate mary degree	3 4 5		
bloma/ Certificate mary degreestgraduate/ Higher degree	□3 □4 □5 □6		
	□3 □4 □5 □6 □88 ur partno	er speak with <baby> most often at hom</baby>	e?
bloma/ Certificate	ur partn		e?
bloma/ Certificate	ur partno		e?
bloma/ Certificate mary degreestgraduate/ Higher degree fusal 1. What language or languages do you and you	ur partne Irish French		e?
bloma/ Certificate	ur partne Irish French Russia		e?
Doloma/ Certificate Doloma/ Certificate	Irish French Russia Latviai Spanis	2 1	e?
Doloma/ Certificate Doloma/ Certificate	Irish French Russia Latviai Spanis Lithua	2 14 In6	e?

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
[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?</language>
Yes ☐ ₁ No
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
K47. Are you a citizen of Ireland? Yes
K48. What citizenship do you hold?Don't know
K49. Were you born in Ireland? Yes
K50. In which country were you born?Don't know
K51. How long ago did you first come to live in Ireland? Within the last 1-5 years ago 6-10 years 11-20 years ago More than 20 Don't
year ago years ago Know □ 1 □ 2 □ 3 □ 4 □ 5 □ 888
K52. And what about <baby>. Is he / she a citizen of Ireland? Yes</baby>
K53. What citizenship does he / she hold?
K54. Was <baby> born in Ireland? Yes 1 No</baby>
K55. In which country was he/she born? Don't know8
K56. [<i>Card K56]</i> What is your ethnic or cultural background?
Irish
Any other white background \square_3 Any other Asian background \square_7
African
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

	ings listed below is in your area? For each item listed nmon; fairly common; not very common; or not at all
	Very Fairly Not very Not at all
Rubbish and litter lying about	Common common common
Homes and gardens in bad condition	
Vandalism and deliberate damage to property	$1 \cdots 1 \cdots$
People being drunk or taking drugs in public	
L3. To what extent do you agree or disagree with these on each line.	e statements about your local area? Please tick one box
on each line.	Strongly Strongly
	Agree Agree Disagree Disagree
It is safe to walk alone in this area after dark	
It is safe for children to play outside during the day in this a There are safe parks, playgrounds and play spaces in this	area
L4. I am going to read out a range of services. Could y	
within relatively easy access of YOUR LOCAL AREA?	
<u>Available?</u> Yes No	<u>Available?</u> Yes No
	I Welfare Office 1
2. GP or health clinic	ing/ Credit Union 1 2
	ntial grocery shopping \bigcap_1 \bigcap_2
	eational facilities appropriate to young ren
L5. Do you have any family living in this area? Yes	
L6. What is your date of birth? day	month year
Lo. What is your date of birth:	year
L7. Int: Is respondent male or female? Male	
•	
Time Section Ended (24 hour clock)
Time Section Ended (24 hour clock)
Time Section Ended (2	24 hour clock)
	24 hour clock) INTERVIEWER
M. FOR THE	INTERVIEWER
M. FOR THE	INTERVIEWER you have left the household as possible.
M. FOR THE 1 Please complete the following questions as soon after M1. Would you describe the place where the househ	INTERVIEWER you have left the household as possible. old is situated as being?
M. FOR THE 2 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER you have left the household as possible. old is situated as being? Vaterford city
M. FOR THE 3 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER you have left the household as possible. old is situated as being? Vaterford city
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
M. FOR THE 3 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyold is situated as being? Vaterford city
M. FOR THE 1. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyold is situated as being? Vaterford city
M. FOR THE 1. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Fold is situated as being? Vaterford city
M. FOR THE 2. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Told is situated as being? Vaterford city
M. FOR THE 1. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
M. FOR THE 1 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. In you hav
M. FOR THE The M. FOR THE M. Would you describe the place where the househ In open country	Tyou have left the household as possible. In you have left the ho
M. FOR THE Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. In policities is ituated as being? Vaterford city
M. FOR THE 1 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyold is situated as being? Vaterford city
M. FOR THE Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. In policities is ituated as being? Vaterford city

Primary Caregiver Sensitive Questionnaire





GROWING UP IN IRELAND – the national longitudinal study of children STRICTLY CONFIDENTIAL

MOTHER / LONE FATHER QUESTIONNAIRE - SUPPLEMENTARY SECTION P.P.

AREA HOUSEHOLD 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 <u>ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE</u> .
S1. Are you the biological parent of the Study Child?
Yes \square_1 \longrightarrow Go to S12 No \square_2 \longrightarrow 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
S4. Was this a within family adoption? S5. From which country?
Yes
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 No
S8. How long has the Study Child been with your family?wrsmthsdays
S9. Do you anticipate that this will be a long-term foster placement? Yes No
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

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.

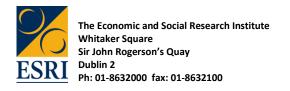
S14. [Show Card S14 legal marital status?		card, could	you tell me	which of the	ese codes be	est describe	s your current
Married1	Separated.	□2 □	Divorced[_₃ Widowe	ed	lever Marrie	ed5
S15 Are you currently Yes 1 No 1		S22 Sinc apart/sp	ith your hus ce when hav oouse decea	u marry your fo band/wife re you been li used?	ving (year)		No_2
yr) S18 In	Are you currently what year did yo ince when have youre ntly less you currently less you can be a second your currently less you can be a second you can be a second your currently less your can be a second your currently less your curr	u marry you ou been livi living with a	ur former sp ng apart? nnother part	ner? Yes[(year)	/ear)	
S25.Since when hav S26. [Show Card S26 spouse / partner arg	/27] Many couple	•				, ,	,
Most days At least once a week. Less than once a wee S27. [Still Card S26/2]₂→Go to S]₃→Go to S	22 22	Never	ver		
Most days At least once a week. Less than once a wee	k]₂→Go to S]₃→Go to S	23 23	Never	ver		
Throw someth	8]When you and at each other	Almos ne 	t never/ N	ot very often Som	etimes Ofte	en alv 4 [4	t always/ ways 5 5 5
\$29. [Show Card \$29]And to end an ar	gument, ho	ow often wo Almost never Never	-	Sometimes	Alr Often	most always/ always
Apologise Change the subj Agree to discuss Agree to disagre Use affection (hu	ect the issue later e ig) or make a joke to speak any more	about it		$ \begin{array}{c} $	3 3 3 3 3 3 3 3 3 3	□4 □4 □4 □4 □4 □4	
away, leave the	oom or leave the l		events occu	∟l₂ u r between y Once or	□3 ou and your Once or	partner? Once a	□5 More
Aims, goals and Amount of time Having a stimu Calmly discuss	fed things believed in spent together ating exchange of something together a project	mportant ideas	once a month 1 1 1 1 1 1 1 1 1 1		twice a week 3 3 3 3 3 3 3 3 3 3 3	day 4	often □ 5 □ 5 □ 5 □ 5 □ 5 □ 5 □ 5 □ 5 □ 5

0 Extremely Unhappy ☐₁ 632. Do you feel that h	1 Fairly Unhappy 2	2 A little unhappy 3	3 Happy □3	4 Very Happy ☐4	5 Extremely Happy	6 Perfect □6
Brought you and your pouse/partner	Ma	ade you less se than befo		Made no diff to your relat		Can't say
loser together,		🗀 2				🗆 4
633. Have you had any nfluence on the Study	Child					relationship with
34. How many?	Yes	∐1 ———	!	No	→ Go to S34	
One	Two	🔲 3	Three or m	ore[<u>4</u>	
Cannabis/Dope/Hash/M. Glue/Gas	epam/Jellies/Roms	oches/Diazepa	am		c offences) sind	ce the Study Child
Yes □1		No]₂ > Go to S3	7		
37. Have you ever be	en to prison?	? Yes.		No[\square_2	
38. Can we check, do		•	•		,	
ves here $\square_4 \rightarrow Got$	to S54 De	ceased]₂→Go to S	54 Lives els	ewhere 3	Go to S38
	n-resident) fa	ther / moth	er stop livir	g with you ar	nd the Study Ch	ild?
		_month	year	Never lived to	ogether[<u></u> 1
				nothar live fr		
39. When did (the not	Study Child's	s non-reside □₁	More tha	n 1 hours drive	e from here	
39. When did (the nor 40. How far does the /ithin ½ hours drive fro etween ½ and 1 hours 41. Do you and the S regular basis?	Study Child's m heredrive from he	s non-reside	More that Outside	n 1 hours driven he country		4

S43. How often does the Study Child see his not	n-resident father/ mother?	
Daily1	Monthly	— •
Once or twice a week	Less than once a month Less than once a year	
Every second week/weekend	Other (please specify)	
S44. Were you ever married to or did you ever li	ve with the Study Child's fath	er?
Yes, married to]. No	Adoptive/Foster parent[
S45. When did you separate or split up with the	Study Child's father?	
Spouse / Partner died1		0 years ago <u>□</u> ₄
In the last 4 years \square_2 Longer than 4 years ago but less than 10 \square_3		vas born □₅
Longer than 4 years ago but less than 10	vve were neve	er a couple □ ₆
S46. What was the nature of your relationship w the study child? (Please tick one box only).	ith the study child's father wh	en you became pregnant with
Married and living together □₁	Going out but not living	g together □₅
Cohabiting/living as married 2	Just friends	
Separated □ ₃ Divorced □ ₄	No relationship	
<u> </u>	annon mannant na man Por es (I v. O)	onder Ohillal and state and to be
S47. Do you have a formal or informal custody a lives?	arrangement regarding the St	uay Uniia and Where ne/she
Formal □ ₁	Informal \square_2	
240 Priofly describe that arrangement		
	er/ mother make ANY financia	I contribution to your housel
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? Ir direct maintenance payment etc. No, he/she never Yes</study>	s, he/she makes a Yes, he	
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment records</study>	s, he/she makes a Yes, he egular payment paymen	support such as rent, mortgates e/she makes ts as required
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? Ir direct maintenance payment etc. No, he/she never Yes makes any payment records.</study>	s, he/she makes a Yes, he egular payment payment payment night/ month?	e/she makes ts as required
direct maintenance payment etc. No, he/she never Yes makes any payment ro 1 S50. How much does he/she pay per week / fortr	nclude any form of financial sets, he/she makes a egular payment payment payment payment payment state of the payment payment payment payment payment payment payment payment state of the payment pa	e/she makes ts as required ut how much per year?
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident forting. S50. How much does he/she pay per week / forting. per Week</study>	nclude any form of financial sets, he/she makes a egular payment payment payment state once A few times a Several sets on the sets of the	e/she makes ts as required ut how much per year? per year Study Child? times a
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident for the second of the study Child's Several times a About Every day week a week and second of the study Child's second of the s</study>	nclude any form of financial sets, he/she makes a egular payment payment payment state once A few times a Several sets of the	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father in the study Child's series. S50. How much does he/she pay per week / forting per Week</study>	nclude any form of financial sets, he/she makes a egular payment payment payment state of the payment payment state of the payment sta	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 6
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident for the study Child's Several times a About Every day week a we</study>	nclude any form of financial sets, he/she makes a egular payment payment payment state of the payment payment state of the payment sta	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father in the study Child's several times a About the Study Child's several</study>	nclude any form of financial sets, he/she makes a egular payment payment payment payment payment state once A few times a Several sek month ye sek month ye sek month ye sets once A few times a Several sek month ye sek month ye sets once A few times a Several sek month ye sek month ye sets once A few times a Several sek month ye sek month ye sets once A few times a Several sek m	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never s G s G s G s C s
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father and payment resident father father and payment father fat</study>	nclude any form of financial states and sta	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 6 Very negative
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father and payment resident for the study child's several times a About the</study>	nclude any form of financial sets, he/she makes a egular payment payment payment payment payment state once A few times a Several sek month ye sek month ye sek month ye sets once A few times a Several sek month ye sek month ye sets once A few times a Several sek month ye sek month ye sets once A few times a Several sek month ye sek month ye sets once A few times a Several sek m	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never s G s G s G s C s
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment of the study Child's series. S50. How much does he/she pay per week / fortrest of the study Child's series. Several times a About series a week series. S53 How well do you get on with the Study Child's series. Very Neith Positive Positive of the study Child's series.</study>	nclude any form of financial states and sta	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 6 Very negative
S49. Does the Study Child's non-resident father and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father and the maintenance payment etc. No, he/she never Yes makes any payment resident father and the study payment resident father and the study child's father an</study>	nclude any form of financial sets, he/she makes a gular payment payment payment payment payment payment payment parent about the once A few times a Several pake month year positive nor negative payment parent? Would her positive nor negative payment pay	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 d you say your relationship i Very negative 5 year
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father and payment resident. S50. How much does he/she pay per week / fortresident for the study Child's for the st</study>	nclude any form of financial sets, he/she makes a gular payment payment payment payment payment payment payment parent about the once A few times a Several paked month year positive nor negative payment pa	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 d you say your relationship if Very negative 5 year

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

Secondary Caregiver Questionnaire



Time Section Ended



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE PRE-PILOT (DRAFT 24-4-07) STRICTLY CONFIDENTIAL FATHER / PARTNER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT INTERVIEWER NAME **INTERVIEWER NO: Time Section Started** (24 hour clock) 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 9month-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 Male □₁ A2. Int: Record gender of parent 1 Female..... A3. [Card A3] Which of the following best describes your relationship with the <baby> ? [Interviewer use codes only] A. Biological parent (mother/ father) B. Adoptive parent (mother/ father) F. Aunt/uncle H. Unrelated guardian 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

(24 hour clock)

D. BABY'S HABITS

Time Section Started			(24 hour o	clock)					
1. Were you present at the birth of <baby>?</baby>									
Yes			Wanted to	o, but missed it	No	3			
2. Fathers do many thir important for you, as a important) and 3 (third r Showing my child love an Taking time to play with n Taking care of my child fir Giving my child moral and Making sure my child is s Teaching my child and er Other (specify)	parent, to most impored d affection may child mancially d ethical gui afe and pro	do? Pleas rtant).	se the rank them b						
D1. How much is <baby< th=""><th>•</th><th></th><th></th><th>-</th><th></th><th></th></baby<>	•			-					
A large problem	A moderate problem	•	A small problem	No problem at all	Not sure/ don't know				
1	'		· <u> </u>	4	5				
D14. Do you feel that <	-	No	roblem for you? ⊡₂ nt's Health and	Lifestyle					
Time Section Started			4 hour clock)						
I1. In general, how woul	d you say	your curre	nt health is?						
Excellent		2 3 4							
I2. Compared to one year	ar ago, hov	v would yo	u rate your health i	n general now?					
Much better now Somewhat better now About the same Somewhat worse now Much worse now	2 3 4								
I3. Do you have a longs mentally that has troubl									
	Yes		No	2					
I4. What is the nature o					le.				
I5. Since when have yo	u had this	illness or o	disability?	(mth)(year)				
I6. Are you hampered in	n your dail	y activities	by this physical or	mental health proble	m?				
Yes, severely	′ ₁	Yes, to son	ne extent	No					
I7. Do you currently or h	nave you in	the past s			bility which made i	' t			
li	n the past		Currently	_2 No					

I13. Do you smoke daily	, occasionally or never?						
Daily□ ₁	Occasionally	Never					
I14. Have you ever smok	ced? Was it						
Daily□ ₁	Occasionally	Never.					
	RENTLY OR HAS EVER SMO s did you/do you smoke o			N			
I16. How long have you	been/were you a smoker fo	or?					
Weeks	Months	_Years					
I20. <i>[Card I20]</i> Which of	the following best describ	es how often	you usually	y drink alc	ohol?		
Never		[\neg ,				
		L L					
1-2 times a month			3,				
			<u></u> 4				
			5				
Every day		ا…ا					
	etween everyday and once o			sures of s	nirit would vo	u drink?	
Pints of Beer		_	easures of S		-		
100 A I .							
-	s, how many drinks would y s at home/friends house or		_	_			
123. Do you mostry units	at nome/menus nouse or	outside iii a	pub, club oi	restauran	it f		
Always at home/friends ho	ouse □₁						
Mostly at home/friends ho	— =						
About equal							
Always at pub, club or res							
Mostly at pub, club or rest	aurant ₅						
I24. During the last year	have you failed to do what	t was normal	ly expected	from you I	because of dri	nking?	
Yes] ₁ No	2					
127. About how many da (like walking briskly, rid work N	ays each week do you do a ing a bike, gardening, tenn	nt least 30min iis, swimming	s of modera g, running e	ate or vigo tc). Inclu	rous physical ude physical a	activity ctivity at	
Time Section Ended		(24 hour c	lock)				
	L EAN	IILY CONT	EVT				
	J. FAIV	MILT CONT	LXI				
Time Section Started		(24 hour c	•				
how things are for you	e how much you agree or o and your child <u>now</u> . Reme						
as honest as possible.			_				
		Strongly	Agree	Not	Disagree	Strongly	
A Lam happy in my rela	as a parent	Agree		sure —		disagree	
B. There is little or nothing	a baieiii a I wouldn't do for	····· Ш1		3	4	5	
mv child if it was nacessa	ry	\Box .	\Box_{a}		□,	\Box_{ε}	
C. Caring for my child son	netimes takes		🗀 2	3	4	∟5	
more time and energy tha	n I have to give	□₁	\Box_2	\Box_{\circ}			
D. Lsometimes worry whe	ther I am doing						
enough for my child		□₁	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			5	
E. I feel close to my child.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\square_3	\Box_{4}	5	
F. I enjoy spending time w	vith my child	🗖 1				5	
G. My child is an importar	at source of affection for me.	🗖 1		3		5	
H. Having a child gives m	e a more certain						
and optimistic view for the	future	🔲 1	🔲 2	3	🔲 4	5	

I. The major source of stress in my				3	🔲 4	5
J. Having child leaves little time an	d flexibility in my l	ife 🔲 1				5
K. Having child has been a financia		🔲 1	2		🔲 4	5
L. It is difficult to balance different						
because of my child			2		4	5
M. The behaviour of my child is oft	en embarrassing	_		_	_	_
or stressful to me.		∐1	🗀 2	3	4	5
N. If I had it to do over again, I mig	ht decide					_
not to have child				3	🔲 4	5
O. I feel overwhelmed by the responsible parent.	onsibility of					
			2	3	4	5
P. Having child has meant having	too few choices ar	nd				_
too little control over my life		🖳 1	<u></u> 2	3	4	5
Q. I am satisfied as a parent		🖳 1	<u></u> 2	3	4	5
R. I find my child enjoyable		1	2	3	4	5
J4. Overall, how do you feel abo living elsewhere?	ut the amount of	support or he	elp you get fi	om family	or friends	
I get enough help I d	on't get enough he	elp I d	on't get any h	elp at all	I don't ne	ed any help
	2	-	3	····		4
J7. [Card J7] Below is a list of so have felt this way during the pas	st week: (tick one				e indicate ho	w often you Most or all
		one of the time	little of		ne moderate	of the time
	(10	ess than 1 day)	(1-2 day	,	nount of the ne (3-4 days)	(5-7 days)
I felt I could not shake off the blues	s even with			 -	(6)	
help from my family or friends		□₁	\square_2		3	\square_{4}
I felt depressed						
I thought my life had been a failure)	🗖 1			3	
I felt fearful					3	
My sleep was restless		🔲 1	🗆 2		3	
I felt lonely		🔲 1			3	🗖4
I felt lonelyI had crying spells		🔲 1			3	4
I felt sad		🔲 1	2		3	🔲 4
J8. Have you ever been treated b	ov a modical prof	ossional for o	linical denre	ecion anv	iety or 'nerve	se'?
30. Have you ever been treateur	by a illedical proi	essional for c	illilicai depre	SSIOII, alix	iety or Tierve	: 5 :
	Yes	🔲 1	No	\square_2		
J21. Did you take, or are you cur	rently on unpaid	parental leav	e with <baby< td=""><td>/>?</td><td></td><td></td></baby<>	/> ?		
Г						
Currently	. □₁ In t	he past		No		2
J22a. If yes, how many weeks?			week	<u> </u>		
J22a. II yes, now many weeks?		-	weer	.5		
J22b. Taking as a day per week	Yes		, D			
022b. Taking as a day per week	103		J			
Time Section Ended		/24 hours	(ام ماد)			
Time Section Ended		(24 hour	сіоск)			
	K: SOCI	O-DEMOGR	APHICS			
	11. 0001	O-DEIMOON	Al IIIOO			
Time Continue Classical		/0.4 lb	.11.			
Time Section Started		(24 hour	clock)			
K10. [Show Card K10] Which of	these descriptio	ns <i>BEST</i> desc	cribes your u	sual situat	ion in regard	to work?
			-		_	
Employee (incl. apprenticeship	<u>,</u>	_	عصاغ الناه فصما			
or Community Employmen	y				C. Foilte Iroland	
Self employed outside farming					S, Failte Ireland for a job	
ι αιιιισι	·····					
	I I		a_tarm aiakaa			1 1 1- 1
			g-term sickne			
		Hom	ne duties / loo	king after h	ome or family	
		Hom Reti	ne duties / loo red	king after h		8 9

K12. What is your occupation in this job? (What do	I
describe as fully as possible [Int. Make sure to describe	
K13. Do you supervise or manage any personnel in	your job?
Yes	
K15. How many employees (if any) do you have?	employees N A \square_{99}
K16. Do you ever work after 6pm or overnight?	Yes № No
K17. How often? Permanent night shift	
K18. Do you ever work on Saturdays or Sundays?	
Every week Every 2 or 3 weeks About once a month Less often Don't know K20. If you were completely free to choose, how may work overall? hours per week	
	an had a iah 2 Vaa
K21. Apart for holiday or casual work, have you even K22. In what year did you last work?	
K23. When you last worked were you?	
Employee (incl. apprenticeship	mployed outside farming∟ ₂ Farmer∟
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare There are no suitable jobs available for me My family would lose Social Welfare or medical benefits if I was earning
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare There are no suitable jobs available for me My family would lose Social Welfare or medical benefits if I was earning
I prefer be at home to look after my children myself 4 cannot earn enough to pay for childcare5 K26. Do you plan to start or return to paid work?	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare There are no suitable jobs available for me My family would lose Social Welfare or medical benefits if I was earning

Primary or less Intermediate/ junior/ Group Certificate or equivalent	\square
Intermediate/ junior/ Group Certificate or equivalent	
	\bigsqcup_2
Leaving Certificate or equivalent	
Diploma/ Certificate	<u></u>
Primary degree Postgraduate/ Higher degree	<u></u>
Refusal	
	——
[Int. Tick all that apply]	ur partner speak with <baby> most often at home?</baby>
English	Irish \square_2
Arabic	French
Polish	Russian
Czech	Latvian □ ₈
Portuguese 🗍 9	Spanish
Chinese	Lithuanian 12
Romanian 13	Other (specify) \square_{14}
K42. As you may know, many people have proble child from a children's storybook?	ems with reading. Can I just check, can you read aloud to a
Yes □,	No 🗀²
	110 mmmm L2
K43. Can you usually read and fill out forms you	might have to deal with in your own language?
Yes□ ₁	No
 -	an Irish or English is usually spoken at home see K41 above]
K44. You mentioned that you spoke <language> aloud to a child from a children's storybook write</language>	[Int See L40 above] at home, can I just check, can you read
•	
Yes□ ₁	No
K45. Can you usually read and fill out forms you	might have to deal with in English?
Yes	No
	_ -
K46. When you buy things in shops with a five o change?	r ten euro note, can you usually tell if you have the right
change?	
change? Yes□1	No
change? Yes□1	
change? Yes□1	No
change? Yes□₁ K47. Are you a citizen of Ireland? Yes	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold?	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold?	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born?	No
Change? Yes K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? K51. How long ago did you first come to live in In Within the last 1-5 years ago 6-10	No
K47. Are you a citizen of Ireland? K48. What citizenship do you hold? K49. Were you born in Ireland? K50. In which country were you born? K51. How long ago did you first come to live in Ireland year year year	No
Change? Yes K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? K51. How long ago did you first come to live in In Within the last 1-5 years ago 6-10	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? Within the last 1-5 years ago 6-10 year □1 □1	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? K51. How long ago did you first come to live in Ir Within the last 1-5 years ago 6-10 year □1 □2 K56. [Card K56] What is your ethnic or cultural be	No
Change? Yes	No
K47. Are you a citizen of Ireland? K48. What citizenship do you hold? K49. Were you born in Ireland? K50. In which country were you born? K51. How long ago did you first come to live in In Within the last 1-5 years ago 6-10 year 2 1	No
Change? Yes	No

K57. What reli	gion are you, if any? _						
•	ve any family living in tour date of birth?			_	year		
L7. Int: Is res	pondent male or femal	e? Male		nale			
Time Section	Ended	(24 hc	our clock)				
M. FOR THE INT	TERVIEWER ete the following quest	ions as soon after you	have left the ho	ousehold as possik	ole.		
M2. Did the	e respondent ask for cl	arification on any que	stions?				
Never \square_1 M3. How e	Almost Never \square_2 ngaged with the survey	Now and then 3 y did you feel that the i			Don't Know☐ ₆		
Very e	engaged… □ 1 Quite	engaged 2 Not v	ery engaged] ₃ Not at all enga	ged…□₄		
M4 Did yo	u feel that the respond	ent was reluctant to ar	nswer any ques	tions?			
Never \square_1	Almost Never \square_2	Now and then \square_3	Often 4	Very Often…	Don't Know		
M5 Did yo	u feel that the responder	nt tried to answer the que	estions to the be	st of his or her ability	/?		
Never \square_1	Almost Never 2	Now and then \square_3	Often 4	Very Often…	Don't Know		
M6 Overall, did you feel that the respondent understood the questions?							
Never…□ ₁	Almost Never 2	Now and then 3	Often 4	Very Often…	Don't Know…☐ ₆		
M7. Was anyo	ne else present at the i	nterview?	Yes □₁	No	\square_2		
5	Spouse/Partner…□₁	M8. Who? Tick all Study Child □2	that apply. Other Child] ₃ OtherAdult	4		

$\label{eq:Appendix B-Instrumentation used in the pilot phase} Appendix \ B-Instrumentation used in the pilot phase$

Introductory letter to Respondents



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

Our ref: «ref»

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)

She on Boan

Opt-out form: Ref: «ref»

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 Growing Up in Ireland	decided not to participate in
Reason for not participating:	
If you do not wish to take part in the study please return this form in the enclosed pro	e-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









INFORMATION FOR PARENTS / GUARDIANS

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.

GROWING UP IN IRELAND

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.

GROWING UP IN IRELAND

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 Siochána.

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.

GROWING UP IN IRELAND

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)	

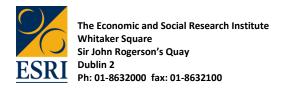
- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the Growing Up in Ireland study.
- I understand that the main aim 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:	
<i>If relevant:</i> Name of parent/guardian not resident in you (BLOCK CAPITALS PLEASE)	ır household:
Address of parent/guardian not resident in y	our household:
(BLOCK CAPITALS PLEASE)	
Signature of parent/guardian not resident in	your household:
Date: Cont	tact telephone:

Work Assignment Sheet

NLSCI MAIN 9 Month INFANTS INTERVIEWER 99999 Mr Interviewer Group Seq			Outo	comes	4 Refused to interviewer - FACE to FACE			ESIR		
Child's Name: Date of Birth: Sensitive Type:		5 No contact despite call bac 6 Unavailable within dates sp 7 Family known to interviewe 8 Unable due to language/co 9 Other specify 10 Refused to office				n dates specified interviewer/reassign nguage/communication	specified wer/reassign			
Mother's name: Address: Parent phone numb	oers							PS readings A	Household O (from list abo	
Section A Lives in household	ΥN	If yes, interview completed Y N	Sensitives completed Y N	If No, why not?	Mother's	IB form signed PPS number PPS number		Yes □	1101110011	\$
Mother/Lone Father Father/Partner Twin of Study Infant	00 00	00	00	2		on to access l		Yes □	Refused □	
Address Phone Permission to contac	and phon	e number of nor	n-resident pa	arent:	Name of Address Phone Permissi	ome based carer/centre of carer/centre on to contact	□₁ Cent	R CHILD MINDE re based □₂ N es □No □	one. □₃	
Mother/lone fathe Father/partner	.128	IEIGHT in cms	WEI	GHT in Kgs	Infant Date mean	Length In cms	Weight In Kgs	Head circu in cms	0.00 de 10.00 de 10.0	

Primary Caregiver Questionnaire



of this household?



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE PILOT STRICTLY CONFIDENTIAL 05/03/08 MOTHER or LONE FATHER QUESTIONNAIRE

GROUP SEQ NO	RESPONDENT RESPONDENT
INTERVIEWER NAME	INTERVIEWER NO:
Time Section Started	(24 hour clock) DATE:ddmmyy
a major new government study about children funding the study through the Office of the M Department of Social & Family Affairs and teducation and Science is represented on the Stresearchers led by the Economic & Social Res	esearch Institute (ESRI) based in Dublin. I am he National Longitudinal Study of Children. This is in Ireland. The Department of Health & Children is linister for Children (OMC) in association with the the Central Statistics Office. The Department of teering Group which oversees the study. A group of earch Institute (ESRI) and The Children's Research the study. The study itself will involve interviewing
We are seeking to interview the parents / guar interview with the parents / guardians will take a	dians of <name 9-month-old="" child="" of="" study="">. The about 90 minutes to complete.</name>
, , , , , , , , , , , , , , , , , , , ,	e will be treated in the strictest confidence and will he information you provide to be identified with you
A. INTRODUCTION AND	HOUSEHOLD COMPOSITION
A1. Are you the parent / guardian of the <baby> who</baby>	usually provides the most care to him / her.
Yes □ ₁	No
A2. Int: Record gender of respondent] Male	₁ Female
A2a. Record <baby's> name:</baby's>	
A2b. Record <baby's> gender Male</baby's>] ₁ Female
A2c. Record <baby's> date of birthddmn</baby's>	nyyyy
A3. [Card A3] Which of the following best describes only]	your relationship with the <baby>? [Interviewer use codes</baby>
A. Biological parent (mother/ father)	E. Grand parent5 F. Aunt/uncle6 G Other relative/ in law7 H. Unrelated guardian8
In this section, I would like to ask you a few details a	about yourself and the others in your household.
A4. How many people in total (including yourself an	d all children of all ages) live here regularly as members

_persons

A5. For each member of the household could you tell m	e:
a) their gender?	

b) their Date of Birth (DOB)

react?

- c) if DOB not available their age last birthday

		(A)		(B)	(C)		(D)			((E) Sh	ow Ca	rd A5E	-	
No.	First name/Initial	Sex		Date of Birth	If DOB not available	and child. U	ip of each mem Jse Relationshi v card. Show Ca	p Codes from		tion	ning	p:		Si	
Person No.	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	М	F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: Mother	R'SHIP TO: Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1					yrs	1	////		\square_1	\square_2	Пз	<u>4</u>	5	\Box_6	
2			□		yrs	2		////	\square_1	\square_2	Пз	<u></u> 4	<u></u>	□ 6	
3			□		yrs	3			\square_1	\square_2	Пз	<u>4</u>	<u></u>	\Box_6	
4			□		yrs	4			\square_1	\square_2	Пз	<u></u> 4	<u></u>	□ 6	<u> </u>
5					yrs	5			\Box_1	\square_2	\square_3	4	\Box_5	\Box_6	<u> </u>
6					yrs	6			\Box_1	\Box_2		\Box_4			<u> </u>
7			□		yrs	7			\Box_1	\square_2					\Box
8					yrs	8					\square_3				
9			□		yrs	9									
	you have any		oiol				-		line	2	<u></u>	<u> </u>			<u>(</u>

A6b. For each biological child living outside the household can you please indicate their gender and date of birth. Date of Birth Male Female 1. \square_2 ___/__/____ Male Female Date of Birth 2. __ __/ ___ / ___ ___ ___ \square_2 Female Date of Birth Male 3. 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>? B3. [Card B3] When you leave <baby> with someone else (not you or your partner), how does he/she usually

Is happy and settled by the time you leave \square_1 Is unhappy at first but quickly settles down

B4. [Card B4] And when	ı you return, havi	ng left <baby> with s</baby>	omeone else, how doe	s he or she usually act?
With delight				
With a mixture of delight a Hard to tell, no particular				
Seems to be annoyed/an	gry with me for lea	ving him/her	4	
B5. When you talk to <b< th=""><th>oaby>, do you feel</th><th>that he/she is maint</th><th>aining eye contact with</th><th>ı you?</th></b<>	oaby>, do you feel	that he/she is maint	aining eye contact with	ı you?
Most or all of the time	Sc	ometimes	Hardly ever or never	
<u> </u>		2	3	
B6.				
	Sc	ale on attachment	removed	
B7				
<i>5.</i>	Questions on k	nowledge of child	development remove	d
B8				
D0	Infant Cha	racteristics Questi	onnaire removed	
	C	C. BABY'S DEVELO	PMENI	
Time Section Started		(24 hou	r clock)	
			·	
	Scale on infant	development remo	oved (ASQ/PEDS: DN	1)
		•		,
CX1. Do you talk to you			•	
Never	Rarely	Sometimes	Often ∏₄	Always □₅
				b
CX2.	ltems .	on infant developm	nent removed	
	itomo (on mant developm	ione romovod	
CX3. And do you have	any other concer	ns about any aspects	s of baby's behaviour o	r development?
[Int.: If yes, please specify	y]		-	-
		D. BABY'S HAB	BITS	
Time Coeffee Ctouted		(24 have	n alaak)	
Time Section Started		(24 nou	r clock)	
D1. How many hours sle	eep do you get or	າ an average night, at	t the present time?	N
D2. In general, what tim	e in the evening o	does your baby usua	lly go to sleep?	(24 hour clock)
,	J			,
D3. Approximately how	-			
(a) the day?	hours (b) th	ne night ?	hours	
D4. On a normal day wh	at time does you	r baby usually got ur	at in the morning?	(24 hour clock)
D4. On a normal day wi	iat time does you	baby usually get up	at in the morning?	(24 Hour Gock)
D5. Is your baby ever di	-	o bed?		
Most of the time	Often □2	At times	Rarely 4	Never 5
	_	—	4	
D6. How often does you	•	_	-	Marrath
Never Occas	sionally	Most nights	Every night	More than once per night
1		3	4	
D7. How many times pe	r night on averag	e?		

De. How does your baby normally sleep? On his/her stomach	D8. Do you ever wak	e <baby> for a feed during</baby>	g the night?		
29. How does your baby normally sleep? 20. his/her stomach	Yes, usually	·		·	
On his/her stomach On his/her side On his/her back	_	_			
2010. Does -cbaby> usually sleep: na room on his/her own	-		On his/her hack	•	
In a room on his/her own				`	
na room with other children	D10. Does <baby> u</baby>	sually sleep:			
2011. Where does 			<u> </u>	•	
In his/her own bed/cot In bed/cot with other children			<u> </u>	LIGOWIIOIO	4
Differ (specify)		•			
Dither (specify)			<u></u>		
D13 Do you feel that No No No No No No No No					
No.			k would <baby< td=""><td>> spend at least some p</td><td>part of the night in you</td></baby<>	> spend at least some p	part of the night in you
A large	D13 Do you feel that	<baby's> crying is a pro</baby's>	blem for you?		
A large	Yes	□ ₁ No	2		
Discription Discription			-	•	
D15 Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems. No					
E. CHILDCARE ARRANGEMENTS E. CHILDCARE ARRANGEMENTS	<u> </u>		3		
E1. Is back week? (24 hour clock) E1. Is back week? (25. Can you indicate (26.	problems.	-	_	er the counter drugs fo	r his / her sleeping
E1. Is baby> currently being minded by someone else, other than you or your partner, on a regular basis each week? Section Started	103				
E1. Is <baby> currently being minded by someone else, other than you or your partner, on a regular basis each week? (es</baby>		E. CHILD	CARE ARRA	NGEMENTS	
A relative in your home	Time Section Start	ed	(24 hou	r clock)	
(a) who else minds <baby> on a regular basis,</baby>	E1. Is <baby> curren each week?</baby>	tly being minded by some	eone else, othe	r than you or your partr	ner, 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	Yes		2		
A relative in your home	E2. Can you indicate	(b) number of hours pe (c) how much you pay	er week spent in for this childca	each type of childcare re per week	,
Someone else in your home		[Tick all that	apply] Number	of hours Cost per week	Main type of care
Someone else in your home				N €	<u></u> 4
Someone else in their home	Someone else in your	home			□4 □ .
Day nursery)	Someone else in their	home			□14 □14
Other (please specify)					\Box .
E3. What age was <baby> when you started to use the <u>main</u> childcare arrangement?months</baby>					
=ು. wnat age was <baby> when you started to use the <u>main</u> childcare arrangement?months</baby>	F0 14/1 - 4	-1			
	E3. What age was k	paby> when you started to	use the <u>main</u> o	childcare arrangement?	months

It was convenient It was linked to my j I thought it would be Other (please for de E5. How satisfied a	jobe beneficial for my ch	2 3 3 ild		
It was linked to my j I thought it would be Other (please for de E5. How satisfied a Very satisfied	iobe beneficial for my chescribe)are you with these a	ild5		
I thought it would be Other (please for de E5. How satisfied a Very satisfied	e beneficial for my chescribe) are you with these a	ild5		
E5. How satisfied a	are you with these a			
Very satisfied	-			
-		Neither satisfied	Fairly dissatisfied	Very dissatisfie
		nor dissatisfied 3		_
E6.What are your f	future intentions for	childcare? [Tick all that a	nnlvl	
-	e on a full-time basis.	<u>-</u>		
Baby minded by my	partner on a full-time	e basis 🔲 ₂		
Shared by my partn	er and me			
Full-time child-care E7. Which type of (childcare?	∐5		
	ome			
	our home			
A relative in their ho	ome			
	eir home	<u> </u>		
	giver (e.g crèche/day			
Onler (please speci	fy)			
e. restricted the hou f. prevented you from	irs you could work or m engaging in social	ursestudyactivities		
		F. SIBLINGS AND TV	WINS	
Int: ask only if siblin	gs recorded on house	ehold grid		
Time Section Sta	rted	(24 hour o	clock)	
			,	
	e other children in y	our household been parti	cularly jealous/unhappy	y about the baby
hitting etc.)? Yes		2		
F2a. Was <study c<="" td=""><td>Child> a single birth</td><td>, twin, triplet etc. Single ch</td><td>nild Twin 2</td><td>Triplet□₃</td></study>	Child> a single birth	, twin, triplet etc. Single ch	nild Twin 2	Triplet□₃
F2b. Does his/her	twin live here in this	s household?		
Yes		sewhere	ceased 3	
	ld> and <twin> iden</twin>	tical twins or fraternal (no	n-identical) twins? :	
F3. Are <study chi<="" td=""><td></td><td></td><td>\Box</td><td></td></study>			\Box	
•	Fraternal (i.e	e. non-identical twins)[
Identical twins	confirmed by a med			

F5. Just let me check. Are your twins:
Two boys
[Int. ask if no at F4.]
F6. Would you say they are alike in looks Yes
F7. Would you say they are alike a) In behaviour
F8. How do you dress them?
in matching clothes each day
F9. How does this twin react to the other? Yes, most Yes, some No, hardly
of the time of the time ever
a) he/ she likes to be with his / her twin
G. PRENATAL CARE
Time Section Started (24 hour clock)
G1. Did you intend to become pregnant before <baby> was conceived?</baby>
Yes, at that time
G2. Did you intend never to become pregnant before <baby> was conceived, or just at a different time?</baby>
Yes, but much later
No intention of becoming pregnant
No question G3 and G4
G5. How was your Ante-natal care provided?
Shared care (between GP and other professional'.) Private consultant alone
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 you GP or hospital?weeks
G9. And who was this appointment with? GP/Family physician
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 \[\begin{align*} \] No\ \[\begin{align*} \] No\ \[\begin{align*} \] 2

G12. How much weight did you gain during the course of your pregnancy?stonelbs ORkgs
G13. [Card G13] Were there any of the following complications with the pregnancy? [Tick all that apply
a. Raised blood pressure (in isolation)

n. Other [please specify]
G14. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?
Yes
G15. How many separate admissions did you have?N
G16. During your pregnancy with the <baby>, did you take any of the following supplements? Yes Iron</baby>
Folic acid/Folate before 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)</baby>
Home birth [planned] 1 In hospital
H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.</baby>
a. Name: b. Address
H3. Did you have any form of pain relief in labour? ALSPAC
Yes Did not have any labour
H4. What was the mode of delivery? GUIA (Adapted
Normal delivery
H5a. After how many weeks of pregnancy was <baby> born? Wks Don't Know</baby>
H5b. Was <baby> born late, on time or early? GUIA</baby>
Late birth (42 weeks or more) □ ₁ On time (37-41 weeks) □ ₂ Somewhat early (33-36 weeks) □ ₃ Very early (32 weeks or less) □ ₄ Don't know □ ₅
H6. How much did <baby> weigh at birth?lbsounces <u>OR</u>kgs GUIA</baby>
H7. What was <baby's> length at birth?inches <u>OR</u>cms GUIA</baby's>
H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]</baby's>
A. No complications
H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?</baby>
Yes
H10. Did the <baby> need any help with his/her breathing from a ventilator?</baby>
Yes ☐ ₁ No
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</baby>

Yes		No[2	→ Go to H16		
H14a. Was <bab< td=""><td>v> ever evelu</td><td>sively breastfoo</td><td>43 </td><td></td><td></td><td></td></bab<>	v> ever evelu	sively breastfoo	43 			
				nly hreast-milk y	without any add	litional food or drink]
					·	maoriai 100a or arminj
Yes] ∟1	No[2	Go to H15a		
H14b. How old w	vas <baby> wł</baby>	nen he/she stop	ped beir	ng exclusively	breastfed?	
Days _	Weeks	-	-			∏ ₅₅ — → Go to
H15a. Are you cu	urrently breast	tfeeding <baby></baby>	> (includ	le partial/comp	lementary brea	astfeeding)?
Yes	Go to H1	16 No	\square_2			
H15b. How old w	vas <baby> wh</baby>	nen he/she com	pletely s	stopped being	breastfed?	
	•	Day		Weeks	Months	
H15c. What were	the main rea		•		bys [Tick all th	nat annivi
		. , ,	•	•	, -	
Not enough milk/h						
Inconvenienced/fa						
Difficulty with brea Sore nipples/engo						op/her to stop
Mother's illness						
Planned to stop a						
Baby weaned him						
			,			
			-	sWeeks		S □₄ Hasn't Had
Cow's milk? Any other type of H17. What else of Water Baby Juice Fruit juices/Cordia Fizzy or soft drink H18. Can I check REGULARLY = MORI SOLID FOOD = BABY Yes	of milk, such a does <baby> d al/Squash as (e.g. lemonad c, has <baby> E THAN TWICE A</baby></baby>	rink apart from de, coke) had any solid for WEEK FOR SEVER FED FRUITS ETC. –	Day Day milk or t	weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS	Months Months all that apply] Decify]	5
Any other type of H17. What else of Water	does <baby> d</baby>	de, coke)had any solid for WEEK FOR SEVER FED FRUITS ETC. –	Day Day milk or 1 1 2 3 4 Dod on a AL CONTI NOT MILE	weeks weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS OR DRINKS	Months Months all that apply] Decify]	5
Any other type of H17. What else of Water	does <baby> d</baby>	de, coke)had any solid for WEEK FOR SEVER FED FRUITS ETC. –	Day Day milk or 1 1 2 3 4 Dod on a AL CONTI NOT MILE	weeks weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS OR DRINKS	Months Months all that apply] Decify]	5
Any other type of H17. What else of Water	does <baby> d does <baby> e</baby></baby></baby></baby></baby></baby>	de, coke)had any solid for WEEK FOR SEVER FED FRUITS ETC. –	milk or f ad solid	formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS (S OR DRINKS	Months Months all that apply] Decify]	5
Any other type of H17. What else of Water	al/Squash	rink apart from de, coke) had any solid for the series of the ser	milk or to the property of the	weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS KS OR DRINKS food regularly et	Months Months all that apply] Decify]	5
Any other type of H17. What else of Water	al/Squash	rink apart from de, coke) had any solid for WEEK FOR SEVER EED FRUITS ETC. – No	milk or f ad solid hot milk ad solid Hasn't y <baby's:< td=""><td>weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS (S OR DRINKS food regularly et</td><td>Months Months all that apply] Decify] Preserved The first in t</td><td>5</td></baby's:<>	weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS (S OR DRINKS food regularly et	Months Months all that apply] Decify] Preserved The first in t	5
Any other type of H17. What else of Water	al/Squash	rink apart from de, coke) had any solid for the series of the ser	milk or f ad solid hot milk ad solid Hasn't y <baby's:< td=""><td>weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS KS OR DRINKS food regularly et</td><td>Months Months all that apply] Decify] Preserved The first in t</td><td>5</td></baby's:<>	weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS KS OR DRINKS food regularly et	Months Months all that apply] Decify] Preserved The first in t	5
Any other type of H17. What else of Water	al/Squash	rink apart from de, coke) had any solid for the series of the ser	milk or f cod on a AL CONTI NOT MILK ad solid Hasn't y cBaby's:	weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS OR DRINKS food regularly et	Months Months all that apply] Decify] The (i.e. the first of the alth	5
Any other type of H17. What else of Water	al/Squash	rink apart from de, coke) had any solid for the series of the ser	milk or f cod on a AL CONTI NOT MILK ad solid Hasn't y shorth	weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS OR DRINKS food regularly et	Months Months all that apply] Decify] The (i.e. the first of the	5
H17. What else d Water Baby Juice Fruit juices/Cordia Fizzy or soft drink H18. Can I check REGULARLY = MORI SOLID FOOD = BABY Yes H19. How old waDays H20. In general, (b) <baby's> Cur Very healthy, no p Healthy, but a few Sometimes quite Almost always un</baby's>	does <baby> d does does <baby> d does <baby <baby="" d="" d<="" does="" td=""><td>rink apart from de, coke) had any solid for the set of the</td><td>milk or f milk or f ad solid Hasn't y seived: [ines at 6</td><td>weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS OR DRINKS food regularly et</td><td>Months Months all that apply] Decify] Th (i.e. the first of health ply] ply]</td><td>5</td></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby></baby>	rink apart from de, coke) had any solid for the set of the	milk or f ad solid Hasn't y seived: [ines at 6	weeks weeks formula? [Tick Herbal drinks Tea or coffee Other [please sp None of the about regular basis? NUOUS WEEKS OR DRINKS food regularly et	Months Months all that apply] Decify] Th (i.e. the first of health ply] ply]	5

a. Not offered/Didn't know due to have	
H23. [Card H23] Has a medical professional ever told you that <baby> has any of the following co [Tick all that apply]</baby>	nditions?
a. Respiratory disease [including asthma]	
H24. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Wo 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, INST</baby>	-
RESPONDENT TO CONSIDER [CHILD]'S MOST SEVERE CONDITION. Minor	NOCI ITE

H25. [Card H25] We would like to know about any health problems or illnesses for which <baby> has taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these prob</baby>	
[TICK ALL THAT APPLY]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Snuffles/common cold	П.,
b. Chest infections	
c. Ear infections	
d. Feeding problems	
e. Sleeping problems	
f. Dental problems (e.g. teething)	
g. Wheezing or asthma \square_7 q. Fits or convulsions	
h. Skin problems	
i. Persistent nappy rash	
j. Undescended testicle	
u. None of the above	
H26 Since <baby> was born, how many times have you seen, or talked on the telephone with any following about the <baby's> physical health? (exclude time of birth)</baby's></baby>	of the
A general practitioner (GP), or family physicianN	
A paediatricianN	
A public health nurse or practice nurse	
Another medical doctor (such as a hearing specialist) N	
Accident and Emergency or OutpatientN	
H27 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?</baby>	
Yes □ ₁ No□ ₂ Don't know□ ₃	
H28. Not including when he/she was born, approximately how many nights has <baby> spent</baby>	
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?</baby>	
Yes	
Yes □ ₁ No□ ₂ Don't know□ ₃ Refused□ ₄	
H30. Why did <baby> not get the medical care or treatment? Was this because:</baby>	
[TICK YES OR NO TO EACH]	
Yes No	
You couldn't afford to pay	
The necessary medical care wasn't available or accessible to you	
You could not 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)	
H31. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?	
Yes, full card \square_1 Yes, GP only \square_2 Not covered \square_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 swalld something that required a visit to the doctor, health centre or hospital?</baby>	wed
Yes□ ₁ No□ ₂	
H35. How many separate accidents/injuries has he/she had that required a visit to the doctor, health c or hospital?N	entre
H36. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or acciden</baby>	ts?
Yes	
<u> </u>	

J. PARENT'S HEALTH	
Time Section Started (24 hour clock)	
J1. In general, how would you say your current health is	
Excellent	
Good	
Fair	
Poor	
J2. Do you have any on-going chronic physical or mental health problem, illness or disability?	
Yes	
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 difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to docto communicating with baby)</baby></baby>	
Some difficulty	
No Difficulty Just a little A moderate level A lot of difficulty Cannot do at all	
J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects Yes	
Parent 1 Brother / Sister	
J9. Since <baby> was born, how many times have you seen or talked on the telephone with any of th following about your own physical, emotional or mental health? (Exclude at time of birth)</baby>	е
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 nurseN A public health nurseN A psychiatrist, psychologist or counsellorN Another medical professional [please specify]N Accident and Emergency or OutpatientN	
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.</baby>	
Yes	
J11. About how many nights did you spend in hospital since the <baby's> birth? Nights</baby's>	
The state of the s	
J12. Do you currently smoke daily, occasionally or not at all?	
Daily ☐ ₁ Occasionally ☐ ₂ Not at all ☐ ₃	

Never			 '			
Less than once a month			2			
1-2 times a month			\square_3			
1-2 times a week		<mark></mark>	4			
3-4 times a week						
5-6 times a week						
Every day						
If currently drink alcohol betwee J16. And in an average week				sures of sp	irit would yo	u drink?
Pints of Beer	Glasses of Wine	M	easures of Sp	oirits	_	
J17. And when you drink, ho	w many drinks would yo	ou have on	an average r	night?	_N	
	K. FAMIL	Y CONTE	XT			
Time Section Started		(24 hour c	lock)			
K1. [Card K1] Please rate ho	ow much vou agree or d	isagree wit	h each of the	e followina	statements	in relation
to how things are for you an						
as honest as possible.		Strongly	Agree	Not	Disagree	Strongly
A. I am happy in my role as a p	parent	🗖 1	2	🔲 з	🔲 4	5
B. There is little or nothing I wo	ouldn't do for	_	_	_	_	_
my child if it was necessary		∐1	2	3	4	5
C. Caring for my child sometim	nes takes					
more time and energy than I ha	ave to give	·· 🗀 1	2		4	5
D. I sometimes worry whether	i am doing					
enough for my child		·· 📙 1	🗀 2	<u> </u> 3		5
E. Leniov spending time with n	ny child	··	<u>2</u>			5
F. I enjoy spending time with n G. My child is an important sou	rce of affection for me			⊔3 ∏a		
H. Having a child dives me a n	nore certain					
and optimistic view for the futu	re	🔲 1	2	Пз		5
I. The major source of stress ir J. Having a child leaves little ti	n my life is my child	🗖 1	2	3	4	5
J. Having a child leaves little ti	me and flexibility in my life	€. □1	2	🔲 з	4	🔲 5
K. Having a child has been a fi	nancial burden	🔲 1	2	🔲 з	4	5
 It is difficult to balance differ 	ent responsibilities					
because of my child		🔲 1	2	3	4	🔲 5
M. The behaviour of my child is	s often embarrassing					
or stressful to me.		··	2	3	4	5
N. If I had it to do over again, I	mignt decide					
not to have child	ocnoncibility of	·· 🗀 1	2		4	5
being a parent	esponsibility of	□.	П-	П ₋	□.	□₋
P. Having child has meant hav	ing too few choices and					
too little control over my life Q. I am satisfied as a parent R. I find my child enjoyable	ing too low onloces and	🗖 1	\Box_2	\Box_{\circ}	\Box_4	
Q. I am satisfied as a parent						
R. I find my child enjoyable		🗖 1		3	\square_4	
, , ,						
Int.: Ask only if respondent live	s with a spouse/partner (s	see househo	old grid)			
K2. The next few questions you agree or disagree with e			support you	might get.	Please say l	how much
	Strongly agree	Agree	Neither agree nor	Disagree	Strongly disagree	
A. I have no-one to share my f			disagree	4	5	
B. There are other parents I ca		-		_	_	
b. There are office parents rea	in talk to about			_		
my experiences						
my experiences						

	I don't get						
K4. How often do	you feel that you nee	d support	or help but car	n't get it from a	anyone?		
Very often	Often □2	,	Sometimes	Never		l don	't need it \Box_5
	ular contact with <ba< th=""><th></th><th></th><th></th><th></th><th></th><th></th></ba<>						
Yes] ₁ No	<u></u>			Grandparen	nts are dece	eased
K6. Here are some	e questions about how	w much s	upport you rece	ive from <bab< td=""><td>y's> grand</td><td>lparents</td><td></td></bab<>	y's> grand	lparents	
		Never	Less often than once every 3 months	At least once every 3 months	At least once a month	At least once a week	Every d or almo every d
ow often do <baby's: abysit?</baby's: 			_2	3	<u></u> 4	5	□ ₆
abys to stay over ni	> grandparents have ight?	1	2	З	4	<u></u> 5	<u>6</u>
ow often do <baby's: eaby=""> out?</baby's:>	> grandparents take	□ ₁	\square_2	3	<u></u> 4	<u></u>	□ ₆
	> grandparents buy	<u></u> 1	_2	3	<u>4</u>	<u></u> 5	☐ ₆
	> grandparents help	<u></u> 1	2	З	4	5	☐ ₆
w often do <baby's:< td=""><td>grandparents help</td><td>1</td><td></td><td>3</td><td><u></u>4</td><td>5</td><td><u>6</u></td></baby's:<>	grandparents help	1		3	<u></u> 4	5	<u>6</u>
Full-time	full-time, part-time or Part – time purs were you working	g per wee	hou	Not at a	ull[-
K8. Did you work for Full-time	☐₁ Part – time purs were you working fore you gave birth di	[g per wee	k?hou	Not at a	ull[-
K8. Did you work for Full-time	Part – time	g per weed you sto	k?hou	Not at a	gular hours		Go to K1
K8. Did you work for Full-time	Part – time purs were you working fore you gave birth di ently at work outside	g per weed of you stouthe home	k? houp houp houp houp working?	Not at a	gular hours		Go to K1
K8. Did you work for Full-time	Part – time purs were you working fore you gave birth di ently at work outside	g per wee id you sto the home Part – eturned to	k?hou p working? _ e? time b work? eave? If yes, ho	Not at a lirre; weeks weeks months week	gular hours OR		Go to K1
K8. Did you work to Full-time	Part – time purs were you working fore you gave birth diently at work outside	g per wee d you sto the home Part – eturned to	k?hou p working? _ e? time b work? eave? If yes, ho How many we How many we	Not at a lire weeks weeks wheeks weeks we well at a weeks we were well at a weeks we well at a weeks we were well at a weeks we were well at a weeks we well at a well at a weeks we well at a well at a weeks we well at a weeks we well at a well at a weeks we well at a weeks we will at a well at a w	gular hours OR s did you t s No		Go to K1
K8. Did you work to Full-time	Part – time purs were you working fore you gave birth diently at work outside	g per wee	k?hou p working? _ e? time b work? eave? If yes, ho How many we How many we	Not at a lire weeks we well at a weeks we were well at a weeks we well at a weeks we well at a weeks we were well at a weeks we well at a weeks we were well at a weeks we well at a well at a weeks we well at a well at a weeks we will at a well	gular hours OR s did you t s No		Go to K1
K8. Did you work to Full-time	Part – time purs were you working fore you gave birth di ently at work outside	g per wee	k?hou p working? e? time b work? eave? If yes, ho How many we How many we How many we	Not at a lire weeks weeks wheeks weeks we well at a weeks we were well at a weeks we well at a weeks we were well at a weeks we were well at a weeks we well at a well at a weeks we well at a well at a weeks we well at a weeks we well at a well at a weeks we well at a weeks we will at a well at a w	gular hours OR s did you to s No s No		Go to K1
K8. Did you work to Full-time	Part – time purs were you working fore you gave birth di ently at work outside	g per wee	k?hou p working? _ time work? eave? If yes, ho How many we	Not at a lire weeks weeks wheeks wheeks wheeks weeks wheeks weeks we well at a lire weeks we were well at a lire weeks we were well at a lire we were well at a lire we were well at a lire we we we were well at a lire we we well at a lire we we well at a lire we we well at a lire we we well at a lire we well at a	gular hours OR s did you to s No s No		Go to K1
K8. Did you work for Full-time	Part – time purs were you working fore you gave birth di ently at work outside	g per wee	k?hou p working? _ time work? eave? If yes, ho How many we	Not at a lire in series Irre in seri	gular hours OR s did you t s No s No ks No		Go to K1
K8. Did you work to Full-time	Part – time purs were you working fore you gave birth di ently at work outside	g per wee	k?hou p working? _ time work? eave? If yes, ho How many we O work? Need an outlet of Other [please special	Not at a lire in series Irre in seri	gular hours OR s did you t s No s No ks No		Go to K1
K8. Did you work to Full-time	Part – time purs were you working fore you gave birth di ently at work outside	g per wee d you sto the home Part – eturned to types of lo	k?hou p working? _ time work? eave? If yes, ho How many we O work? Need an outlet of Other [please spectors]	Not at a lire in series Irre in seri	gular hours OR s did you t s No s No ks No		Go to K1

L1. For the following items could you indicate because you couldn't afford it or for another	ate whether	_		s the item	and, if not No, Cannot	if I
L: S	SOCIO-DEM	OGRAPHIO				
D. The time I spend working is less enjoyable and more pressured		2	3	4	5	
Because of my family responsibilities: C. I have to turn down work activities or Opportunities that I would prefer to take on	······		3	4	5	
B. My family time is less enjoyable and more pressured		2	3		5	
Because of my work responsibilities: A. I have missed out on home or family activiti That I would have liked to have taken part in		2	nor disagre		Agree	
K24. If you have returned to work after the worked outside the home, can I ask you statements?	the extent Strongly	to which ye	ou agree or our our our our our our our our our	disagree e Agree	with the fo	ollo
	Go to	K24				
Job related benefits (pension, car, health insurance etc)	Other []	nease specil	y]			
K23. What is your main reason for going b Financial	Need ar	outlet outsic	le the home y]			
K22. What age will <baby> be when you ret</baby>			nths			
Yes, definitely	ably[lo □₃ -	— → Go	to K24	
K20. When were you last in paid employme K21. Do you intend to return to work?	iit outside th	ie nome? Mo	אווע Yea	í <u></u>		
K19. Did you ever work? Yes1		2 G				
Job related benefits (pension, car, health insurance etc)	Go to K24					
— =	Need ar	outlet outsic	le the home y]			
c. Annual leave? d. Sick leave? Yes Yes	∏ ₁ Ho	ow many wee	kswks kswks	s No⊡	2	
c. Annual leave? Yes						

Does the household repla	ace any worn out fu	ırniture?		🔲 1	<u>]</u> 2 <u>]</u> 3
Does the household keep	the home adequa	itely warm?	4.0	🔲 1	2
Does the household have	e family or friends f	or a drink or meal once	e a month?	1	2 3
Does the household buy	presents for family	or menus at least one	e a year?		J23
L2. A household may contribute to it. Concer difficulty is the household	ning your household able to make e	nold's total monthly on ends meet?	or weekly income,	with which deg	gree of ease or
vvitn great difficulty		With some difficulty ☐₃	•	Easily	Very easily □ ₆
<u>1</u>	<u>2</u>	<u>3</u>	<u>14</u>	L_15	<u></u>
L3. Have you ever had to you had to go without a coal/fuel?)		y, or go to bed to kee	p warm or light the	e fire late becau	
		res⊔ ₁	No	2	
L4. Did you have a morthat cost money)?		-		ur entertainme	nt (something
	Yes	1 No			
	s that? oocial life in other wa			e the children	
Couldn't affo	rd to	3	Other		_
L6. Thinking back to w was your household ab With great difficulty	le to make ends n With difficulty	neet? With some difficulty	Fairly easily	Easily	Very easily
		3			
L7a. I would now like to	•	•		this accommo	dation a:
House			<u> </u>		
Apartment / Flat/ Bedsit . Other (specify)					
L7b. Does your house or shared)?			 :	mmon space (either private
•		□₁ No	2		
L8. [Card L8] From this accommodation?	card, please tell r	ne which best descri	bes your (and you	partner's) occ	upancy of the
Owner occupied					
Being purchased from a Rented from a Local Auth					
Rented from a Voluntary					
Rented from a Private La					
Living with and paying re Occupied free of rent with	<u>nt</u> to your (or your	partner′s) parent(s) ner's) parent(s)			· <u> 6 </u>
Occupied free of rent from					
L9. How many separate	bedrooms are in	the accommodation	?	bedrooms	
L10. [Show Card L10] [Int. Note that if resp is as 'at work'].					
Employee (incl. apprentic	eship				
or Community Em	ployment)		dent full-time		
Self employed outside Farmer			State training schem employed, actively lo		
. a		Lon	g-term sickness or d	isability	
		Hon	ne duties / looking at	ter home or fam	nily 🔲 ₈
			red r (specify)		
			(550011)/		
L11. How many hours of the lifty ou work at more that				ertime work?	
				110010	

	our job?	
Yes		
L14. How many?		
L15. How many employees (if any) do you have?	employees NA	
L16. If you were completely free to choose, how many work overall?hours per week	y hours a week (paid work) would you like t	:0
L16x. [Ask only if Farmer at L10.] What is the acreage o	of the farm? acres	
L17. Apart from holiday or casual work, have you eve		Go to I
L19. When you last worked in that full-time job were y	•	
Employee (incl. apprenticeship		
or Community Employment) 1 Self-employment	· · · · · · · · · · · · · · · · · · ·	
L20. What was your occupation in that full-time job? (describe as fully as possible. [Int. Make sure to describe		se
L21a. Do you currently have a part time job outside th	ne home? Yes1 No2 Go	to L21
L21a. Do you currently have a part time job outside th		
<u> </u>	work in that part-time job? ho	ours
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? I importance, where 1 is the most important reason, up	work in that part-time job? ho (What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importa f more than one reason, please rank them i to to a maximum of 3.	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? I importance, where 1 is the most important reason, up I can't find a job	work in that part-time job? ho [What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate f more than one reason, please rank them is to to a maximum of 3. I cannot find suitable childcare	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the state of	work in that part-time job? ho (What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importa f more than one reason, please rank them i to to a maximum of 3.	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? I importance, where 1 is the most important reason, up I can't find a job	work in that part-time job? ho (What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate f more than one reason, please rank them it to to a maximum of 3. I cannot find suitable childcare There are no suitable jobs available for me	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? It importance, where 1 is the most important reason, up I can't find a job	work in that part-time job? ho [What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate f more than one reason, please rank them is to a maximum of 3. I cannot find suitable childcare There are no suitable jobs available for me My family would lose Social Welfare or medical benefits if I was earning	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? It importance, where 1 is the most important reason, up I can't find a job	work in that part-time job?ho [What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate from than one reason, please rank them in the total maximum of 3. I cannot find suitable childcare	ours o?) Ple

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] Receive? Largest Source C. Income from Farming \square_1 \square_2 \square_3 F. Other Income (incl. income from maintenance payments, **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. Week......... □₁ Dont.Know...... ___ per Month ☐₂ Year \square_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 Per Week Per Month Per Year Category €231 to under €350...... €1,001 to under €1,500 €12,001 to under €18,000 B□→ Section B, Card L27 €351 to under €460...... €1,501 to under €2,000 €18,001 to under €24,000 C□, → Section C, Card L27 €461 to under €575...... €2,001 to under €2,500 €24,001 to under €30,000 D → Section D, Card L27 €801 to under €925...... €3,501 to under €4,000 €42,001 to under €48,000 F \(\bar{\text{\chi}} \rightarrow \) Section F, Card L27 €926 to under €1,150............ €4,001 to under €5,000 €48,001 to under €60,000G → Section G, Card L27 €1,151 to under €1,500....... €5,001 to under €6,500 €60,001 to under €78,000 H□, → Section H, Card L27 €1,501 to under €1,850...... €6,501 to under €8,000 €78,001 to under €96,000I → Section I, Card L27 €1,851 or moreJ₁₀→ Section J, Card L27 Refused Don't' Know L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr] under €75..... □1 €151 to €230...... A Per week €0 to €300...... **Per Month** €4,001 to €8,00<u>0..... □2</u> Per Year B Per week Per Month €1,001 to €1,150...... €1,151 to €1,350....... €12,001 to €14,000..... □₁ €14,001 to €16,000..... □₂ €16,001 to €18,000....... Per Year C Per week **Per Month** €1,501 to €1,700...... □₁ €1,701 to €1,800....... Per Year €18,001 to €20,000..... □1 €20,001 to €22,000...... □₂ €22,001 to €24,000....... D Per week €461 to €500...... **Per Month** €2,001 to €2,150...... Per Year €24,001 to €26,000..... □₁ €26,001 to €28,000...... □₂ €28,001 to €30,000....... E Per week €651 to €750...... €576 to €650...... €2,501 to €2,800...... €2,801 to €3,250...... Per Month €38,001 to €42,000....... €30,001 to €34,000..... □₁ €34,001 to €38,0<u>00......</u> □₂ Per Year Per week €3,501 to €3,650....... €3,651 to €3,800...... □₂ Per Month

Per Year

Per week

€42,001 to €44,000..... □₁

€44,001 to €46,000..... □₂

€46,001 to €48,000.......

Per Month €4,001 to €4,300		01 to €4,600 ∐ ₂ €4,601 to €5,000.	_
Per Year €48,001 to €52,000 □1		001 to €56,000 □ ₂ €56,001 to €60,00	
H Per week €1,151 to €1,250		51 to €1,375 □ ₂ €1,376 to €1,500.	
Per Month €5,001 to €5,500		01 to €6,000	
I Per week €1,501 to €1,600		01 to €1,750	
Per Month €6,501 to €7,000		01 to €7,500 $□_2$ €7,501 to €8,000.	
Per Year €78,001 to €84,000 □1		001 to €90,000 □2 €90,001 to €96,00	
J Per week €1,851 to €2,100		01 to €2,400 □ ₂ €2,401 or more	
Per Month €8,001 to €9,250		51 to €10,500	
Per Year €96,000 to €110,000 □1	€110	0,001 to €125,000 □ ₂ €125,001 or more	·
28. Does anyone in your household currently rec 29. Does anyone in your household currently rec Yes	eive aı ₁ → Go t	Yes□ ₁ Iny other Social Welfare payments? to L30a No□ ₂ →Go to L31	
yone in the household. Looking at Card K30a, irrently receives any of these Social Welfare ember]	could	you tell me whether or not anyone in the ents? [Int Tick payments received by a	ne house
Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit		Jobseeker's Allowance or Unemployment Assistance	<u></u>
EMPLOYMENT SUPPORTS			
Family Income Supplement	□3	Back to Work Enterprise Allowance	\Box_6
Farm Assist	□ 4	Part-time Job Incentive Scheme	\square_7
Back to Work Allowance (Employees)		Back to Education Allowance	
Supplementary Welfare Allowance (SWA)			
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension		Deserted Wife's Allowance	14
Deserted Wife's Benefit		Prisoner's Wife's Allowance	
Widowed Parent Grant	11	One-Parent Family Payment	15
	12	The Farence arming Fayment	16
Widow's or Widower's (Non-Contrib) Pension	13		
CHILD RELATED PAYMENTS		Lloolth 9 Cofoty Donofit	+
Maternity Benefit	17	Health & Safety Benefit	19
Adoptive Benefit	18	Guardian's Payment (Contributory)	20
		Guardian's Payment (Non-Contributory)	21
DISABILITY AND CARING PAYMENTS			
Illness Benefit	22	Injury Benefit	□28
Invalidity Pension		Incapacity Supplement	29
Disability Allowance		Disablement Benefit	30
Blind Pension		Medical Care Scheme	31
Carer's Benefit		Constant Attendance Allowance	31
Carer's Allowance		Death Benefits (Survivor's Benefits)	
RETIREMENT PAYMENTS	27		33
State Pension (Transition)		State Pension Non-Contributory	+
State Pension (Contributory)	34	Pre-Retirement Allowance	36
30b. Do you receive early child care supplemen providing childcare?			<u> </u> <u> </u> 37 and / or
31a. Does anyone in your household currently re	-		No
31b.How much does the household receive PER	WEEK	in rent or mortgage supplement? €	

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

None □₁	Less 5 %	5% to less 20%	20% to less 50%	50% to less 75% □ ₅	75% to less than 100%	100% □ ₇
COUPLE/L	ONE PARENT	INCOME – incom	e of family unit of <	study child>		
sort – from		Social Welfare, a	pension etc.	your spouse / par	tner have an income o	f any
Primary or le Intermediate, Leaving Cert Diploma/ Cer Primary degr Postgraduate Refusal L35.[Card Land home? [Int. Tick all the English	/ junior/ Group ificate or equiv rtificate ee e/ Higher degre 35] What lang hat apply]	Certificate or equivalent	Irish French Russian Latvian Spanish	·	vith <baby> most often</baby>	ı at
		=''		າ ecify)		
L35a. Is Eng	glish your nati	ve language? Ye	s	to L38 No	2	
L36. Many p children's st	eople have pi torybook in ye	roblems with reac our own language	ling. Can I just che? Yes 1 s you might have	eck, can you read No	ken at home see L38 at aloud to a child from a \square_2 ur own language?	_
		roblems with reac tten in English?		eck can you read	aloud to a child from a	ľ
L39. Can yo	u usually read	d and fill out form	s you might have	to deal with in En	glish?	
L40. When y change?	ou buy thing	-			No□₂ Ily tell if you have the □	right
L41. Are you	u a citizen of I		Yes□ ₁] ₂ Don't know[] 8
L43. Were y	ou born in Ire	land?	Yes	No] ₂ Don't know	8
L44. In whic	h country we	re you born?			Don't know	
L45. How lo	ng ago did yo Within the li year	ou first come to live ast 1-5 years ago		, .	than 20 Don't s ago Know	
L46. And wh			citizen of Ireland?] ₁ NoD ₂ DK	
L47. What c	itizenship doe	es he / she hold?	- <u></u>		Don't know	



L48. Was <baby> bor</baby>	n in Ireland?	Yes] ₁ No	
L49. In which country	y was he/she born?			Don't know 🔲 ₈
L50. How long ago die	d <baby> first come to live</baby>	in Ireland?		
Within last 3 months	3-6 months		More than 6 mo	nths
<u></u> 1	2		3	
L51. [Card L51] What	is your ethnic or cultural ba	ackground?		
Irish	<u> </u>	_	r Black background .	П5
Irish Traveller		_		
Any other white backgr	round		r Asian background .	
African		□ Other (sp	ecify)	
L52a. Do you belong	to any religion?		Yes □ ₁	No∏₂
		-1!!		
	L52b. [Card L52b] Which re	_		
	Christian – no denomination Roman Catholic		<u> </u>	
	Anglican/Church of Ireland/			
	Other Protestant		🔲4	
	Jewish			
	Muslim Other (specify)			
L 53a And what about	t <baby> does he/she belon</baby>			
LJJa. Aliu Wilat about	Coaby does he/she belon	ig to ally religi]
			Yes □ ₁	No
	L53b. [Card L53b] Which re	eligion		
	Christian – no denomination		= '	
	Roman Catholic			
	Anglican/Church of Ireland/l			
	Jewish		🗖 5	
	Muslim		6	
Child. We would be able to provide us wit Yes	send a short questionnair happy to show you the co th contact details for the pe llar carer to be interviewed tact details for regular carer	entent of this control or centre	which provides the Interviewer:	e we send it. Would you is care to the Study Child
	M. Neighb	ourhood / Co	mmunity	
Time Section Started		(24 hour	clock)	
Finally we would like	to ask you some questions	s about vour le	ocal area	
•		•		
M1. How long have yo	ou lived in your local area?	mo	nths yea	rs
M2. Are you involved	with any of the following g	roups or orgai	nisations in your lo	cal area?
	Yes	No		
Voluntary / charitable o	organisation	2		
School groups		2		
Community arouns	······································	⊔2 □3		
	1			

M3. How common would you say that each of the things list please say whether or not you think it is very common; to common.				
	Very	Fairly	Not very	Not at all
	Common	,	common	common
Rubbish and litter lying about				
Homes and gardens in bad condition				
Vandalism and deliberate damage to property				<u></u> 4
People being drunk or taking drugs in public				
r copic being drank or taking drags in public	1	2	□3	4
M4. To what extent do you agree or disagree with these state box on each line.	-		area? Plea	
	Strong		- .	Strongly
	Agree			Disagree
It is safe to walk alone in this area after dark	∐₁	2	3	
It is safe for children to play outside during the day in this area				
There are safe parks, playgrounds and play spaces in this area				
We as a family intend to continue living in this area		2	3 .	
2. GP or health clinic	are Office edit Union ocery shopping r-care, mother a	nd toddler	groups	Available in or Available? Yes No 1 2 1 2 1 2
		_		
M7. Would you describe the place where the household is si	`			
	ord city			
	city			
In a town (1,500-2,999)	k city			□9
In a town $(3,000-4,999)$	y			
	city (incl. Dun La			
	county (outside			
	county (outside			
	• •	,		
Time Section Ended (24 hou	ır clock)			

Primary Caregiver Sensitive Questionnaire



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GROWING UP IN IRELAND – the national longitudinal study of children STRICTLY CONFIDENTIAL 15/01/08

MOTHER / LONE FATHER 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 <u>ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTES</u> <u>CONFIDENCE</u> .
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
S3. Was that a domestic or an inter-country adoption?
Domestic Inter-country
S4. Was this a within family adoption? S5. From which country?
Yes □ ₁ No □ ₂
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 No
S8. How long has the Study Child been with your family? monthsweeks
S9. Do you anticipate that this will be a long-term foster placement? Yes
S10. How many <u>previous</u> foster placements has the Study Child been in?previous placements DK99
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
Because the issue of family life is so important we would now like to ask some questions about your famil and marital history.
S12. Can you tell me which of these best describes your current marital status?
Married and living with husband / wife

S14. Since when have you S15. May I just check whe	ı been living apa	art / enous				
S15. May I just check whe		art / Spous	e deceased?	(year)	
	ether you are cu	ırrently liv	ing with some	one in the hou	sehold as a cou	ple?
Yes	 i	-] ₂ Go to S25			•
S16. Since when have you	u and your spo	use or par	tner been livin	g together?	(mth)	(yea
S17. Most people have dis	sagreements in	their relat	ionships. Plea	ase indicate be	low the approxi	mate extent
agreement or disagreeme		and your	partner for ea	ich item on the	following list.	
		Always		Occasionally		most Alwa
		Agree	Always Agree	Disagree	Ď:	ways Disag sagree
Philosophy of life Aims, goals and things belic Amount of time spent togetl		□₁	7.g.cc	\square_3	\square_{4}	
Aims, goals and things belie	eved important					
Amount of time spent toget	her		2	3	4	
รี18. How often would you						
, , , , , , , , , , , , , , , , , , , ,	,	Never	Less than		-	nce a Mor
			once a month		twice a week we	eek ofte
Have a stimulating exchang	ge of ideas		2	3	4	5
Calmly discuss something t	together		📙2	📙3	4	<u></u>
Nork together on a project		1	2	3	4	5 L
S19. Many couples argue	from time to ti	ne Rough	ly how often y	would vou and	Volir englise / n	artner argu
		_	-	vould you allu	your spouse / pa	aitii e i aigu
Most days						
At least once a week						
ess than once a week						
Hardly ever						
Never						
S20. How often would you	u argue about tl	he child(re	en)?			
Nost days						
At least once a week						
ess than once a week						
Hardly ever	4					
Never	5					
S21. When you and your լ	partner argue, h		-			
	AIIIIOSU				Almost shusis	, Don't kno
	neve		Not very often Som	etimes Often	Almost always, always	Don't kno
Shout or yell at each other.		er	often Som	netimes Often	always	1
Shout or yell at each other. Throw something at each o	[er 1	often Som	🔲 3	always	1
Shout or yell at each other. Throw something at each o Push, hit or slap each other	[er 1	often Som	🔲 3	always	1
Γhrow something at each o Push, hit or slap each other	other[r[er 1 11	often Som .	🔲 3	always	6 6
Γhrow something at each o Push, hit or slap each other	[other[r[nent, how often	er 1 11	often Som .	3	always 4	6 6
Throw something at each or Push, hit or slap each other S22. And to end an argum		er 1 1 would you most never/ never	often Som .	3	always 4	6 6 6 Don't ays/ know
Throw something at each or Push, hit or slap each other S22. And to end an argum Compromise	ther	would you nost never/ never	often Som .	3	always 4	6 6
Throw something at each or Push, hit or slap each other S22. And to end an argum Compromise	other	would you nost never/ never	often Som .	3	always 4	6 6 6 Don't ays/ know
Throw something at each or Push, hit or slap each other S22. And to end an argum Compromise	other	would you nost never/never	often Som .	3	always 4	6 6 6 Don't ays/ know
Throw something at each or Push, hit or slap each other S22. And to end an argum Compromise	other	would you nost never	often Som .	Sometimes C 3	always 4	6 6 6 Don't ays/ know
Throw something at each or Push, hit or slap each other S22. And to end an argum Compromise	other	er	often Som .	Sometimes C 3	always 4	6 6 6 Don't ays/ know
Throw something at each or Push, hit or slap each other S22. And to end an argum Compromise	nent, how often Aln latere	er	often Som .	Sometimes C 3	always 4	6 6 6 Don't ays/ know
Throw something at each or Push, hit or slap each other S22. And to end an argum Compromise	nent, how often Aln latere a joke about it.	er	often Som .	Sometimes C 3	always 4	6 6 6 Don't ays/ know

A answer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child If not please skip to S32 Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility fertility for any medical fertility for any	Section Sect	S26. How many? One	S28. How many? One	born who had a close relationship with or influence on the St	uay Chila?	
A answer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child If not please skip to S32 Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility treatment for this pregnancy? Ta.Did you have any medical fertility fertility for any medical fertility for any	One	One	One	Yes		
ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child If not please skip to S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child If not please skip to S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child S32 ranswer questions S27 to S32 ranswer questions S27 to S32 ranswer questions S27 to S32 ranswer questions S27 ranswer questions S28 ranswer questions S28 ranswer questions S27 ranswer questions S28	And how many of these pregnancies were: 1. Live births N	And how many of these pregnancies were: b. Live births N	And how many of these pregnancies were: b. Live births N c. Miscarriages N d. Stillbirths N c. Stillbi	S26. How many?		
If not please skip to S32	If not please skip to S32	If not please skip to S32	If not please skip to S32	One \square_1 Two \square_2 Three or more	3	
No	No No No No No No No No	Yes	Yes			tudy Child
Property	S27b. What treatment did you receive? Clomiphene citrate alone	S27b. What treatment did you receive? Clomiphene citrate alone	S27b. What treatment did you receive? Clomiphene citrate alone	S27a.Did you have any medical fertility treatment for this preg	gnancy?	
omiphene citrate alone	Clomiphene citrate alone	Clomiphene citrate alone	Clomiphene citrate alone	Yes	_	
FT: Gamete Intrafallopian Transfer	SIFT: Gamete Intrafallopian Transfer	SIFT: Gamete Intrafallopian Transfer	SIFT: Gamete Intrafallopian Transfer	S27b. What treatment did you receive?		
Terminations N f. Ectopic N g. Currently pregnant N 8h. And what age were you when you became pregnant for the first time? Age in years 9. Would you describe the pregnancy of the study child as a crisis pregnancy? By this we mean a egnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which egan as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops it crisis before the birth due to a change in circumstances. Yes	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 in a crisis before the birth due to a change in circumstances. Yes	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 it a crisis before the birth due to a change in circumstances. Yes	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 it a crisis before the birth due to a change in circumstances. Yes	have you been pregnant? Please include any pregnancies, when And how many of these pregnancies were:	hich did not go full term.	times
Terminations N f. Ectopic N g. Currently pregnant N 8h. And what age were you when you became pregnant for the first time? Age in years 9. Would you describe the pregnancy of the study child as a crisis pregnancy? By this we mean a egnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which egan as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops it crisis before the birth due to a change in circumstances. Yes	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 in a crisis before the birth due to a change in circumstances. Yes	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 it a crisis before the birth due to a change in circumstances. Yes	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 it a crisis before the birth due to a change in circumstances. Yes		d. Stillbirths	N
28h. And what age were you when you became pregnant for the first time? Age in years 29. Would you describe the pregnancy of the study child as a crisis pregnancy? By this we mean a egnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which egan as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops it crisis before the birth due to a change in circumstances. Yes	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 in a crisis before the birth due to a change in circumstances. Yes	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 in a crisis before the birth due to a change in circumstances. Yes	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 in a crisis before the birth due to a change in circumstances. Yes	_		_
30. 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] Supports Supports Needed Received	San. 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] Supports Supports Needed Received Medical help/check-up	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] Supports Supports Needed Received Medical help/check-up	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] Supports Needed Received Medical help/check-up		the first time? Age in yea	
d separately which supports you received? [Tick all that apply] Supports Supports Needed Received	Supports Supports Supports Supports Supports Needed Received Medical help/check-up	Supports Supports Supports Supports Supports Needed Received Medical help/check-up	Supports Supports Supports Supports Needed Received Medical help/check-up	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car	the first time? Age in year a crisis pregnancy? By this we ruma. This can include a pregnan	mean a cy which
d separately which supports you received? [Tick all that apply] Supports Supports Needed Received	Supports Supports Supports Supports Supports Needed Received Medical help/check-up	Supports Supports Supports Supports Supports Needed Received Medical help/check-up	Supports Supports Supports Supports Needed Received Medical help/check-up	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau began as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances.	the first time? Age in year a crisis pregnancy? By this we ruma. This can include a pregnan	mean a cy which
Needed Received	Needed Received Medical help/check-up 1 1 Counselling or advice 2 2 Information on accommodation sources 3 3 Information on rights and entitlements 4 4 Support from family and friends 5 5 Don't know 6 6	Needed Received Medical help/check-up 1 1 Counselling or advice 2 2 Information on accommodation sources 3 3 Information on rights and entitlements 4 4 Support from family and friends 5 5 Don't know 6 6	Needed Received Medical help/check-up 1 1 Counselling or advice 2 2 Information on accommodation sources 3 3 Information on rights and entitlements 4 4 Support from family and friends 5 5 Don't know 6 6	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we noted a pregnan and this can include a pregnan and also include a pregnancy which	mean a cy which n develops ii
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	Counselling or advice □2 nformation on accommodation sources □3 nformation on rights and entitlements □4 Support from family and friends □5 Don't know □6	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	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	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this styl	mean a cy which n develops i
unselling or advice	nformation on accommodation sources	Information on accommodation sources	Information on accommodation sources	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this also supports	mean a cy which n develops i
	nformation on rights and entitlements	nformation on rights and entitlements	nformation on rights and entitlements	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	a crisis pregnancy? By this we ruma. This can include a pregnancy which also include a pregnancy which you felt you needed during this also line and the state of	mean a cy which n develops i
	Don't know	Don't know6	Don't know6	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
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ormation on accommodation sources		Other (specify)	Other (specify)	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
ormation on accommodation sources	otner (specify)			S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
unselling or advice	nformation on rights and entitlements	Information on rights and entitlements	Information on rights and entitlements	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau began as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances.	the first time? Age in year a crisis pregnancy? By this we ruma. This can include a pregnan	mean a cy whi
	Don't know	Don't know6	Don't know6	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
ormation on accommodation sources	Don't know□6	Don't know□6	Don't know□6	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traupegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
ormation on accommodation sources	Don't know□6	Don't know□6	Don't know□6	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traupegan as a crisis but over time the crisis was resolved. It can a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
ormation on accommodation sources				S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau pegan as a crisis but over time the crisis was resolved. It can a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
ormation on accommodation sources	24	Other (specify)	Other (specify)	Say. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau pegan as a crisis but over time the crisis was resolved. It can a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
ormation on accommodation sources	Other (specify)			S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau pegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnant also include a pregnancy which you felt you needed during this by Supports Received	mean a cy which n develops i
ormation on accommodation sources		204 (OL) O. (1000) B. Lean (al., and (d. 1.11. 1.1. 1.1. 1.1. 1.1. 1.1. 1.1		S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau began as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this styl Supports Received	mean a cy which n develops i pregnancy,
ormation on accommodation sources	S31. [Show Card S36] Did you take any of the following (a) at any stage during your pregnancy and (b)	331. [Show Card S36] Did you take any of the following (a) at any stage during your pregnancy and (b)	531. [Snow Card S36] Did you take any of the following (a) at any stage during your pregnancy and (b)	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau began as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this styl Supports Received	mean a cy which n develops i pregnancy,
ormation on accommodation sources		S31. [Show Card S36] Did you take any of the following (a) at any stage during your pregnancy and (b)		S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this styl Supports Received	mean a cy which n develops i pregnancy,
ormation on accommodation sources	currently?	currently?	currently?	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops i pregnancy,
ormation on accommodation sources	currently?	currently?	currently?	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops in pregnancy,
ormation on accommodation sources	currently? During pregnancy Currently	currently? During pregnancy Currently	currently? During pregnancy Currently	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops i
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ormation on accommodation sources	A. Sleeping pills B. Tranquillisers During pregnancy Currently 1 2 2	A. Sleeping pills B. Tranquillisers During pregnancy Currently 1 2 2	During pregnancy Currently A. Sleeping pills 1 2 B. Tranquillisers 1 2	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traused began as a crisis but over time the crisis was resolved. It can a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops in pregnancy,
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ormation on accommodation sources	Currently? During pregnancy Currently A. Sleeping pills 1 2 B. Tranquillisers 1 2 C. Pills for depression 1 2	Currently? During pregnancy Currently A. Sleeping pills 1 2 B. Tranquillisers 1 2 C. Pills for depression 1 2	currently? During pregnancy Currently A. Sleeping pills 1 2 B. Tranquillisers 1 2 C. Pills for depression 1 2	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops in pregnancy,
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ormation on accommodation sources	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.)	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) During pregnancy Currently 1 2 Currently 1 2 Currently 1 2 2 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 1 2 1 1 1 1 2 1 2 1 1 1 1 2 1 1 1 1 2 1	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.)	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops in pregnancy,
ormation on accommodation sources	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.)	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) During pregnancy Currently 1 2 Currently 1 2 Currently 1 2 2 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 1 2 1 1 1 1 2 1 2 1 1 1 1 2 1 1 1 1 2 1	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.)	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops in pregnancy,
ormation on accommodation sources	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants During pregnancy Currently 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 1 2 2 2 1 1 1 2 2 1 1 1 2 2 2 1 1 1 2 2 2 1 1 1 2 2 2 1 1 1 2 2 2 2 3 1 1 1 2 2 2 3 1 1 1 2 2 3 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 1 2 1 1 1 1 1 2 2 1 1 1 1 1 1 2 2 1	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants During pregnancy Currently 1 2 2 Currently 1 2 2 5 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 1 2 2 1 1 1 1 1 1 1 2 2 1	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants During pregnancy Currently 1 2 2 4 1 1 2 2 5 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau began as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops in pregnancy,
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ormation on accommodation sources	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants G. Heroin, methadone, crack, cocaine H. Anticonvulsants During pregnancy Currently 1 2 2 1 2 1 2 2 1 1 2 2 1 1 2 2 1 1 2 2 1 1 1 2 1 2 1 1 2 1 2 1 1 2	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants G. Heroin, methadone, crack, cocaine H. Anticonvulsants During pregnancy Currently 1 2 2 1 2 1 2 2 1 1 2 2 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 2 1 1 1 1 2 1 2 1 1 1 1 2 1 2 1 1 1 1 2 1 2 1 1 1 1 1 2 1 2 1	A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants G. Heroin, methadone, crack, cocaine H. Anticonvulsants During pregnancy Currently 1 2 2 1 1 2 2 1 1 1 2 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1 1 1 2 1 1 1 1 1 2 1	S29. Would you describe the pregnancy of the study child as pregnancy that represents a personal crisis or emotional trau began as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances. Yes	the first time? Age in year a crisis pregnancy? By this we rama. This can include a pregnancy which also include a pregnancy which you felt you needed during this by Supports Received 1 2 3 4 5 6 7 any stage during your pregnance	mean a cy which n develops in pregnancy,

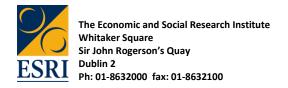
Yes No	[Ask \$33 if biological mother, otherwise ask \$33a.] \$33. Was this: [Tick all that apply] Before being pregnant with -babys	S32. Have you ever been treated by a medical professiona	I for clinical	depression	, anxiety or 'ne	rves'?
S33. Was this: [Tick all that apply] Before being pregnant with chabys	S33. Was this: [Tick all that apply] Before being pregnant with -babys S33a. Was this: [Tick all that apply] Before being pregnant with -babys Before < babys was born. Before < babys was 0-2 months of age Before before was 0-1 months of age Before bef	Yes1 _	No	□ ₂ →	Go to S34	
Before being pregnant with ±abbys	Before being pregnant with ±aby>	[Ask S33 if biological mother, otherwise ask S33a.]				
indicate how often you have felt this way during the past week. Rarely or none of the little of the moderate time (less time (les	indicate how often you have felt this way during the past week. Rarely or Nome or a Ititle of the Iti	Before being pregnant with <baby></baby>	ore <baby> w en <baby> w en <baby> w</baby></baby></baby>	vas born as 0-2 month as 2-6 month	ns of agens of age	
Rarely or occasionally or moderate time (less time (1-2) a moderate amount of the time (less time (1-2) a moderate amount of the time (3-4 days). 1. I felt I could not shake off the blues even with help from my family or friends. 2. I felt depressed	Rarely or Some or a Cocasionally or Most or all time (less time (l			may have fo	elt or behaved.	Please
Yes, married to Yes, lived with Yes, lived	Yes, married to Yes, lived with Yes, lit Yes, lived with Yes, lived with Yes, lived with	1. I felt I could not shake off the blues even with help from my family or friends	Rarely or none of the time (less than 1 day)	little of the time (1-2 days) 2 2 2 2 2 2 2 2 5 ic offences	a moderate amount of the time (3-4 days) 3 3 3 3 3 3 3 3 3 3 3 3 5 3 5 Since the Stud	the time (5-days)
S39. When did you separate or split up with the Study Child's father / mother? Before child was born	S39. When did you separate or split up with the Study Child's father / mother? Before child was born] Ca ta SE
pregnant with the study child? (Please tick one box only). Married and living together	pregnant with the study child? (Please tick one box only). Married and living together	S39. When did you separate or split up with the Study Chill Before child was born		•	usier parent	_{]4} GO TO SS
Cohabiting / living as married	Cohabiting / living as married		dy Child's fa	ather / moth	ner when you be	ecame
Formal	Formal	Cohabiting / living as married2 Just friends Separated3 No relation Divorced4	sship		6 7	. h. e / e /
		lives?		-		e ne / she
WITE BUILDING WOODING WILL WITHINGTON						

S43. Do you and the Study Child's father / mother have shared parenting of the Study Child on a regular basis?	
Yes	
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	
S46. How often does the Study Child have contact with his / her father / mother?	
Daily	
Once or twice a week	
Every second week / weekend	
S47. Does the Study Child's father / mother make ANY financial contribution to your household and maintenance of the Study Child? Include any form of financial support such as rent, mortgage, di maintenance payment etc.	
No, he/she never makes any payment	per
week/fortnight/month?	,
	3
Yes, he/she makes payments as required 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?	
Several times a About once A few times a Several times a	
Every day week a week month year Never \square_1 \square_2 \square_3 \square_4 \square_5 \square_6	
S51. How well do you get on with the Study Child's father/ mother? Would you say your relationship is?	
Very Neither positive nor Somewhat Very	
positive Positive negative negative negative	
□1 □2 □3 □4 □5	
S52. We would like to send a short questionnaire to the Study Child's father/ mother. We would be happ show you the content of this questionnaire before we send it. Would you be able to provide us with con details for the Study Child's father/ mother?	
Yes	
No, I do not wish other parent to be contacted	
No, I do not have contact details for other parent	
S53. What is your date of birth? daymonthyear	
S54. Int: Is respondent male or female? Male	
Time Continue Ended	
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





NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE PILOT 05/03/08 STRICTLY CONFIDENTIAL FATHER / PARTNER QUESTIONNAIRE

GROUP	SEQ NO.		RI	ESPONDENT		
INTERVIEWER NAME		INTERVI	EWER NO:			
Time Section Started		(24 hour o	clock) DATE:dd	mmyy		
Hello, I'm from the Econor Growing Up in Ireland - government study about to Research Institute and Triu We are currently doing pile 9-month-old infants and the	the National Longichildren in Ireland. Irelan	itudinal S It is beinç I have ar	<i>tudy of Childre</i> Jundertaken by In information lea	 n. This is a major new the Economic and Social aflet here about the study. 		
We are seeking to intervie interview with the parents <i>i</i>						
All the information you and not be released in any way or your family.						
A. II	NTRODUCTION AND	HOUSEH	OLD COMPOSIT	ON		
A1. Int: Record gender of resp	pondent] Male	1	Female	1		
A2. [Card A2] Which of the follonly]	llowing best describes	your relati	onship with the <l< th=""><th>paby>? [Interviewer use codes</th></l<>	paby>? [Interviewer use codes		
A. Biological parent (mother/ fat B. Adoptive parent (mother/ fath C. Step-parent (mother/ father) D. Foster parent (mother/ father)	ner)	F. Aunt/u G _. Other	parentnclerelative/ in lawated guardian	6 ₇		
B. PARENT	'ING, CHILD'S FUN	CTIONIN	NG AND RELAT	TONSHIPS		
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 of child-rearing removed</baby>						
_	,					
	C. BABY'S I	DEVELO	PMENT			
Time Section Started		(24 hour	clock)			
Now I'd like to ask you some	questions about <baby< th=""><th>y's> habits</th><th>and routines.</th><th></th></baby<>	y's> habits	and routines.			
C1. Were you present at the b	irth of <baby>?</baby>					
Yes1	Wanted to, but mi	issed it	2	No		

C2. Fathers do many things for important for you, as a father important) and 3 (third most im Showing my child love and affect Taking time to play with my child Taking care of my child financially Giving my child moral and ethical Making sure my child is safe and Teaching my child and encourage Other (specify)	to do? Please nportant). ion y I guidance protected	e the rank					
C3. Who generally does the fol	lowing with yo	ur baby?					
	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/ partner	Always spouse / partner	Some one else	No one does this
Baths her		$ \begin{array}{c} $. 3 3 3 3 3 3 3	4 4 4	5 5 5 5 5 5	6 6 6 6 6	
Taking her for walks, outings, visiting relatives or friends etc. Reading stories to her	□₁ ner □₁	$ \begin{array}{c} $	□3 □3 □3 □3 □3	4 4 4 4	□5 □5 □5 □5	□6 □6 □6 □6	□7 □7 □7 □7 □7
C4. When you talk to <baby>, o</baby>	lo you feel that	t he/she is	s maintainin	g eye conta	act with yo	u?	
Most or all of the time	Somet [_	Har	dly ever or r	never		
C5. How much is <baby's> slee A large A mode problem proble</baby's>	erate	or habits a A small problen		r you? No prob at all	lem		
<u> </u>		3		4			
C6. Do you feel that <baby's> Yes</baby's>	No D. PARENT	[''S HEAL	□₂ TH AND LI				
Time Section Started		(2	24 hour clocl	k)			
D1. In general, how would you					_		
Very GoodGood	2				=:		
D2. Do you have any on-goin	g chronic phys	7	ental health		llness or di	sability?	
D3. What is the nature of [Int. Please record diagno					cribe as fu	lly as pos	ssible.

DA Cines whom	hava van haddhia mahl	:	- l- : ! : 4 O	f	h) (- "
	have you had this proble		-	-	-	ar)
	npered in your daily activ	-				
Yes, sever	rely ☐ ₁ Ye	es, to some extent	2	No	3	
		E.g. feeding, ch				
No Difficults	Some diff		A 104	. f . l!ff! lf	0	-14 -11
No Difficulty □₁	Just a little □₂	A moderate level	A lot o	of difficulty	Cannot	do at all ⊡₅
D7. Do you currently	smoke daily, occasionall	y or not at all?				
Daily	Occasionally	[□ ₂ No	t at all	🔲 3	i.
D8. About how many	- □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	lid you smoke on	average ea	ch day?		
	•	[Int. enter '0' if less	_	-		
D9. [Card D9] Which	of the following best des	scribes how often	you usually	/ drink alcol	hol?	
			1			
	h	1 5	2			
			3			
		l ;	4			
		1 '	5 			
			6 			
•						
	ol between everyday and o ge week, how many pints			acurae of e	nirit would w	ou drink?
		_			-	Ju ullik:
Pints of Beer	Glasses of Wine	M	easures of S	Spirits		
D12. And when you d	rink, how many drinks w	ould you have on	an average	night?	N	
	E.	FAMILY CONTE	XT			
Time Section Start	red	(24 hour c	lock)			
Now I'd like to ask yo	u some general questior	is about your fam	ily as a who	ole.		
	rate how much you agre					
	you and your child now.	Remember, there	e are no rig	ht and wron	ig answers, j	ust try and
be as honest as poss	ible.	Strongly	Agree	Not	Disagree	Strongly
		Agree	, .g. 00	sure	2.009.00	Disagree
	le as a parent	1	2	3	4	5
B. There is little or noth	ning I wouldn't do for	_			_	_
my child if it was neces	sary	∐1	2	3	4	5
C. Caring for my child	sometimes takes					
	than I have to give	1	2	3	4	5
D. I sometimes worry v	whether raili dollig	□.	\Box	□.	□.	□₋
F I feel close to my ch	ild		⊔2	<u> </u>		<u> </u> 5
F. I enjoy spending tim	ilde with my child		 	 		5
G. My child is an impor	tant source of affection for	· me □₁	2			5
ممينات املئوام مسمنييما اللا					··········	
and optimistic view for	the future	1	2	3	4	5
I. The major source of	stress in my life is my child	I □ ₁	2	3	4	5
J. Having a child leave	s little time and flexibility in seen a financial burden	my life. \square_1	2		4	5
K. Having a child has b	een a financial burden	1	2	3	4	5
	ce different responsibilities					
			2	3	4	5
	y child is often embarrassi		\Box	□.	□.	□₋
		······ 🗀 1	12	🗀3	4	5

not to have child						
P. Having child has meant having too few choices and too little control over my life.						
too little control over my life.						
E2. 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						
E2. 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						
living outside your household? I get enough help						
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? Strongly Disagree Neither Agree nor disagree Nor disagree NA Agree NA A						
Strongly Disagree Neither Agree Agree NAgree						
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						
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						
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 on						
C. You have to turn down work activities or opportunities you would prefer to take on						
you would prefer to take on						
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>?</baby>						
Currently ☐₁ In the past ☐2 No						
E4b. How many days or weeks will you take? days OR weeks days						
E4c. Were these / will these be taken as a block or spread over a period of time?						
Taking as a block□₁ Spread over a period of time□₂						
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)						
Farmer						
Home duties / looking after home or family						
Retired						
Retired						
Retired						
Retired						
Retired						

Yes □₁ No □₂		
F5. How many?		
F6. How many employees (if any) do you have?	·I employees N	N A 🔲 99
F6x. [Ask only if Farmer at F1.] What is the acreage	of the farm?	acres
F7. Apart from holiday or casual work, have you ev	er had a full-time job?	∕es No 2Go to F11a
F8. In what year did you last work in that full-time jo	ob? year	
F9. When you last worked in that full-time job were	you?	
Employee (incl. apprenticeship or Community Employment)	mployed outside farming	□ ₂ Farmer □ ₃
F10. What was your occupation in that full-time job describe as fully as possible [Int. Make sure to describe as fully as full		in your job?) Please
F11a. Do you currently have a part time job outside	the home? Yes	No \square_2 Go to F11d
F11b. On average, how many hours per week do yo	u work in that part-time jo	bb? hours
F11c. What is your occupation in that part-time job describe as fully as possible [Int. Make sure to describe		
F11d. [Show Card F11d] From the reasons listed on important reason for you not working on a full-time		
I can't find a job	• •	to pay for childcare
I choose not to work	· ·	childcare
I am caring for an elderly or ill relative or friend		jobs available for me
I prefer be at home to look after my children myself \square_4	My family would lose	· —
F12. Do you plan to start or return to paid work?	medical beliefits if I w	as carriing
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 educat	ion you have completed to	o date?
Primary or less] ₁ Primary degree	
Intermediate/ junior/ Group Certificate or equivalent] ₂ Postgraduate/ Highe	er degree 🔲 6
Leaving Certificate or equivalent Diploma/ Certificate] ₃ Refusal] ₄	
F14.[Card F14] What language or languages do you home? [Int. Tick all that apply]	and your partner speak w	vith <baby> most often at</baby>
<u> </u>	Irish	— -
= *	French Russian	
	Latvian	
Portuguese	Spanish	. 10
	Lithuanian Other (specify)	
F15. Is English your native language? Yes	₁ →Go to F18 No	······ ····
[Int: Ask F16 and F17 only if any language other than	rish or English is usually sp	oken at home see F14 above]
F16. As you may know, many people have problem child from a children's storybook in your own lang		check, can you read aloud to a

F17. Can you usually rea		s you migh	No[t have to dea No[al with in your o	own language?
F18. As you may know m child from a children's st F19. Can you usually rea	tory book written	in English?	Yes⊡₁ t have to dea	No \square_2	k can you read aloud to a sh? No□₂
F20. When you buy thing change? Yes	ys in shops with a □₁ No□	five or ten e			<u></u>
F21. Are you a citizen of	Ireland?	Yes	□1	No	Don't know☐ ₈
F22. What citizenship do	you hold?	Do	on't know		8
F23. Were you born in Ir	eland?	Yes	□1	No2	Don't know ☐8
F24. In which country we	ere you born?				Don't know 8
F25. How long ago did yo Within the year	Du first come to live last 1-5 years ago	ve in Ireland 6-10 years ago	? 11-20 years a	ngo More than years ag	
F26. [Card F26] What is y Irish	d		Any other Bla Chinese Any other As	ian background y)	8
F27. Do you belong to ar	y religion			Yes	· No 🗀 2
C R A O Je M	Page 15 Show Card F28 Aristian – no denome the common Catholic Inglican/Church of Institute Protestant Page 15 Aristian Laboratory (Specify)	reland/Episco	opalian		
F29. Do you have any fai	mily living in this a	area?	∕es □₁	No \square_2	
F30. What is your date of	f birth?	day _	mon	thyea	ar
F31. Int: Is respondent Time Section Ended	male or female?		 24 hour cloc	-	2

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 Nu	ımber	
Time Section Started	(24	nour clock)	Date day mth	—— vear
slightly sensitive we have complete this section and	included them in a section return it to the interviewe	n for you to comple r.	As some of these may be the by yourself. We would a PROVIDED IS TREATED IN T	e considered ask you to
S1. Are you the biological	parent of the Study Child	?		
Yes	s	S12 No[\Box_2 Go to S2	
S2. Are you the adoptive p	parent of the Study Child?			
Yes	\$ ₁	No[2 → Go to S7	
S3. Was that a domestic o	r an inter-country adoptio	n?		
	Domestic 1	Inter-country		
S4. Was this a within family	y adoption?	S5. From which		
Yes □ ₁ N	lo			
S6. What age was the Stud		him/ her? EASE GO TO S12	years	
S7. Are you the foster pare	ent of the Study Child?			
Yes	S1	No[□₂ → Go to S12	
S8. How long has the Stud	y Child been with your fam	illy? mont	hsweeks	
S9. Do you anticipate that	this will be a long-term fo	ster placement?	Yes	□2
S10. How many <u>previous</u> f	oster placements has the	Study Child been in	1? previous placements	DK… <u></u> 99
S11. Immediately before his/her family or in it	coming to live with you natitutional care?	was the Study Chi	ld living with another fos	
S11. Immediately before	coming to live with you volume to live with you volume to live with you volume to live with your family y□1	was the Study Chi		
S11. Immediately before his/her family or in it Another foster famil	coming to live with you natitutional care? y	was the Study Chi	ld living with another fos	ter family,
S11. Immediately before his/her family or in in Another foster famil	coming to live with you vinstitutional care? y Own family NOW PLE	was the Study Chi	Id living with another fos	ter family,
S11. Immediately before his/her family or in it Another foster famil Because the issue of fam and marital history.	coming to live with you wanted the stitutional care? y	was the Study Chi	Id living with another fos	ter family,

S13. In what year did you marry yo	ur (former) spoเ	ıse?	(year)		
S14. Since when have you been livi	ng apart / spous	e deceased?	(year)	
615. May I just check whether you	are currently liv	ing with some	one in the hou	sehold as a d	ouple?
Yes	No	_			
S16. Since when have you and you	r spouse or par	tner been livii	ng together?	(mth)(yeai
S17. Most people have disagreeme				,	
agreement or disagreement betwee					
	Always	Almost	Occasionally	Frequently	Almost Alwa
	Agree	Always Agree	Disagree	Disagree	Always Disagr Disagree
Philosophy of life		Agree		\square_4	5
Philosophy of lifeAims, goals and things believed impo	rtant			4	
Amount of time spent together			3		
S18. How often would you say the f					
oren nem enem meana yea eay ane .	Never	Less than	-		Once a More
	_	once a month	twice a month	twice a week	week ofter
Have a stimulating exchange of ideas Calmly discuss something together Work together on a project	'∐1	2	3	4	5
Salmly discuss something together		2	3	4	5
Work together on a project	1	2	3	4	5
S19. Many couples argue from time	to time Rough	ly how often	would you and	vour snouse	/ nartner arque
Most days	_	-	would you alla	your spouse	, partifer argue
At least once a week					
Less than once a week					
Hardly ever					
Never					
S20. How often would you argue at		en)?			
Most days					
At least once a week	<u> </u>				
Less than once a week					
Hardly ever					
Never					
S21. When you and your partner ar				Alas a st. al s	Maye/ Don't know
	Almost never/ never	Not very often Sc	metimes Ofter	Almost alvay	ways/
Shout or yell at each other	□1			ı □5	
Throw something at each other			\square_3	1	
Push, hit or slap each other				15	
S22. And to end an argument, how	often would you	u			Don't
	Almost never/	Not very			always/ know
2	never	often		Often alv	vays
Compromise				4	<u></u> 56
Apologise Change the subject	1			4	<u> </u>
Agree to discuss the issue later			3	╡⁴┈┈┈┝	⊒ 56
Agree to discuss the issue later Agree to disagree			🗀 3 [4	<u> </u>
Jse affection (hug) or make a joke ab				⊒ ⁴	56 6
		2	L3 L	4L	_ _15 _ 16
				٦. ٢	\neg _c \square _c
away, loavo the room or loavo the floor	aoo		🗀 3 L	4 L	0
Ignore or refuse to speak any more, waway, leave the room or leave the house the numbers below represent "happy," represents the degree of leave t	use 1	es of happine			
describes the degree of happiness				ne me mambe	, windi best
0 1	2	3	4	5	6
Extremely Fairly	A little			emely	
Unhappy Unhappy	unhappy F				erfect
S24. Do you feel that having Study	Child has				
Brought you and your Ma	ado vou logo	Mad	e no difference	Do	on't Know
	ade vou iess	1017-111			71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
spouse/partner clos	ade you less se than before,			В	on t Know
spouse/partner closcloser together,			ur relationship,	DC	on t Know

born who had a close relationship with or influence on the Study Chile	d?	
Yes1 No		
S26. How many? One	3	
Only answer questions S27 to S31 if you are the BIOLOGICA	NI MOTHED of the	Study Child
If not please skip to S32	AL MOTHER OF THE S	Study Child,
S27a.Did you have any medical fertility treatment for this pregnancy?		
Vaa		
Yes		
Clomiphene citrate alone		
IVF: In Vitro Fertilisation		
ICSI: IVF with intra cytoplasmic sperm injection		
Frozen embryo transfer		
Surgery involving the womb, tubes or ovaries		
Donor egg		
Other (please specify)		
S28a. Excluding the pregnancy, which resulted in the birth of <baby> have you been pregnant? Please include any pregnancies, which did</baby>		
	not go ran term.	tii 1100
And how many of these pregnancies were: b. Live births N	d Stillhirthe	N
e. Terminations N		
e. reminations N 1. Ectopic N 9. Guirei	itiy pregnant N	
S28h. And what age were you when you became pregnant for the first	time? Age in ye	ars
S29. Would you describe the pregnancy of the study child as a crisis	nregnancy? By this we	mean a
pregnancy that represents a personal crisis or emotional trauma. This	s can include a pregnar	ncy which began
as a crisis but over time the crisis was resolved. It can also include a	pregnancy which deve	lops into a crisis
before the birth due to a change in circumstances.		
Yes No		
S20. Of the following supports can you indicate which once you felt	vari naadad during thia	nroanono.
S30. Of the following supports, can you indicate which ones you felt and separately which supports you received? [Tick all that apply]	you needed during this	pregnancy,
Supports Supports		
Needed Received		
Needed Received Medical help/check-up □1 Counselling or advice □2		
Information on accommodation sources 3		
Information on rights and entitlements		
Support from family and friends 5 Don't know 6		
Other (specify)		
S31. [Show Card S36] Did you take any of the following (a) at any stag	e during your pregnand	
currently?		cy and (b)
A 01 11		
A. Sleeping pills	During pregnancy	Currently
	During pregnancy	
B. Tranquillisers	During pregnancy	
	During pregnancy	
B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.)	During pregnancy	
B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants	During pregnancy	
B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants G. Heroin, methadone, crack, cocaine	During pregnancy	
B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants	During pregnancy	

S25. Apart from your current partner (if relevant) have you had any other partners since the Study Child was

S32. Have you ever been treated by a medic	cal professional	for clinical de _l	pression,	anxiety or 'nerv	res'?
	Yes	No	□₂ → G	o to S34	
[Ask S33 if biological mother, otherwise	e ask S33a.]				
S33. Was this: [Tick all that apply] 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 0-2 months of age When <baby> was 2-6 months of age Since <baby> was 6 months of age</baby></baby></baby></baby>		n <baby> was (n <baby> was 2</baby></baby>	born 0-2 months 2-6 months	t apply] s of age s of age f age	
S34. Listed on this card are 8 statements all indicate how often you have felt this way do			y have fel	t or behaved. F	Please
I felt I could not shake off the blues even wit	h help from my	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 o the time (5-7 days)
family or friends		🔲 1	2		4
I thought my life had been a failure I felt fearful My sleep was restless				3	4
6. I felt lonely 7. I had crying spells 8. I felt sad		······	2	3	4 4
S36. Have you ever been to prison? S37. Can we check, does the Study Child's Lives here	mother / father li Go to S53	No□₂	you or else	ewhere?	
Yes, married to The state of	\neg	Study Child's So to S40 Add			Go to S53
S39. When did you separate or split up with Before child was born	_] ₁] ₂	's mother/fath	ier ?		
S40. What was the nature of your relationsh pregnant with the study child? (Please tick of		y Child's moth	ner/ father	when you beca	ame
Married and living together1 Cohabiting / living as married2 Separated3 Divorced	Just friends	ut not living togo		6	
S41. Do you have a formal or informal custo lives? Formal 1 Informal		t regarding the custody arrang			he / she
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
S44. Please describe the nature of this shared parenting
S45. How far does the Study Child's mother / father live from here?
Within $\frac{1}{2}$ hour's drive from here
S46. How often does the Study Child have contact with his / her mother / father ?
Daily
S47. Does the Study Child's mother/father make ANY financial contribution to your household and to maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direction maintenance payment etc.
No, he/she never makes any payment
Yes, he/she makes payments as required S49. About how much per year? € per year
Several times a About once A few times a Several times a Every day week a week month year Never 1
S51. How well do you get on with the Study Child's mother/ father? Would you say your relationship is? Very Neither positive nor Somewhat Very
Very Neither positive nor Somewhat Very positive Positive negative negative negative \square_1 \square_2 \square_3 \square_4 \square_5
S52. We would like to send a short questionnaire to the Study Child's mother/father. We would be happy show you the content of this questionnaire before we send it. Would you be able to provide us with contadetails for the Study Child's mother/father?
Yes
SE2. What is your date of high?
S53. What is your date of birth? daymonthyear S54. Int: Is respondent male or female? Male
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 STRICTLY CONFIDENTIAL 15/01/08 MOTHER or LONE FATHER QUESTIONNAIRE

TWIN MODULE

GROUP	SEQ NO		RESPONDENT
INTERVIEWER NAME		INTERVIEWER NO:	
Time Section Started		(24 hour clock) DATE:_	dd mm yy

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 / quardians will take about 90 minutes to complete

microlew with the parents / guardians will take about 50 minutes to complete.
All the information you and your family provide will be treated in the strictest confidence and not be released in any way which would allow the information you provide to be identified with or your family.
A. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS
Time Section Started (24 hour clock)
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 \square_1 No</baby>
A4. [Card B4] When you leave <baby> in someone else's care (not you or your partner), how does he/she usually react?</baby>
Is happy and settled by the time you leave

A5. [Card B5] And whe	-	•		ne or she usually act?
With a rejection of deliber				
With a mixture of delight Hard to tell, no particular	=			
Seems to be annoyed/ar				
A6. When you talk to <	baby>, do you feel	that he/she is main	taining eye contact w	ith you?
Most or all of the time	So	ometimes	Hardly ever or never	-
		2		
A7.	Scale	on parenting anx	ciety removed	
A8		J		
A.	Infant Cha	racteristics Ques	tionnaire removed	
	В.	BABY'S DEVEL	OPMENT	
Time Section Started		(24 hou	ır clock)	
			,	
	Scale on infant	t development rer	noved (ASQ/PEDS [OM)
5 44.5		10/		
BX1. Do you talk to you			•	
Never	Rarely	Sometimes	Often □ ₄	Always □-
_	_			b
BX2. Does your baby s	pend time with oth	ner children (other t	han brothers or sister	s)?
Yes everyday	Yes 2-6 times a wee		eek Less than o	
<u> </u>	2			4
BX3.				
BX4. And do you have [Int.: If yes, please specif	any other concern	on infant develop		or development?
		C. BABY'S HA	RITS	
Time Section Started		(24 hou	ır clock)	
C1. How many hours sl	leep do you get on	an average night, a	at the present time? _	N
C2. In general, what tim	ne in the evening d	loes your baby usua	ally go to sleep?	(24 hour clock)
C3. Approximately how (a) the day?	-	-	_	
C4. On a normal day w	hat time does your	baby usually get u	p at in the morning? _	(24 hour clock)
C5. Is your baby ever d	lifficult when put to	b bed?		
Most of the time	Often	At times	Rarely	Never
	2	3	4	5
				
C6. How often does you	ur baby wake at ni	_		
C6. How often does you		ght? Most nights	Every night	More than once per night
C6. How often does you	ur baby wake at nig sionally	Most nights	Every night	per night

Yes, usually	Yes, sometimes 		No, not at all
C9. How does your b	paby normally sleep?		
	On his/her side		
C10. Does <baby> u</baby>		 -	
-	wn		In your bedroom 3
n a room with other c	hildren	2	Elsewhere4
C11. Does <baby> s</baby>	eep in his/her own bed o	r cot most nights	s or does he/she share a bed or cot?
n bed/cot with other o	t :hildren		
C12. Approximately ped?	, , ,	ek would <baby></baby>	spend at least some part of the night in y
13 Do you feel that	<baby's> crying is a pro</baby's>	blem for you?	
'es	_1 No	2	
14 How much is <	paby's> sleeping pattern	or habits a probl	em for you?
large	A moderate	A small	No problem
	<u>problem</u>	-	I .
LJ1	2		
ime Section Start		(24 hour	
O1. Is <baby> currereach week?</baby>	ntly being minded by som	eone else, other	than you or your partner, on a regular bas
Yes		2	
	e (a) who else minds <ba< th=""><th>aby> on a regula er week spent in for this childcare</th><th>r basis, each type of childcare, e per week</th></ba<>	aby> on a regula er week spent in for this childcare	r basis, each type of childcare, e per week
	[Tick all tha		
\ relative in your hom	e		
	home		
A relative in their hom	e		
Someone else in their A professional caregiv	home1		N
Day nursery)	□1		_N €4
Other (please specify))		N €
D3. What age was <b< td=""><td>oaby> when you started to</td><td>o use the <u>main</u> c</td><td>hildcare arrangement?months</td></b<>	oaby> when you started to	o use the <u>main</u> c	hildcare arrangement?months
04. What was the sir	ngle most important reas	on for you choos	sing this <u>main</u> form of childcare?
	ngle most important reaso	_	
had no choice]1
had no choice could afford it] ₁] ₂
had no choice could afford it t was convenient t was linked to my job	· · · · · · · · · · · · · · · · · · ·]1]2]3]4
had no choice could afford it t was convenient t was linked to my job thought it would be b]1]2]3]4]5

	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
<u> </u>	2	3	4	5
D6.What are you	ur future intentions for	childcare? [Tick all that a	pply]	
	me on a full-time basis.	<u> </u>		
Baby minded by	my partner on a full-time	e basis2		
Part-time child-ca	artner and meare			
	are	<u>—</u> . I		
D7. Which type	of childcare?			
	home			
	your home			
	home	—· I		
	their homearegiver (e.g crèche/day	·		
	ecify)			
Other (piease sp	Cony/			
		-		
D8. [Card E8] Si	ince <baby> was born</baby>	has difficulty in arranging	child care ever [Tick	all that apply]
		ly or training		
		ursestudy		
f. prevented you	from engaging in social	activities E. SIBLINGS AND T	 	
f. prevented you g. Other please s Int: ask only if sik	from engaging in social specify Dlings recorded on house	E. SIBLINGS AND T		y about the baby (e.ç
f. prevented you g. Other please s Int: ask only if sit E1. Have any of hitting etc.)?	from engaging in social specify Dlings recorded on house	E. SIBLINGS AND Tehold grid		y about the baby (e.ç
f. prevented you g. Other please s Int: ask only if sit E1. Have any of hitting etc.)?	from engaging in social specify plings recorded on house the other children in y F. INFANT	E. SIBLINGS AND Tehold grid	WINS cularly jealous/unhapp	
f. prevented you g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFANT	E. SIBLINGS AND Tehold grid your household been parti	WINS cularly jealous/unhapp	
f. prevented you g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFAN arted	E. SIBLINGS AND Tehold grid your household been parti	WINS cularly jealous/unhapp	
f. prevented you g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFAN arted	E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour country	WINS cularly jealous/unhapp SICAL DEVELOPM	
f. prevented you g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes Time Section St F1. How much of the section St. F2. What was <	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth baby's> length at birth</baby>	E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour country	WINS cularly jealous/unhapp SICAL DEVELOPM clock) ORkgs	ENT
f. prevented you g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes Time Section St. F1. How much c F2. What was <i [card="" a.="" b.="" c.="" complex="" complication="" f3.="" h8]="" labor="" long="" no="" rapid="" section="" st.<="" td="" very="" w=""><td>from engaging in social specify plings recorded on house the other children in y </td><td>E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour of the counces) rth?lbsounces ?inches OR</td><td>WINS Cularly jealous/unhapp SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in Isinjury – nerve injury / frac</td><td>ENT oly] other sign</td></i>	from engaging in social specify plings recorded on house the other children in y	E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour of the counces) rth?lbsounces ?inches OR	WINS Cularly jealous/unhapp SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in Isinjury – nerve injury / frac	ENT oly] other sign
f. prevented you g. Other please so that ask only if site E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth tere there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour of the light of the light of the light) rth?lbsounces ?inches _OR ations during the <baby's:< td=""><td>WINS Cularly jealous/unhapp SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury - nerve injury / fractic complication [please specimes]</td><td>ecify]</td></baby's:<>	WINS Cularly jealous/unhapp SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury - nerve injury / fractic complication [please specimes]	ecify]
f. prevented you g. Other please so that ask only if site E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth the there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particular and the second seco	WINS Cularly jealous/unhapp SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury - nerve injury / fractic complication [please specimes]	ecify]
f. prevented you g. Other please so the plea	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth the there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particular and the second seco	WINS cularly jealous/unhapp SICAL DEVELOPM clock) Mage cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury – nerve injury / fract complication [please special Care Nursery after he mow 1	eture / bruising \square_7
f. prevented you g. Other please so the plea	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth dere there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particular country T'S HEALTH AND PHY (24 hour country rth?lbsounces ?inches OR ations during the <baby's:< td=""><td>WINS cularly jealous/unhapp SICAL DEVELOPM clock) Mage cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury – nerve injury / fract complication [please special Care Nursery after he mow 1</td><td>ecify]</td></baby's:<>	WINS cularly jealous/unhapp SICAL DEVELOPM clock) Mage cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury – nerve injury / fract complication [please special Care Nursery after he mow 1	ecify]

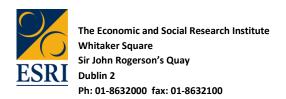
F8. Was <baby> ever breastfed?</baby>	INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH
Yes1 No	Go to H16
F9a. Was <baby> ever exclusively</baby>	v breastfeed?
	at the infant receives only breast-milk without any additional food or drink]
Yes No	
•	he/she stopped being <u>exclusively</u> breastfed?
DaysWeeks	Months
F10a. Are you currently breastfee	eding <baby> (include partial/complementary breastfeeding)?</baby>
Yes Go to F11	No
F10b. How old was <baby> when</baby>	n he/she completely stopped being breastfed?
	Days Weeks Months
F10c What were the main reason	n(s) you stopped breastfeeding <baby> [Tick all that apply]</baby>
Not enough milk/hungry baby	
Inconvenienced/fatigue	
Difficulty with breast feeding technic	ques $\boxed{\square}_3$ Partner/father wanted me to stop/her to stop $\boxed{\square}_{10}$
Sore nipples/engorged breast	
Mother's illness	
Planned to stop at this time	
Baby weaned himself/herself	
Cow's milk?	nte or SMA?DaysWeeksMonths
Any other type of milk, such as s	soya milk?DaysWeeksMonths
F12. What else does <baby> drinl</baby>	k apart from milk or formula? [Tick all that apply]
Water	
Baby Juice	
Fruit juices/Cordial/Squash	\Box_3 Other [please specify] \Box_7
Fizzy or soft drinks (e.g. lemonade,	, coke)
F13. Can I check, has <baby> had</baby>	d any solid food on a regular basis?
REGULARLY = MORE THAN TWICE A WE	EEK FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED	FRUITS ETC. – NOT MILKS OR DRINKS
Yes No	······································
	he/she first had solid food regularly?
Dave Wooks	
DaysWeeks	Months Hasn't yet □₁
·	Months Hasn't yet □₁
F15. In general, how would you d	Months Hasn't yet □₁
F15. In general, how would you of (b) <baby's> Current Health</baby's>	
F15. In general, how would you o (b) <baby's> Current Health</baby's>	Months Hasn't yet □₁ describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth) (a) Health at birth (b) Current health</baby's>
F15. In general, how would you of (b) <baby's> Current Health Very healthy, no problems</baby's>	Months Hasn't yet describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth) (a) Health at birth (b) Current health</baby's>
F15. In general, how would you of (b) <baby's> Current Health Very healthy, no problems Healthy, but a few minor problems</baby's>	Months Hasn't yet describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth) (a) Health at birth (b) Current health</baby's>
F15. In general, how would you of (b) <baby's> Current Health Very healthy, no problems</baby's>	Months Hasn't yet □₁ describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth) (a) Health at birth (b) Current health</baby's>

F16. Can you tell me whether <baby> has received:</baby>	: [Tick all that apply]
Their six-week checkup	6 months
F17. [Card H22] Why has <baby> not had all of his of</baby>	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	
F18. [Card H23] Has a medical professional ever tol [Tick all that apply] a. Chronic respiratory disease [including asthma]	d you that <baby> has any of the following conditions?</baby>
b. Heart abnormalities	
c. Digestive allergies (e.g. lactose intolerant)	
d. Eczema or any kind of skin allergye. Difficulty hearing or deafness (Do not include a temp	
to a cold or congestion)	
f. Difficulty seeing	
g. A problem with mobility or using his/her arms legs to	
h. A problem with using his/her hands or arms	
i. Cerebral palsyj. Chronic kidney disease	
k. Diabetes	
I. Any developmental delay	
m. Down syndrome	
n. Cleft lip and/or palate	
o. Other long-term condition [please specify] p. None of the above	
p. None of the above	
describe his/her health condition(s) as minor, mode	NSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE
Minor \square_1 Moderate \square_2	Severe □3
taken to the GP, Health Centre or Health visitor, or t	ealth problems or illnesses for which <baby> has been to Accident and Emergency. What were these problems?</baby>
[TICK ALL THAT APPLY] a. Snuffles/common cold	k. Tight foreskin□11
	. Hernia
c. Ear infections	m. Sight or eye problems $\overline{\square}_{13}$
d. Feeding problems	n. Failure to gain weight or to grow \square ₁₄
e. Sleeping problems	D. Persistent or severe vomiting
f. Dental problems (e.g. teething) \square_6 pg. Wheezing or asthma \square_7	o. Persistent diarrhea or constipation
	7. Meningitis
	s. Colic
j. Undescended testicle	. Other health problems [please specify] $\overline{\square}_{20}$
	u. None of the above \square_{21}

F21. Since <baby> was born, how many times hat following about the <baby's> physical health? (excl</baby's></baby>			on the te	icprioric with	any or the
A general practitioner (GP), or family physician		N			
A paediatrician		N			
A public health nurse or practice nurse					
Another medical doctor (such as a hearing specialist)					
Accident and Emergency or Outpatient		N			
F22. Has <baby> ever been admitted to a hospital we're summer of the sum</baby>		e of an illne		n problem?	
F23. Not including when he/she was born, approxin in hospital? NOT HOSPITAL OUTPATIENT OR EMERGE				> spent ights	
F24. Since <baby> was born, was there any time, in or treatment but did not receive it?</baby>	your opinic	n, when he	she neede	d a medical ex	camination
Yes ☐ ₁ No ☐ ₂ Don't know	3	Refused	4		
F25. Why did <baby> not get the medical care or tre</baby>	eatment? W	as this beca	ause:[TICK \	ES OR NO TO	EACH]
		Yes	No		
You couldn't afford to pay					
The necessary medical care wasn't available or access You could not 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)					
F26. Many babies have accidents at some time. Has			<u>n accident,</u>	<u>injury, or swa</u>	allowed
something that required a visit to the doctor, health	centre or h	ospital?			
Yes	2				
F27. How many separate accidents/injuries has he/s	she had that	required a	visit to the	doctor, health	n centre or
F28. Has <baby> stayed in hospital for at least one yes</baby>	_			uries or accid	ents?
G. FAM	IILY CONTI	EXT			1
Time Section Started	(24 hour c	ock)			
G1. [Card K1] Please rate how much you agree or do how things are for you and <baby> now. Remember honest as possible.</baby>	er, there are		_	swers, just tr	
	Strongly	Agree	Not	Disagree	Strongly
A. I am happy in my role as a parent	Agree —	П.	sure ∃₃	П.	Disagree □_
B. There is little or nothing I wouldn't do for			3	4	5
my child if it was necessary	\square_{4}	\Box_{\circ}	\Box_2	\Box_4	
C. Caring for my child sometimes takes		🗀 2	<u> </u>		□⊃
more time and energy than I have to give					
D. I sometimes worry whether I am doing	1 14	\Box_{\circ}		\Box ₄	\Box_{ϵ}
enough for my child		2	3	🔲 4	5
Chough for the office manner.			_		□5
F I feel close to my child			3		5 5
E. I feel close to my child	····		3 3		
E. I feel close to my childF. I enjoy spending time with my child	····	2 	33 33		
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	····	2 	33 33		5 5 5 5 5
E. I feel close to my child		2 2 2	33 33	4 4 4	
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		2 2 	33 33 33	4 4 4 4	5 5 5 5 5
E. I feel close to my child			33 33 33	44 44 44	5 5 5 5 5 5 5 5
E. I feel close to my child			33 3 3 3 3	44	5 5 5 5 5
E. I feel close to my child			33 3 3 3 3	444444444444444444444444444444444	5 5 5 5 5
E. I feel close to my child			33 33 33 33 33	4	55555

M. The behaviour of my child is often embarrassing					
or stressful to me.	🔲 1		3		5
N. If I had it to do over again, I might decide					
not to have child	🔲 1		3		5
O. I feel overwhelmed by the responsibility of					
being a parent	🔲 1		3		5
P. Having child has meant having too few choices and					
too little control over my life	🔲 1	. \square_2	3	🔲 4	5
Q. I am satisfied as a parent.	🔲 1		3		5
R. I find my child enjoyable	🔲 1		3		5

Secondary Caregiver Twin Questionnaire





NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE PILOT 15/01/08 STRICTLY CONFIDENTIAL FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE

GROUP	SEQ 1	NO.			RESPO	NDENT			
INTERVIEWER NAME		_	INTERVIEWER	NO:					
Time Section Started			(24 hour clock)	DATE:	_ddmn	nyy			
Hello, I'm from the Eco Growing Up in Irelan government study abo Research Institute and are currently doing pil month-old infants and	d - the National out children in Irela Trinity College Du ot work for this p	<i>Lon</i> g and. blin.	<i>itudinal Study</i> It is being und I have an inforn	<i>of Chil</i> dertaken nation le	dren. by the aflet her	This is Econom e about	a maj nic and the stu	or n I Soc udy.	nev cia We
We are seeking to inte interview with the pare	•	_				ld Study	/ Child	>. 1	Γhe
All the information you not be released in any or your family.	way which would	allow	the information	you pr	ovide to	be ident			
A. PAR	ENTING, CHILD'	S FUI	NCTIONING A	ND REI	LATION	SHIPS			
Time Section Started			(24 hour clock	<u>.</u>)					
Now I'd like to ask you so A1. [me questions about Scale on parent	-		-	oved				
A2.		-	t's reactions re						
Time Section Started]	(24 hour clock	<u>(</u>)					
Now I'd like to ask you so	me questions about	_ . ∠hahı	v'e> habite and re	outings					
Now I'd like to ask you so B1. When you leave <bab Is happy and settled by the Is unhappy at first but quick Remains unsettled and unh</bab 	y> in someone else's time you leave	s care	(not you or your	partner), □ ₁ □ ₂	how doe	s he/she	usually	reac	ct?
B2. And when you collec	t <baby> from some</baby>	one el	se's care, how do	oes he or	she usua	ally act?			
With delightWith a mixture of delight an				_					

Hard to tell, no particular emotion3Seems to be annoyed/angry with me for leaving him/her4

B3. When you talk to	<baby>, do you feel that h</baby>	e/she is mainta	aining eye co	ontact with y	ou?					
Most or all of the time	Sometime		Hardly ever	or never						
	□₁B4. How much is <baby's> sleeping pattern or habits a proble</baby's>									
		-	•							
A large problem	A moderate problem	A small probler	n Nop	roblem at all						
<u> </u>	2	3		🔲 4						
B5. Do you feel that	baby's> crying is a proble	em for you?	Yes	1	No	2				
C. FAMILY CONTEXT										
Now I'd like to ask yo	u some general questions	about your fai	mily as a who	ole.						
	rate how much you agree				statements i	n relation to				
how things are for yo	u and your child <u>now</u> . Rei	member, there	are no right	and wrong	answers, jus	st try and be				
as honest as possible).									
		Strongly	Agree	Not	Disagree	Strongly				
A I am bammi'a		Agree		sure		Disagree				
	e as a parent	1	2	3		5				
B. There is little or noth	ling I wouldn't do for									
	sary	·····	2			5				
C. Caring for my child s										
	than I have to give	·····	2	3		5				
D. I sometimes worry w		_		_	_					
enough for my child		∐1	2		🗀 4	5				
	ild				🗀 4	5				
	e with my child					5				
	tant source of affection for n	ne □ ₁	2	3	🔲 4	5				
H. Having a child gives										
	the future					5				
I. The major source of	stress in my life is my child		2	3	🔲 4	5				
J. Having a child leaves	s little time and flexibility in n	ny life. □₁	2	3	🔲 4	5				
K. Having a child has b	een a financial burden	1	2	3	🔲 4	5				
L. It is difficult to balance	ce different responsibilities									
because of my child			П2		П4	5				
	y child is often embarrassing		_		_					
			\square_2	\square_3	\square_4	\square_5				
N. If I had it to do over						 _				
			\Box_2	\square_3	\square_4	\Box_{5}				
O. I feel overwhelmed I		·······								
			\Box_2							
• .	ant having too few choices a				4	□0				
	y life		□-		□.	□-				
	arent					5 —_				
D I find my shild anion	able	········		3		5				
ix. i ililu iliy cililu enjoya	anie	1	2	3	4	5				

Non Resident Parent Questionnaire





Growing Up in Ireland – national study of children Strictly Confidential

Non Resident Parent Questionnaire Infant Pilot

Group Code Sequence Code Datedaymonth									
Please Read This First This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434.									
If you would prefer to complete the questionnaire with an interviewer over the phone, please call 1800 200 434 during office hours									
First of all, we would like to ask you a few questions about the time you spend with the study child									
Q1. How long is it since you last saw your child? days weeks months									
Q2. How many nights do you and the study child spend together in a typical month? nights									
Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? days									
Q4. How long does a typical contact occasion last? days or hours									
Q5. How do you feel about the <u>amount</u> of time you spend with the study child? Please tick one of the following:									
Nowhere near enough Not quite enough About right A little too much Way too much \square_1 \square_2 \square_3 \square_4 \square_5									
Q6. If you feel that you do <u>not</u> 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									
Q7. When you are spending time with the study child, where do you like to bring him or her? A list of place is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most most most most most most most mos									
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									
Formal, negotiated arrangements other than legal (e.g. counsellor)2									
Mutual arrangement with no third party negotiator □₃ No regular arrangements□₄									

impor	tant f	for you, as	•	to do? P				•	•	think are the most at), 2 (second most
Showii	ng my	child love	and affection	n						
Taking	j time	to play with	n my child							
Taking care of my child financially										
_	-		and ethical g							
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 <u>quality</u> 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".										
Excelle	ent	1	2	3		4	5 V	ery 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:										
We						Every day		t least e a week	At least once a month	Rarely or never
	Pre	pare food fo	or the child a	at home		□ 1		<u></u>	Пз	<u>4</u>
	Put	the child to	bed			□ 1		\square_2	\square_3	<u></u> 4
	Cha	ange nappie	es/bathe chil	d		□1		\square_2	\square_3	<u></u> 4
	Tak	e the child	to doctor /de	entist etc		□ 1		<u></u>	<u></u> 3	<u></u> 4
	Tak	e the child	to or from cr	eche		□ 1		<u>2</u>	_3	<u></u> 4
would	l like to	o record som	ne information	about the ki	ind o	f financial sup	oport you	u provide fo	r the study child and	I his or her household.
			hing directl child reside						e child's home (i. ome)?	e. the house or
Yes, I	pay th	ne full amou	ınt due	[□ 1	No, I don't	pay tov	vards the r	ent or mortgage d	irectly□₃
Yes, I	pay a	contributio	n	[<u></u> 2	There is no	rent o	r mortgage	owing on the hor	ne□4
Q13. If	f you	pay all or p	part of the r	nortgage o	or re	nt, how mu	ch do y	you pay p	er month? €	per month
Q14. E	Oo yo	u provide f	financial su	pport to th	e ch	nild's mothe	er (othe	er than a d	lirect rent or mor	tgage payment)?
Never		1								
Yes		2 a regular	payment to	the value	of 4	€ per ı	month (excluding	direct rent/mortga	ge payment)
Yes		3 on an as-	-required ba	asis (e.g. b	ack	to school)	to the v	/alue of €	per year	
Q15. If	-	-	ular paymer	nt as in Q1	4 ab	ove, how d	id you	decide on	the amount/sch	edule? (Please tick
Mutua	l agre	ement with	mother		🗖]2				
	-	-	any supporteeded, etc?		n fin	ancial, e.g.	home	repairs, m	ninding the family	/ pet, generally
	Nev	⁄er]1	Yes, occ	casic	nally	2	Yes, f	requently	□3

Q17. What was the status of the study child? (Please tick	-	p with the study	child's mother wher	n she became pregnant	with	
Married and living together Cohabiting/living as married Separated Divorced	[$\left. ight]_2$ Just $\left. ight]_3$ No r	friends	gether □5 □6 □7		
Q18. What age was the stud	y child when you	separated from	the child's mother f	or the first time?		
AGE	months OR	weeks				
		OR				
Had separated before birth	□1	OR Never li	ved with mother	2		
Q19. Are you named on the	study child's birt	th certificate?				
Yes	l No		⊡₂ Not sure	3		
Q20. If you have never been	married to the S	tudy Child's mot	her have you applie	d for guardianship?		
No□ ₁ Yes,	through mother o	nly Yes	s, through court]3		
Q21. If yes, was this applica	tion successful?	Yes□₁	No□ ₂ Ongo	oing□ ₃		
Q22. How often do you talk about your child with the child's mother? Every day						
Q23. How well do you get or	n with the child's	mother? Would	you say your relation	onship is?		
Very positive	Somewhat positive	Neutral	Somewhat negative	Very negative		
	\square_2	\square_3	<u></u> 4	<u></u> 5		
Q24. Often parents have to indicate the degree of influe	-	_			ıse	
	A lot of influence	Some influence	No influence	Don't know		
	□ ₁	\square_2	\square_3	□ 4		
Q25. Do you want to be invo	olved in raising ye	our child in the c	oming years?			
Yes □ ₁	No	<u></u>	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 Some of the time the time Rarely Never a. You talk a lot about your child to your friends and family \square_1 \square_2 \square_3 \square_3 b. You carry pictures of your child with you wherever you go \square_1 \square_2 \square_3 \square_4 c. You often find yourself thinking about your child \square_1 \square_2 \square_3 \square_4 d. You think holding and cuddling your child is fun...... \square_1 \square_2 \square_3 \square_4 e. You think it's more fun to get your child something new than to get yourself something new \square_1 Finally, we just have a few questions about you. _____(day) _____ (mth) ____(yr) Q27. What is your date of birth? (DD/MM/YYYY) 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 \square_1 Retired from employment \square_6 Looking for first regular job□₂ Unable to work due to permanent sickness or disability Student or pupil Other (please specify) 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 Certificate Primary Junior Cert. or equivalent Leaving Cert. or equivalent Postgraduate Degree Q32. Which of the following best describes your current marital status? Single □₁ Divorced □₅ Widowed □₆ Remarried (or cohabitating) following Remarried (or cohabitating) following Divorce □₃ Q33. Are you currently living with a partner? Yes 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?

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

Fair

 \square_4

____ by same parent as Study Child's

Q37. If you are NOT Irish, how long have you been living in Ireland? _____ years OR _____ months

Good

 \square_3

____ by a different partner(s)

Poor

 \square_5

None..... □₁

Q36. What nationality are you?

Excellent

 \Box_1

Q38. How would you describe your general state of health?

Very good

 \square_2

Non Resident Parent Information Sheet





NON – RESIDENT PARENT'S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

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.

NON - RESIDENT PARENT'S INFORMATION LEAFLET

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.

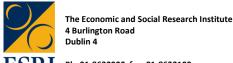








Home-based Carer Questionnaire



a. Cuddly toys or dolls

Ph: 01-8632000 fax: 01-8632100



GROWING UP IN IRELAND - national study of children

	Strict	ly Confide	ential -	– HOME	E-BASE	D CARE	Infant Pil	ot
Group Code	s	equence Cod	e		Da	te	_ day	month
PLEASE READ THIS FIRST This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team. IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS								
First of all, we would	l like to ask you	u some que	stions	about ca	ring for	the study	child in part	icular.
Q1. Which of the foll	owing best des	scribes you	r relati	onship to	the stu	dy child?		
Grandmother Grandfather Other relative Friend of parent			Nanny Regis	y/au pair tered chi	ldminde	 r	5 6 7	
Q2. Do you live in the	e home of the	study child	(includ	de granny	flat or g	juest acco	mmodation	as part of the child's home)?
Yes1	No	2						
Q3. Do you care for t	the study child	in his / her	own h	ome; in y	our hom	ne or some	ewhere else?	•
Study Child's home Somewhere else (plea				y own hon	ne		2	
Q4. How long have y	ou been caring	g for the stu	dy chi	ld?	_ years _	months	s weeks	
Q5. How many hours	s per week do y	ou care for	the st	udy child	?		_ hours	
Q6. How many <u>days</u>	per week do yo	ou care for t	he stu	dy child?	·		_ days	
	-	nship with t Somewhat ea		dy child. Neither e	easy nor	-	cult do you f hat difficult	ind getting on with the child' Very difficult
	<u>1</u>	\square_2			,		_ 4	<u></u> 5
We would also like	e some genera	l informati	ion on	the env	ironmeı	nt in whic	ch you look	after the study child
	, how many ch i ildren	ildren are in	your	care (exc	luding th	ne study c	hild, but incl	uding your own children)?
Q9. What ages are th	nese children?	(Please indi	icate tl	he numbe	er of chil	dren in th	ese age cate	gories, again excludingt the
0 – 11 months			7-9 yea	ars			🔲 4	
1- 3 years		2	10 - 12	2 years				
4-6 years		3	12 yea	irs and ov	er		6	
Q10. How many of th	ne following typ	oes of toys a	are the	ere availal	ble to the	e child wh	ile in your c	are?

Q13. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

Q11. On average, how many hours per day does the child spend watching TV or DVD's while in your care?____ hrs

b. Activity type toys _____ (number)

Almost never ___1 Sometimes 2 Often 3 Always 4

Q12. In a typical day, how long would the child spend asleep while in your care? ____hours

____ (Enter number of toys)

Q14. Do you look after the study child when he or she is sick?								
Never								
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								
Q17. What nationality are you?								
Q18. Which of the following best describes your current employment status?								
Working for payment or profit								
Q19. Is caring for children your main occupation?								
Yes								
Q20. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher'	:r').							
Q21. What is the highest level of education that you have completed?								
No formal education								
Primary								
Junior Cert. or equivalent								
Leaving Cert. or equivalent								
Q22. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding you experience of raising your own children?	ur							
No								
Yes, certificate level of less than one year's duration								
Yes, certificate level or above of greater than one year's duration								
Q23. Have you undertaken any other training relevant to caring for children? Tick all that apply								
Child psychology								
Q24.How long have you regularly worked 10 or more hours per week in a childcare situation? years months								

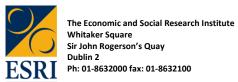
THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.

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

Centre-based Carer Questionnaire





GROWING UP IN IRELAND – national study of children Strictly Confidential – CENTRE-BASED CARE Infant Pilot

Group Code Sequence Code								
PLEASE READ THIS FIRST This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team. If YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS								
Q1. How long has the study child been attending this centre? years months weeks								
Q2. How many hours per week does the study child attend the centre? hours								
Q3. How many days per week does the study child attend the centre? days								
Q4. Compared with other children, do you think this child is ?								
Much easier to get on with than average								
Q5. Please think about your relationship with the study child. How easy or difficult do you find getting on with								
the child? Very easy Somewhat easy Neither easy nor Somewhat difficult Very difficult difficult								
\square_1 \square_2 \square_3 \square_4 \square_5								
We would also like some general information about the care centre.								
Q6. Are you registered with the Health Service Executive?								
Yes								
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								
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								
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 never1 Sometimes2 Often3 Always4								

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)?									
Q17. How many of these	Q17. How many of these staff has a formal childcare qualification? no. of staff								
Never	ed to leave sick children int Rarely	Frequently		Always	4				
			(dov)	(mth)	(vg)				
Q19. What is your date	e of birth? (DD/MM/YYYY		(day)	(mun)	(yi)				
Q20. Are you?	Male □ ₁ F	emale							
Q21. What is your nation	nality?								
Q22. Which of the follow	wing best describes the ty	pe of care your c	entre provides?						
After-school supervision .	П1	Youth centre							
Study group		Other							
Q23. What is your highe	est level of qualification in c	childcare or relate	d discipline (e.g. te	eaching, nursing	, Montessori etc.)?				
No formal qualification	🔲 1	Degree							
Certificate	2	Postgraduate D	egree	5					
Diploma									
Q24. Please indicate the	subject area in which the	qualification was	obtained:						
Childcare	🔲 1	Special needs a	ssistance	5					
National school teaching	2	Speech and lan	guage therapy	🔲 6					
Other education		_							
Child psychology/develop	oment	Other		🔲8					
Q25.When did you recei	ive this qualification?	Year:							
Q26. Have you undertake Child psychology	en any other training relevant	•	en? Tick all that app	·					
Sign language First aid	<u> </u>	Other		5					
Q27. Is caring for childre	en your main occupation?	Yes [□ ₁ No □	$]_2$					
Q28. If no, please descri	ibe your main occupation a	as fully as possibl	е						
Q29.How long have you	regularly worked 10 or mo	re hours per weel	c in a childcare situ	uation? yea	arsmths				
Q30. How long have you	u worked in this particular o	care centre?	years	months					
Q31. Overall, are you ha	appy working in childcare?								
Strongly Agree	Agree	Neutral	Disagree	Strongly Disag	ree				
	\square_2	□ ₃	□ ₄						

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

Carer Information Sheet





CARER INFORMATION LEAFLET

What is the Growing Up in Ireland study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

Growing Up in Ireland includes 10,000 nine-month olds and their families.

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

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week.

Why am I being asked to take part?

As a carer of the study child we feel that you too have a contribution to make.

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

Who is running the study?

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

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

CARER INFORMATION LEAFLET

What do I do next?

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

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

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

Your participation counts.

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

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

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









 $\label{lem:condition} \textbf{Appendix} \ C-\textbf{Instrumentation} \ used \ in \ the \ dress \ rehearsal \ phase$

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

(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)









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:	

PPSN Consent









Group

PERSONAL PUBLIC SERVICE NUMBER (PPSN)

MUM				
R1	As you know, we hope to intervitracing you at that time if we we your child. Your number and yowe used for selecting the sampl these by the Department of Socioto (a) your number and (b) your tracking or tracing of responder	ere able to use your P our child's number ar le used for Growing U ial and Family Affairs child's number from	ersonal Public Service no e available from the Child Jp in Ireland. We have no s. Would you be willing to the Child Benefit Registe	umber (PPSN) or that of d Benefit Register which of been provided with of allow us to have access
	(a) Your own number	Yes \square_1	No2	
	(b) Your child's number	Yes □1	No	
R2.	In the future it might be possible great assistance in the sort of spossible to use the PPS number (a) on your own behalf and (but purposes. No government depart	statistical analysis w r to link to other data o) on behalf of your	hich we carry out as par sources would you be w child. This would be	of this survey. If it were villing to allow us to do so used only for statistical
	Would you be willing to allow ulinking to other data sources for		•	PS number to assist us in
	(a) Your own number	Yes	No2	
	(b) Your child's number	Yes □1	No □2	
	(Signed)			-
DAD	(as relevant)			
R3	As you know, we hope to intervent tracing you at that time if we we you be willing to allow us to moving between our interviews?	ere able to record you	ur Personal Public Servic	e number (PPSN). Would
	Yes	No	2	
	PPS Number:			
R4	In the future it might be possible great assistance in the sort of future if it were possible to use us to do so. This would be use department or similar body would be used.	statistical analysis y your PPSN to link to ed only for statistica	which we carry out as p o other data sources wou I purposes or statistical	art of this survey. In the ild you be willing to allow
	Would you be willing to allow udata sources for statistical purp		your PPS number to as	sist us in linking to other
	Yes	No	2	
	(Signed)			_

NPRS Consent

Group		
Hhold		



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



The Economic and Social Research Institute Whitaker Square Sir John Rogerson's Quay Dublin 2





I	ESRI Ph: 01-8632000 fax: 01-8632100		a market
	GROUP	Hhold	
INT	ERVIEWER NO		INTERVIEWER NAME
	<u>GR</u>	OWING U	IP IN IRELAND
	FOLLO	OW UP / TRA	ACING INFORMATION
R.1	Thank you very much for your participa	ation in the G	Growing Up in Ireland survey.
	As we said at the outset, we will be cor is 3 years old. We will also be sending		again with a view to interviewing you when your child on our progress from time to time.
			ne number) of some relative, friend, neighbour or any nelp us in contacting you, should you move between
	[Int: Record name of contact person and a Please note that contacts should be different		r phone number below for Mum AND Dad (where relevant) tact person for Mum and another for Dad].
	IUM 		DAD (if relevant)
	ame:		Name:
A:	ddress :		Address:
_			
Pl	hone: ()		Phone: ()
R	elationship to respondent:		Relationship to respondent:
		Qualitative	Study
w le th th	hat we describe as a qualitative study. Thess structured way to the one which we had is qualitative sample in about 2-3 months	nis involves a nve just comp time. Would qualitative st	the randomly selecting 120 households for inclusion in a further interview of your family, though in a slightly eleted. We will be selecting the 120 households for I it be OK if we were to include your family among tudy? Please note that there is no guarantee that
	OK to include family in qualitative students of the control of the	-	
		Nostad Ct	

Nested Study

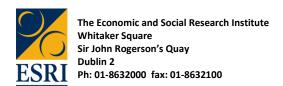
R4 Finally, as part of the Growing up in Ireland project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called 'nested studies' arose we would write to relevant households and ask whether or not we could approach 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	1

Work Assignment Sheet

NLSCI INFANT DRESS REHEARSAL 2008 INTERVIEWER 9999 Mr Joe Bloggs Group 8 Hhold 520	Outcomes 1 Completed 2 Cannot locate address 3 Vacant/demolished/derelict 4 No contact despite repeated call backs 5 Refused to interviewer - PHONE	ESR
Please interview between 7/05/2008 and 6/ 06/ 2008 Child's Name: Peter Smith Date of Birth	6 Refused to interviewer - FACE to FACE 7 Refused to office 8 Language problems 9 Unavailable within specified dates 10 Return to office (known/moved to another area) 11 Moved -no forwarding address 12 Interview broken off -will not complete 13 Other -please specify	
other's name: Mary Smith ddress: 4 Burlington Road, Dublin 4 arent phone numbers	GPS readings (from list above) A B	
SECTION A If yes, interview completed Sensitives why not? Lives in household y N Y N Y N y N Y N Why not? y N Y N Y N y N Y N Mother/Lone Father y D D D D D D D D D D D D D D D D D D D	SECTION B Y N SECTION C Y N Consent form signed □ □ PPS Child - Tracing □ □ NPRS Permission □ □ PPS Child - Linkage □ □ Qualitative permission □ □ PPS Mother - Tracing □ □ Nested permission □ □ PPS Mother - Linkage □ □ Observation sheet □ □ PPS Father - Tracing □ □ Followup/tracing sheet □ □ PPS Father - Linkage □ □	
SECTION D Is there a NON RESIDENT PARENT? If so, name, address and phone number of non-resident parent: Name Address Phone Permission to contact Yes D No	SECTION E Is there a REGULAR CHILD MINDER? Home based□1 Centre based □2 None.□3 Name of carer/centre Address of carer/centre Phone Permission to contact Yes □ No □	
SECTION F - ASQ Re-test Paper Length (cms) Head Circumference (cms) Date measurements taken	Please complete <u>ALL</u> sections A to F Work Assignment sheets <u>MUST</u> be returned to ESR before payments for household can be processed	1

Primary Caregiver Questionnaire







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

GROUP	HHOLD		RESPONDEN	IT TI
INTERVIEWER NAME	·····	INTERVIEWER NO:		
Time Section Started		(24 hour clock) DATE:	:ddmmyy	,
We are seeking to interview parents/guardians and child will t for you in the field]. All the informand will not be released in any wa or your family. If however, we as person is at risk we may have to a	ake about 90 min ation you and you ay which would al re told somethin	nutes to complete [INT ir family provide will be low the information yo	ERVIEWER: Adjust e treated in the stric ou provide to be ide	t as appropriate ctest confidence entified with you
The Department of Health and Ch (OMC), in association with the Dep Department of Education and Sci group of researchers led by the Ed Centre at Trinity College Dublin is	partment of Social ence is represen conomic and Soc	I and Family Affairs ar ted on the Steering G ial Research Institute (nd the Central Statis roup which overse	stics Office. The es the Study. A
A. INTI	RODUCTION AND	HOUSEHOLD COMPO	SITION	
A1. Are you the parent / guardian of	of <baby> who us</baby>	sually provides the mo	st care to him / her.	a.
Yes	□1	No2		
A2. [Int: Record gender of respond	lent] Male	Female	2	
A2a. Record <baby's> name:</baby's>				
A2b. Record <baby's> gender</baby's>	Male[☐ ₁ Female	2	
A2c. Record <baby's> date of birth</baby's>	nddmı	myyyy		
A3. [Card A3] Looking at Card A3, <baby>? [Interviewer use codes only</baby>	_	hich of the following b	est describes your	relationship to
A. Biological parent (mother/ father)B. Adoptive parent (mother/ father)C. Step-parent (mother/ father)D. Foster parent (mother/ father)		E. Grand parent F. Aunt/uncle G _. Other relative/ in la H. Unrelated guardia]6] ₇
A4. How many people in total (inc of this household?	luding yourself a	nd all children of all ag	es) live here regula	arly as members

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

		(A)	(B)	(C)		(D)				(E) Sh	ow Ca	rd A5E	-	
No.	First name/Initial	Sex	Date of Birth	If DOB not available	and child. l	ip of each mem Jse Relationshi v card. Show C	ip Codes from		ation	ning	p		Se	
Person No.	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	M F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: Mother	R'SHIP TO: Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	011111111111111111111111111111111111111			yrs	1	////				Пз	<u>4</u>	5	☐ ₆	Ħ
2				yrs	2		////		l			5		I-
3				yrs	3			\Box_1	l			5		
4				yrs	4			\square_1	\square_2	Шз	□ 4	<u></u>	<u></u> 6	
5				yrs	5			\square_1	\square_2	Пз	□ 4	□ 5	□ 6	
6				yrs	6			\square_1	\square_2	Пз	<u>4</u>	<u></u>	<u></u> 6	
7				yrs	7			\square_1	\square_2	\square_3	\Box_4	\square_5	□ ₆	
8				yrs	8			\square_1	\square_2	Пз	\Box_4	\square_5	\Box_6	
9				yrs	9			\square_1	\square_2	Пз	□ 4	□ 5	□ 6	
Intervie relevar	ewer: Mother or l nt).	one father	should be on	line 1. St	udy Child	should be or	n line 2. Fat	her /	Parti	ner oi	n line	3 (if		
A6. Do	o yo <u>u hav</u> e any	other bio	logical child	Iren who	live outs	ide the ho	usehold?							
Yes	₁ No.		2											
A6a. H	low many child	ren	n											
	For each biologi ate of birth.	cal child	living outsi	de the ho	usehold	can you pl	ease indic	ate	their	gen	der			
1.	Male Female □ ₁		te of Birth											
2.	Male Female □ ₁		te of Birth											
	Male Female	Da	te of Birth											
3.	<u> </u>	/	/											
	В. Р.	ARENTI	NG, CHIL	D'S FUN	NCTION	NING AN	D RELAT	LIO	NSH	IPS				
Time	Section Starte	d			(24 ho	ur clock)								
B1.				<u> </u>										
		Sca	ale on pare	ent's viev	vs on ch	nild-rearin	g remove	∍d						
B2. Do	o you use a soo	ther/dum	my with <ba< td=""><td>aby>?</td><td>Υ</td><td>es 🔲 1</td><td>No</td><td> □2</td><td></td><td></td><td></td><td></td><td></td><td></td></ba<>	aby>?	Υ	es 🔲 1	No	□2						
B3. [C	Card B3] When y	ou leave	<baby> with</baby>	n someon	e else (n	ot you or y	our partn	er), l	how	does	s he/	she ı	ısua	ılly
Is unh	py and settled by appy at first but o ins unsettled and	quickly set	tles down				$$ \square_2							
B4. <i>[C</i>	ard B4] And wh	en you re	eturn, havin	g left <ba< td=""><td>by> with</td><td>someone</td><td>else, how</td><td>doe</td><td>s he</td><td>or sl</td><td>he us</td><td>suall</td><td>y ac</td><td>t?</td></ba<>	by> with	someone	else, how	doe	s he	or sl	he us	suall	y ac	t?
With d	lelight						□1							

Most or all of the time		Sometimes	Hardly ever or never □₃	
В6.		Scale on attachr		
B7				
	Items on parent	's knowledge of	child development rem	oved
D 0	nome on parone	o mioniongo o		
B8.				
	Infant Ch	naracteristics Q	uestionnaire removed	
	(C. BABY'S DEV	ELOPMENT	
Time Section Start	ed	(24	hour clock)	
CX1. Do you talk to	your baby while yo	u work? (eg. whi	le you do housework).	
Never	Rarely	Sometim		Always
			s \square_4 ts of baby's behaviour or $\mathfrak c$	
Yes	_	about any aspos		
CX2b. What concern	<u>—</u> -			
		D. BABY'S	HARITS	
Time Section Start	ed T		hour clock)	
		<u> </u>	pht, at the present time? _	houre
-		-	usually go to sleep?	
	_		, ,	
D3. Approximately h (a) the day?			-	
. ,	` ,		nouls get up at in the morning? _	(24 hour clock
-	-			, , , , , , , , , , , , , , , , , , ,
D5. Is your baby eve Most of the time	er difficult when put Often	to bed? At times	Rarely	Never
	2		— ′	5
D6. How often does Never Oc	•	•	Every pight	More than once
nevel Ot	ccasionally	Most nights	Every night	per night
D7 How many times	ner night on avera		4	5
D8. Do you ever wak Yes, usually	se <baby> for a feed Yes, some □2</baby>	etimes	No, not at all	l
D9. How does your k			⊔ა	
On his/her stomach	On his/her side	On his/he	r back	
D10. Does <baby> u</baby>	sually sleep:			
In a room on his/her o			1 In your bedroom	3

In his/her own bed/o	•	of the night?		
	ot			
	r children	<u>—-</u>		
	y how many nights pe		/> spend at least som	ne part of the night in your
D13. Do you feel th	nat <baby's> crying is</baby's>	a problem for you?		
Yes	, , ,			
			blom for you?	
	<pre><baby's> sleeping pat A moderate</baby's></pre>	-	-	
A large problem	problem	A small problem	No problem at all	
_ 1		3		
D15. Have you eve problems.	r taken your child to a	doctor or bought o	ver the counter drugs	s for his / her sleeping
Yes		2		
D4C The mout must	-ti b t- dith-		baa baan abla ta	de eestein thinne dissert
	stions nave to do with t age, your best estima		ly nave been able to t	do certain things. If you d
	<baby> first sit him/hers</baby>		Months	Not yet □ ₉₉₉
` ,	<baby> first sit fillif/fiers <baby> start feeding hin</baby></baby>	•		
• •	•			Not yet 999
	<pre><baby> take his/her first </baby></pre>			Not yet □ ₉₉₉
(d) At what age did	<baby> start saying his/</baby>			Not yet □ ₉₉₉
	E. CH	ILDCARE ARRA	NGEMENTS	
Time Section Sta	rted	(24 ho	ur clock)	
E1. Is <baby> curre each week?</baby>	ently being minded by	someone else, othe	er than you or your pa	artner, on a regular basis
		someone else, othe	er than you or your pa	artner, on a regular basis
each week? Yes	No		ar basis, n each type of childca are per week	
each week? Yes	No No Ite (a) who else minds (b) number of hou (c) how much you (d) whether this is	s <baby> on a regulate report in the pay for this childcan your main type of contracts.</baby>	ar basis, n each type of childca are per week	are,
each week? Yes E2. Can you indica	No No Ite (a) who else minds (b) number of hou (c) how much you (d) whether this is	s s s s > on a regulars per week spent in pay for this childcar your main type of child that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee	are,
Yes E2. Can you indicate A relative in your how someone else in your how some else in your how your how some else in your how your how your how your how your how your how your h	No No Inte (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick a	s s pay for this childca your main type of call that apply] Number	ar basis, n each type of childca nre per week childcare of hours Cost per wee	are,
Yes E2. Can you indicate A relative in your hosomeone else i	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick and its a	s s pay for this childcayour main type of call that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee	are,
A relative in your ho Someone else in yo A relative in their ho Someone else in the	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick and the company of the com	s s pay for this childcayour main type of call that apply] Number	ar basis, n each type of childca nre per week childcare of hours Cost per wee	are,
A relative in your ho Someone else in yo A relative in their ho Someone else in the A professional cared Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick and the second s	s s s s > on a regulars per week spent in pay for this childcan your main type of child that apply] Number In that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee	are,
A relative in your ho Someone else in yo A relative in their ho Someone else in the A professional care Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick and its in the company of	s s s s > on a regulars per week spent in pay for this childcan your main type of child that apply] Number In that apply] Number	ar basis, n each type of childca ire per week childcare of hours Cost per wee N	are,
A relative in your ho Someone else in yo A relative in their ho Someone else in the A professional cared Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick and the second s	s s > on a regulars per week spent in pay for this childcan your main type of chall that apply] Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ar basis, n each type of childca re per week childcare of hours Cost per wee N	are, ek Main type of care 4444444
A relative in your ho Someone else in the A professional careed Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche /	s s > on a regulars per week spent in pay for this childcan your main type of chall that apply] Number [] 1	ar basis, n each type of childca re per week childcare of hours Cost per wee N	are, ek Main type of care 4
A relative in your hor Someone else in the A professional careed Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick and the second of the second o	s s > on a regul rs per week spent in pay for this childcan your main type of chall that apply] Number	ar basis, n each type of childcare re per week childcare of hours Cost per week N	are, ek Main type of care 4
A relative in your ho Someone else in you A relative in their ho Someone else in the A professional careed Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche / fy) cbaby> when you start single most important in	s s > on a regulars per week spent in pay for this childcan your main type of chall that apply] Number [] 1	ar basis, n each type of childca are per week childcare of hours Cost per wee N	are, ek Main type of care 4 4 4 4 4 4 4 4 4 4 14 14 14 14 14 14
A relative in your hor Someone else in you A relative in their hor Someone else in the A professional cared Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche /	s s > on a regulars per week spent in pay for this childcan your main type of chall that apply] Number [] [] [] [] [] [] [] [] [] [ar basis, n each type of childca re per week childcare of hours Cost per wee N	are, ek Main type of care 4
A relative in your ho Someone else in yo A relative in their ho Someone else in the A professional care Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche / fy) cbaby> when you start single most important in	s s baby> on a regulars per week spent in pay for this childcan your main type of chall that apply] Number spent in the spent in pay for this childcan your main type of chall that apply] I spent spent in the spent in th	ar basis, n each type of childca re per week childcare of hours Cost per wee N	are, ek Main type of care 4 4 4 4 4 4 4 4 4 4 14 14 14 14 14 14
A relative in your ho Someone else in you A relative in their ho Someone else in the A professional careed Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a	s s s s s > on a regulars per week spent in pay for this childcan your main type of chall that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee N N N N N N Childcare arrangement psing this main form of	are, ek Main type of care 4
A relative in your hor Someone else in you A relative in their hor Someone else in the A professional care Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche / fy) <bable> cbaby> when you start single most important in ebeneficial for my child. escribe)</bable>	s s s s s > on a regulars per week spent in pay for this childcan your main type of chall that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee N N N N N N Childcare arrangement psing this main form of	are, ek Main type of care 444444nt?months of childcare?

E6.What are your future intentions for childcare? [Tick all that apply]
Baby minded by me on a full-time basis
Shared by my partner and me
Full-time child-care
E7. Which type of childcare? A relative in your home
Someone else in your home
A relative in their home
A professional caregiver (e.g crèche/day nursery) \Box_5
Other (please specify)
E8. [Card E8] Since <baby> was born has difficulty in arranging child care ever [Tick all that apply] QUARTERLY NATIONAL HOUSEHOLD SURVEY (QNHS)</baby>
a. prevented you looking for a job
b. made you turn down or leave a job \square_2 c. stopped you from taking on some study or training \square_3
d. made you leave a study or training course
e. restricted the hours you could work or study
f. prevented you from engaging in social activities \square_6 g. Other please specify $\underline{\qquad}_7$
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
F2a. Was <baby> a single birth, twin, triplet etc. Single child Twin Triplet Triplet</baby>
F2b. Does his/her twin live here in this household?
Yes
F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins? :</twin></baby>
Identical twins
F4. Has this been confirmed by a medical professional? Yes
F5. Just let me check. Are your twins:
Two boys
[Int. ask if no at F4.]
F6. Would you say they are alike in looks Yes
F7. Would you say they are alike a) In behaviour
F8. How do you dress them?
in matching clothes each day
in matching clothes sometimes
never in matching clothes
F9. How does this twin react to the other? Yes, most Yes, some No, hardly
of the time of the time ever
a) he/ she likes to be with his / her twin
b) he/she doesn't seem to notice his / her twin

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 <	paby> was conceived?
Yes, at that time□ ₁ No	□₂ Unsure/Didn't mind □₃
G2. Did you intend never to become pregnant bef	fore <baby> was conceived, or just at a different time?</baby>
Yes, but much later Yes, but somewhat later Yes, but earlier No intention of becoming pregnant Other	
No que	estion G3 and G4
G5. How was your Ante-natal care provided?	
Shared care (between GP and other professional'.) Private consultant alone	Hospital Clinic
G7. At how many weeks did you first become awa	are that you were pregnant? weeks
G8. How many weeks into your pregnancy did yo GP or hospital?weeks	u have your first ante-natal booking appointment with your
G9. And who was this appointment with? GP/Family physician	
	and the doctor/consultant see an image of the baby on f your pregnancy? No. of scans [If none enter '0']
G11. Did you know the sex of your baby before th	ne birth? Yes □ ₁ No□ ₂
[INT: Only Ask G12 if biological mother]	
G12. How much weight did you gain during the constant stonestonekgs	ourse of your pregnancy?
G13. [Card G13] Were there any of the following of	complications with the pregnancy? [Tick all that apply]
a. Raised blood pressure (in isolation)	i. Intrauterine Growth Restriction (small baby on scan)
c. Urinary or kidney infection d. Persistent vomiting or nausea	
e. Gestational diabetes (diet treated)	_ ₅ I. Placenta praevia
f. Gestational diabetes (insulin treated)g. Bleeding during the second half of pregnancy n. Other [please specify]	7
- · · · · · · · · · · · · · · · · · · ·	our, were you admitted to hospital for a pregnancy related
Yes No	
G15. How many separate admissions did you have	ve?No. of admissions

[INT: Only Ask G16a – G16c if biological mother]
G16a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?</baby>
Yes
G16b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?</baby>
Yes ₁ No ₂
G16c. Did you take Iron during your pregnancy with <baby>?</baby>
Yes
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?</baby>
Home birth [planned] 1 In hospital
H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.</baby>
a. Name: b. Address
[INT: Only Ask H3 if biological mother]
H3. Did you have any form of pain relief in labour?
Yes Did not have any labour□ ₃
H4. What was the mode of delivery?
Normal delivery
H5a. After how many weeks of pregnancy was <baby> born? Wks Don't Know□99</baby>
H5b. Was <baby> born late, on time or early?</baby>
Late birth (42 weeks or more)
H6. How much did <baby> weigh at birth?lbsounces <u>OR</u>kgs</baby>
H7. What was <baby's> length at birth?inches <u>OR</u>cms</baby's>
H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]</baby's>
A. No complications
H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?</baby>
Yes
H10. Did <baby> need any help with his/her breathing from a ventilator?</baby>
Yes1 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</baby>

Yes		No		Go to H16		
			<u> </u>	prought him/her he	ome from hosp	ital?
Yes	_			3		
H14a. Was <ba< td=""><td>Ш.</td><td></td><td></td><td></td><td></td><td></td></ba<>	Ш.					
				s only breast-milk w	vithout any addi	tional food or drink]
Yes	1	No	2 -	Go to H15a		
H14b. How old	 I was <baby< td=""><td>/> when he/s</td><td>she stopped b</td><td>eing <u>exclusively</u> k</td><td>oreastfed?</td><td></td></baby<>	/> when he/s	she stopped b	eing <u>exclusively</u> k	oreastfed?	
[Int: Accept ans	•			<u> </u>		
Days	Weeks	sMc	onths <baby< td=""><td>> still being exclusi</td><td>vely breastfed</td><td>□₉₉₉ Go to</td></baby<>	> still being exclusi	vely breastfed	□ ₉₉₉ Go to
1145	41.1				, .	II \0
•	•			ude partial/compl	ementary brea	stfeeding)?
Yes□ ₁	- Go	to H16 N	0			
H15b. How old	l was <baby< td=""><td>/> when he/s</td><td>she completel</td><td>y stopped being b</td><td>reastfed?</td><td></td></baby<>	/> when he/s	she completel	y stopped being b	reastfed?	
[Int: Accept ans	swer in Days	OR Weeks C	OR Months]	_		
				Days	Weeks	Months
[INT: Only Ask		-		vooatfooding dool	ove (Tiek ell the	ot opply!
misc. What we	ere the main	i reason(s) y	ou stoppea b	reastfeeding <bal< td=""><td>by> [i ick all the</td><td>ат арріуј</td></bal<>	by> [i ick all the	ат арріуј
Not enough mil	k/hungry bal	эу		Physician told m	e to stop	
Inconvenience						Ē
Difficulty with b	reast reeding	j techniques		Partner/latner wa		p
Sore nipples/er	ngorged brea	ast		Formula feeding	preferable	
Sore nipples/er Mother's illness			<u>4</u>		alcohol	
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1121. Call you tell life whether <baby> ha</baby>		
• —	Vaccines at 6 months	
Vaccines at 2 months	No vaccinations \square_5	
Vaccines at 4 months		
H22 (Card H221)Why has shahys not had	d all of his or har immunications? [Tick all that apply]	
	d all of his or her immunisations? [Tick all that apply]	
	□1	
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 reason	ons	
e. Child was away/on holiday when due		
	llergic reaction after previous immunisation . $\overline{\square}_8$	
	d to immunisations in family	
·		
	ons	
m. ether readen [preade epeciny]		
H23 [Card H23] Has a medical profession	nal ever told you that <baby> has any of the following conditions</baby>	s?
[Tick all that apply]	nai ever told you that \baby> has any of the following conditions	5 :
a. Respiratory disease [including asthma]		
	1 	
	t)	
e. Difficulty hearing or deafness (Do not incli		
- · · · · · · · · · · · · · · · · · · ·	□5	
	arms legs to get around	
	ms	
	g	
	12	
	<u></u> 13	
o. Cleft lip and/or palate		
p. Other long-term condition [please specify]	/]	
q. None of the above		
H24. If ves to any of the above: You said th	nat <baby> has/or has had [NAMES OF CONDITIONS]. Would you</baby>	ı
describe his/her health condition(s) as m		
IF THE RESPONDENT ASKS WHICH HEALTH COND	DITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT TH	Ι Ε
RESPONDENT TO CONSIDER [CHILD]'S MOST SEVI	/ERE CONDITION.	
Minor		
<u>—</u> :		
	about any health problems or illnesses for which <baby> has bee</baby>	
taken to the GP, Health Centre or Health	visitor, or to Accident and Emergency. What were these problem	ns?
TICK ALL THAT APPLY		
a. Snuffles/common cold	1 k. Tight foreskin	<u></u>
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		
j. Ondesectided testicie	u. None of the above	
HOC Cines theken was been been been a	_	
	y times have you seen, or talked on the telephone with any of	
	th? (exclude at time of birth) IF NONE THEN ENTER 0 - DO	NOI
LEAVE BLANK		
A general practitioner (GP), or family physici	sianN	
A paediatrician		
A public health nurse or practice nurse		
Another medical doctor (such as a hearing s		
Accident and Emergency or Outpatient		

H27 Has <baby a="" admitted="" an="" because="" been="" ever="" health="" hospital="" illness="" of="" or="" problem?<="" th="" to="" ward="" =""></baby>
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</baby>
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?</baby>
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)</baby>
You couldn't afford to pay
The necessary medical care wasn't available or accessible to you
You could not take time off work to visit the doctor
The child is still on the waiting list
H31. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card
H32. Does the family have private medical insurance?
Yes1 No
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?</baby>
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?</baby>
Yes
J. PARENT'S HEALTH
Time Section Started (24 hour clock)
J1. In general, how would you say your current health is?
Excellent
Very Good2 Good
Fair
Poor
J2. Do you have any on-going chronic physical or mental health problem, illness or disability?
Yes
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
1.50, 50 vololy

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) Some difficulty No Difficulty A moderate level Just a little A lot of difficulty Cannot do at all J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>? No □₂ Yes..... **J8. What is the relationship of that person to the Study Child?** [Tick all that apply] Brother / Sister \square_2 Other relative...... \square_3 Non relative \square_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 A public health nurse or practice nurse A psychiatrist, psychologist or counsellor...... Another medical doctor.....______ Accident and Emergency or Outpatient..... 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? Not at all Occasionally J13. Have you ever smoked? Was it: Daily 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? J16. [Card J16] Which of the following best describes how often you usually drink alcohol Less than once a month 1-2 times a month...... 3-4 times a week...... 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? Glasses of Wine ____ Measures of Spirits _____ Bottles of alcopops _ Pints of Beer/Cider

J18. And when you drink, how many drinks would you have on an average night? ____

K. FAMILY CONTEXT

	ed		(24 hour cle	ock)			
K1. [Card K1] Please to how things are for as honest as possible	you and <baby> n</baby>						
			Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my rol				2	3	4	5
B. There is little or noth my child if it was neces	ning I wouldn't do fo	r					
C. Caring for my child s	sometimes takes						
more time and energy	than I have to give.		🔲 1	2	3	4	🔲 5
D. I sometimes worry w	vhether I am doing						
enough for my child E. I feel close to my ch F. I enjoy spending tim G. My child is an impor	ild		·······	2 П ₂	<u> </u>		<u> </u> 5
F. I enjoy spending tim	e with my child			2	3	4	5
G. My child is an impor	tant source of affec	tion for m	e 🔲 ₁	2	3	4	5
H. Having a child gives and optimistic view for	me a more certain		П.	П-	П.	П.	□₋
I. The major source of	stress in my life is n	nv child	······· □1	⊔2 ∏₂	🗀 3		<u> </u> 5
J. Having a child leave:	s little time and flexi	ibility in m	y life. □1	2	3	🔲 4	5
K. Having a child has b			🔲 1	2	3	4	5
L. It is difficult to balance	ce different respons	ibilities					
because of my child M. The behaviour of m	v abild is aften amb	orroccina					
or stressful to me				2	3	🔲 4	🔲 5
N. If I had it to do over	again, I might decid	le					
not to have a child	h., the recommodibility		1	2	3	4	5
O. I feel overwhelmed being a parent	by the responsibility	/ OI	\Box .	\Box_{\circ}	\Box	\Box	\Box_{ϵ}
P. Having a child has n	neant having too fev	w choices	and				
too little control over m	v life			2	3	4	5
Q. I am satisfied as a p	arent		1	2	3	4	5
R. I find my child enjoy	able		1	2	3	4	5
K2 The next few aug	etions are about	the ners	anal haln and s	unnort vou n	night get F	Please say	how much
K2. The next few que you agree or disagree				upport you n	night get. F	Please say	how much
			statements.	upport you n Neither agree nor disagree	night get. F Disagree		how much
you agree or disagree A. I have no-one to sha	e with each of the the the state of the stat	following Stror agre	statements. ngly Agree ee	Neither agree nor disagree	Disagree	Strongly disagree	how much
A. I have no-one to sha B. There are other pare	e with each of the face of the	following Stror agre	statements. ngly Agree ee	Neither agree nor disagree	Disagree	Strongly disagree	how much
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A. I have no-one to sha B. There are other pare my experiences	e with each of the fare my feelings with ents I can talk to about they could	following Stror agre	statements. Ingly Agree Insurance Insuran	Neither agree nor disagree 3 you get from 't get any help 't get it from	Disagree 4 4 family or at all anyone? G	Strongly disagree 5 friends I don't nee	ed any help □4
A. I have no-one to sha B. There are other pare my experiences	e with each of the fare my feelings with ents I can talk to about they could	following Stror agre	statements. Ingly Agree Insurance Insuran	Neither agree nor disagree 3 you get from 't get any help 't get it from	Disagree 4 4 family or at all anyone? G	Strongly disagree 5 friends I don't nee	ed any help □4
A. I have no-one to sha B. There are other pare my experiences C. If I had financial prol or friends would help if K3. Overall, how do y living outside your ho I get enough help 1	are my feelings with ents I can talk to about they could	following Stror agre	statements. agly Agree be 2 2 f support or hel elp I dor c or help but car Sometimes	Neither agree nor disagree 3 you get from 't get any help 't get it from	Disagree 4 4 family or at all anyone? G	Strongly disagree 5 friends I don't nee	ed any help □4
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ow often do <baby's> grandparents have</baby's>			Пз	4		□ ₆
paby> to stay over night?						
ow often do <baby's> grandparents take paby> out?</baby's>	<u></u> 1	<u></u> 2	<u>3</u>	<u></u> 4	<u></u> 5	<u>6</u>
ow often do <baby's> grandparents buy ys or clothes for <baby>?</baby></baby's>	□ ₁	<u></u>	3	□ ₄	<u></u> 5	☐ ₆
ow often do <baby's> grandparents help ou around the house?</baby's>	1	<u></u>	3	4 	<u>□</u> 5	☐ ₆
ow often do <baby's> grandparents help ou out financially?</baby's>	1	2	3	<u></u> 4	<u></u> 5	<u></u> 6
		No question	K7			
K8. Did you work full-time, part-time or			-			aby>?
Full-time1 Part – time	_		Not at a	all[3	Go to K19
K9. How many hours were you working po						
K10. How long before you gave birth di		_	weeks	OR	_months	
K11. Are you currently at work outside			_			
Full-time□1		ime	_	1	No]3
K12. What age was <baby> when you re</baby>	eturned to	work?	months			
K13. Did you take any of the following t	vpes of le	eave? If ves. ho	w manv weel	s did vou t	ake?	
a. Paid maternity / paternity leave? .Yes		How many we	-	-		
b. Unpaid maternity/ paternity leave? Yes		How many we				
c. Annual leave? Yes		How many we	eks w	ks No		
(Accumulated before or during maternity / paternity le					12	
d. Sick leave?	\rightarrow	How many we	eeksw	ks No]2	
K14. What was your main reason for go Financial		Need an outlet ou				
	, (
Financial	Go 1	Need an outlet ou Other [please spe to K24				
Financial	Go t	Need an outlet ou Other [please spe to K24 home?		5	Go to K24	
Financial	Go t	Need an outlet ou Other [please spectors No	ecify]	5	Go to K24	
Financial	Go to the form of	Need an outlet ou Other [please special to K24 home? No to work? following types How many works many works w	ecify] 	ves, how m wks No[wks No[any	
Financial	Go to the form of	Need an outlet ou Other [please special to K24 home? No o work? following types How many we How many we	months of leave? If y weeks weeks weeks weeks	ves, how maks No[wks No[any	
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Maintain a Career	Go to the following back to the seave) In g back to the seave)	Need an outlet outlet outlet outlet [please special in K24] home? No work? How many will How many will How many work? Need an outlet	months of leave? If y weeks weeks weeks weeks weeks tside the homecify]	/es, how makes No[wks No[wks No[wks No[any	

K23. What will be your main reason for g			do the home			
Financial□1 Maintain a Career□2			de the home y]			
Job related benefits (pension, car,	Otherly	Jiease specii	у]	5		
health insurance etc) \square_3						
	Go to	K24				
K24. If you have returned to work after th worked outside the home, can I ask you statements?			ou agree or di	sagree v		
	Disagree	Disagree	nor disagree	Agree	Agree	
Because of your work responsibilities:					3	
 You have missed out on home or family a 	ctivities					
Γhat you would have liked to have taken par	t in □ ₁	2		4	5	
	6					
B. Your family time is less enjoyable and mo	ore	_	_	_		
pressured	1	2	3	🔲 4	5	
D	6					
Because of your family responsibilities:						
C. You have to turn down work activities or	n					
Opportunities that you would prefer to take o)N ☐¹	2	3	4	5	
D. The time you spend working is less enjoy	6 ahle					
and more pressured		\Box		\Box .	\Box -	
and more precoding			3	4	5	
pecause you couldn't afford it or for anot	ner reason?				No,	No,
					Cannot	othe
_			Yes	5	Afford	F000
Does your household eat meals with meat, o			quivalent)			reasi
				7		
at icast every seculiu udy!	te oquivalent) at	t loagt open s	Г]1	2	reaso
Does your household have a roast joint (or it	ts equivalent) at	t least once a		□ 1	🔲 2	🔲 3
Does your household have a roast joint (or it Do household members buy new rather thar Does each household member possess a w	ts equivalent) at n second-hand (arm waterproof	t least once a clothes? coat?	week?	1 1 1		
Does your household have a roast joint (or it Do household members buy new rather thar Does each household member possess a w	ts equivalent) at n second-hand (arm waterproof	t least once a clothes? coat?	week?	1 1 1		
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<u></u>	ts equivalent) at second-hand of arm waterproof pairs of strong trniture? Itely warm? Itely warm. Itely warm? Itely warm. Itel	t least once a clothes? coat? shoes? all once a moast once a year come and renthly or weekficulty F	n week?	1 1 1 1 1 1 1 1 househ h which Easily	2	er maease
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With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very eas
∟ 1	2	3	4	5	

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:
House□ ₁
Apartment / Flat/ Bedsit
Other (specify)
L7b. Does your house or Apartment / Flat / Bedsit have access to a garden or common space (either private or shared)?
, Yes
L8. [Card L8] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?
Owner occupied
Rented from a Voluntary Body
Living with and paying rent to your (or your partner's) parent(s)
Occupied free of rent with your (or your partner's) parent(s)
Occupied free of rent from your or your partner's job
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'].
Employee (incl. apprenticeship
or Community Employment)
Self employed outside farming
Farmer
Long-term sickness or disability
Retired
Other (specify)
L11. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. hours 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
L14. How many?
L15. How many employees (if any) do you have? employees N A \square_{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 No Go to L21a
L18. In what year did you last work in that full-time job? year
L19. When you last worked in that full-time job were you?
Employee (incl. apprenticeship or Community Employment)
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]

LOAD Be and a support to the state of the st	. I
L21a. Do you currently have a part time job outside the	<u> </u>
L21b. On average, how many hours per week do you w	vork in that part-time job? hours
L21c. What is your occupation in that part-time job? (W describe as fully as possible [Int. Make sure to describe	
L21d. [Show Card L21d] From the reasons listed on thi for you not working in a paid job outside the home? If importance, where 1 is the most important reason, up to the contract of the contr	more than one reason, please rank them in order of to a maximum of 3.
I can't find a job	I cannot find suitable childcare
I am caring for an elderly or ill relative or friend 3 I prefer be at home to look after my children myself 4	My family would lose Social Welfare or medical benefits if I was earning
I cannot earn enough to pay for childcare	Other reason (specify)
L21e. Do you plan to start or return to paid work?	
Yes, in the next 3 months Yes, in 3 to 12 months time Yes, in more than 1 year's time Have no plans to return to paid work	
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]	
HOUSEHOL	LD INCOME
Now I would like you ask you a few questions about he you that all information will be treated in the strictest c	
	g sources of income does the HOUSEHOLD receive? ers, not just your own, your spouse/partner's income.
L24. And of these sources of income which is the large Col. B] [Card L23 / L24]	est source of income at present?[Int Tick one box only in
	<u>A</u> <u>B</u> <u>Receive?</u> Largest
A Wagaa ar Salariaa	Yes No <u>Source</u>
B. Income from Self-Employment	
B. Income from Self-Employment	
C. Income from Farming D. Children's Allowance/ Child Benefit	
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments F. Other Income (incl. income from maintenance payments	
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments	
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments F. Other Income (incl. income from maintenance payments investments, savings, dividends, private pensions, prop	
C. Income from Farming	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments F. Other Income (incl. income from maintenance payments investments, savings, dividends, private pensions, prop HOUSEHOLD INCOME FROM L25. If you added up all the income sources from HOUSEHOLD NET income, i.e. after deductions for tax	and PRSI only? Include income from all sources and

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								
	Veek	Per Month	Per Year	Category					
		Under €1,000		A Section A, Card L27					
		€1,001 to under €1,500							
		€1,501 to under €2,000							
		€2,001 to under €2,500							
		€2,501 to under €3,500							
		€3,501 to under €4,000							
		€4,001 to under €5,000							
		00€5,001 to under €6,500							
		50€6,501 to under €8,000							
£1,851 or more									
Refused \square_{77} Don't' Know \square_{88}									
		Int: Show Card L27 and tick 1, 2	or 3 in appropriate section ur	nder per wk; per mth or per yr]					
Α	Per week	under €75 ₁	€75 to €150	€151 to €230 □ ₃					
	Per Month	€0 to €300⊔ ₁	€301 to €650□2						
	Per Year	€0 to €4,000	€4,001 to €8,000	€8,001 to €12,000 □ ₃					
В	Per week	€231 to €270	€271 to €310	€311 to €350 □ ₃					
	Per Month	€1,001 to €1,150	€1,151 to €1,350						
	Per Year	€12,001 to €14,000 ₁	€14,001 to €16,000□ ₂						
C	Per week	€351 to €390	€391 to €420						
	Per Month	€1,501 to €1,700	€1,701 to €1,800						
	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	€501 to €535						
	Per Month	€2,001 to €2,150	€2,151 to €2,300						
	Per Year	€24,001 to €26,000 ₁	€26,001 to €28,000□ ₂						
E	Per week	€576 to €650	€651 to €750						
	Per Month	€2,501 to €2,800	€2,801 to €3,250						
	Per Year	€30,001 to €34,000 _{□1}	€34,001 to €38,000□ ₂						
F	Per week	€801 to €850	€851 to €880						
	Per Month	€3,501 to €3,650	€3,651 to €3,800						
	Per Year	€42,001 to €44,000 ₁	€44,001 to €46,000□2						
G	Per week	€926 to €1,000	€1,001 to €1,050	——————————————————————————————————————					
	Per Month	€4,001 to €4,300	€4,301 to €4,600						
	Per Year	€48,001 to €52,000□ ₁	€52,001 to €56,000□ ₂						
Н	Per week	€1,151 to €1,250	€1,251 to €1,375						
	Per Month	€5,001 to €5,500	€5,501 to €6,000						
_	Per Year	€60,001 to €66,000 ₁	€66,001 to €72,000□ ₂						
I	Per week	€1,501 to €1,600	€1,601 to €1,750						
	Per Month	€6,501 to €7,000 ₁	€7,001 to €7,500						
L_	Per Year	€78,001 to €84,000□ ₁	€84,001 to €90,000□ ₂						
J	Per week	€1,851 to €2,100	€2,101 to €2,400						
	Per Month	€8,001 to €9,250	€9,251 to €10,500□ ₂						
	Per Year	€96,000 to €110,000 ₁	€110,001 to €125,000 □2	€125,001 or more □ ₃					
.28.	Does anvone in	your household currently rece	eive Children's Allowance/	Child Benefit?					
		,							
	_			Yes □ ₁ No □ ₂					
.29.	Does anyone in	your household currently rece	eive any other Social Welfa	re payments?					
		Yes □ ₁	→Go to L30a No	□₂→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]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit		Jobseeker's Allowance or Unemployment Assistance	2
EMPLOYMENT SUPPORTS			
Family Income Supplement	\square_3	Back to Work Enterprise Allowance	\Box_6
Farm Assist		Part-time Job Incentive Scheme	\square_7
Back to Work Allowance (Employees)	□ ₅	Back to Education Allowance	□ 8
Supplementary Welfare Allowance (SWA)			
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	□ ₁₀	Deserted Wife's Allowance	
Deserted Wife's Benefit		Prisoner's Wife's Allowance	
Widowed Parent Grant		One-Parent Family Payment	
Widow's or Widower's (Non-Contrib) Pension	13		
CHILD RELATED PAYMENTS	113		
Maternity Benefit		Health & Safety Benefit	
Adoptive Benefit		Guardian's Payment (Contributory)	20
	110	Guardian's Payment (Non-Contributory)	
DISABILITY AND CARING PAYMENTS		, , , , , , , , , , , , , , , , , , , ,	
Illness Benefit		Injury Benefit	
Invalidity Pension		Incapacity Supplement	29
Disability Allowance	24	Disablement Benefit	30
Blind Pension		Medical Care Scheme	31
Carer's Benefit		Constant Attendance Allowance	31
Carer's Allowance	27	Death Benefits (Survivor's Benefits)	33
RETIREMENT PAYMENTS	2/		33
State Pension (Transition)	34	State Pension Non-Contributory	36
State Pension (Contributory)	35	Pre-Retirement Allowance	37
b. Do you receive early child care supplemen providing childcare? Yes a. Does anyone in your household currently re]1	No □ ₂	
b.How much does the household receive PER	WEEK	in rent or mortgage supplement? €	
. <i>[Card L32]</i> Looking at Card L32 and thinking sehold members, approximately what propor n social welfare payments of any kind – includ	tion of	your total household income would yo	
	% to less an 50%	5 50% to less 75% to less than 75% than 100%	1009
□ ₁ □ ₂ □ ₃	<u></u> 4	□5 □6	
Does anyone in the household other than you om employment, Social Welfare, a pension etc		and your spouse / partner have an incom	e of any
Yes			

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
Diploma/ Certificate or equivalent
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</baby>
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
L39. Can you usually read and fill out forms you might have to deal with in English?
Yes \[\]_1 \text{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? MCS (Adapted) Yes \[\]_1 No
L41. Are you a citizen of Ireland? Yes
L42. What citizenship do you hold?
L43. Were you born in Ireland? Yes
L44. In which country were you born?
L44. In which country were you born? L45. How long ago did you first come to live in Ireland? Within the last 1-5 years ago 6-10 years 11-20 years ago More than 20 years ago years ago

L48. Was <baby> b</baby>	orn in Ireland?	Yes] ₁ No	2
L49. In which cour	ntry was he/she born?			
	did <baby> first come to</baby>			
Within last 3 months	3-6 months		More than 6 months	
L51. [Card L51] Loc	oking at Card L51, can yo	-		-
Irish			r Black background	
Irish Traveller				— :
	kground		r Asian background	
African		∴ ∐ _{4 □} Other – ir	ncl. mixed background	(specify) \square_8
L52a. Do you belon	ng to any religion? Yes	□ ₁ No □]2	
	L52b. [Card L52b] Wh	ich religion		
	Christian – no denomir Roman Catholic Anglican/Church of Irel Other Protestant Jewish Muslim	nationland/Episcopalian		
L53a. And what abo	out <baby> does he/she b</baby>	oelong to any religi	on?	No
	L53b. [Card L53b] Wh	ich religion	1 es⊔₁	NO
	Christian – no denomir	•	П.	
	Roman Catholic			
	Anglican/Church of Irel	land/Episcopalian	3	
	Other Protestant Jewish		⊢	
	Muslim			
	Other (specify)			
for 8 or more hour		d be in your own h	ome, in a child-mind	<baby> <u>on a regular basis</u> er's home, in a crèche an tive.</baby>
Yes, regular care 8 h	nrs per week or more	□₁	care 8 hrs per wk or mo	ore □ ₂ →Go to M1
L55. Is this care pro				
	the child's homea relative's home			
	home of carer – non-relativ			
	centre – crèche, after-scho	ol etc.)		
We would be happ		nt of this question	naire before we send	vides this care to <baby> d it. Would you be able to <baby>?</baby></baby>
		 -	Interviewer:	
	egular carer to be contacted ontact details for regular ca		record contact details	of regular carer on the
ino, does not have o	ontact details for regular ca	ıı⊖ı <u> </u> 3	Work Assignment She	et

	N	vi. Neighbour	hood / Comr	munity			
Time Section Started			(24 hour clo	ock)			
Finally, we would like to	ask you some c	questions ab	out your loc	al area.			
M1. How long have you	lived in your loc	al area?	years	s	_ months		
M2. Are you involved wi	-			sations in	our local	area?	
Valuntam / abaritable are		Yes	No				
Voluntary / charitable orga School groups	anisauon	∐ 1	🗀 2				
Church groups		<u> </u> 1	🗀 2				
Community groups		□1	<u> </u> 2 				
Ethnic groups		1	<u> </u> 2				
Sporting groups		1	2				
M3. How common woul please say whether or common.				y commor	n; not very	y common	; or not at all
				Very		Not very	
Bubbish and litter lying of	oout.			Common	common	common	common
Rubbish and litter lying at)OUL			⊢1	2	🖂 3	∐⁴
Homes and gardens in ba Vandalism and deliberate	damaga ta prope					🖂 3	∐4
People being drunk or tak	uamaye to prope	ic		·····- 📙 1 ·····	······- 2···	🖂 3	🗀 4
M4. To what extent do y							4
It is safe to walk alone in the safe for children to play there are safe parks, play we as a family intend to community. I am going to read community in the safe and community in the safe are safe and community in the safe are safe as a family in the safe are safe as a safe are safe are safe as a safe are safe are safe as a safe are s	ay outside during ygrounds and play continue living in to but a range of se	the day in this y spaces in th his area	s areais aread you tell me		e Agree 1		4 4 4
within relatively easy ac		ocal area able?	.7				Available?
	Yes						<u>Available?</u> Yes No
1. Regular public transpo			cial Welfare C	Office			\Box_1 \Box_2
2. GP or health clinic			nking/ Credit I				
3. Schools (primary or sec			ential grocery				
4. Library			che, day-car				
•						•	<u>1</u> 2
M6. Do you have any fa	mily living in this	s area? Yes.		□ ₁ No		\square_2	
M7. Would you describe	the place where	e the househ	old is situate	ed as bein	g?		
In open country			Waterford ci	itv			\square_7
In a village (200-1,4			Galway city				
In a town (1,500-2,9			Limerick city				
In a town (3,000-4,9			Cork city				
In a town (5,000-9,9			Dublin city (
In a town (10,000 o	r more) \Box_6		Dublin coun				
			Dublin count	ty (outside	Dublin city)	rural	🔲 13

Scale on infant development removed (ASQ)

Time Section Ended

(24 hour clock)

Primary Caregiver Sensitive Questionnaire



THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE WHITAKER SQUARE SIR JOHN ROGERSON'S QUAY DUBLIN 2 PH: 01-8632000 FAX: 01-8632100





GROWING UP IN IRELAND – the national longitudinal study of children STRICTLY CONFIDENTIAL – Dress Rehearsal MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP	HHOLD		RESPONDENT				
Interviewer Name		Interviewer Nun	aber				
Time Section Started	(2	24 hour clock)	Date				
slightly sensitive we have complete this section and	included them in a section in the interview	ion for you to comp ver.	ou. As some of these may be considered blete by yourself. We would ask you to PROVIDED IS TREATED IN THE STRICTEST				
S1. Are you the biological	parent of <baby>?</baby>						
Ye	S ☐ ₁ → Go to	S12 No					
S2. Are you the adoptive p	parent of <baby>?</baby>						
Yes	31 <u> </u>	No					
S3. Was that a domestic of	r an inter-country adopt	ion?					
	Domestic1	Inter-country					
S4. Was this a within famil	y adoption?	S5. From wh	nich country?				
Yes □₁ N	lo □2						
S6. What age was <baby> when you adopted him/ her?years NOW PLEASE GO TO S12</baby>							
S7. Are you the foster par	ent of <baby>?</baby>						
Ye	S1	No	2 → Go to S12				
S8. How long has <baby> been with your family? monthsweeks</baby>							
S9. Do you anticipate that this will be a long-term foster placement? Yes							
S10. How many <u>previous</u>	ioster placements has <	baby> been in?	previous placements DK99				
S11. Immediately before family or in institution		u was <baby> livir</baby>	ng with another foster family, his/her				
Another foster fami	ly \square_1 Own fam	nily□2 LEASE GO TO S12	nstitutional care 3				

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 separated from husband / wife ______2 Go to \$13 Divorced ______3 Go to \$13 Widowed _____4 Go to \$13 S13. In what year did you marry your (former) spouse? S14. Since when have you been living apart / spouse deceased? (year) S15. May I just check whether you are currently living with someone in the household as a couple? Yes......1 S16. Since when have you and your spouse or partner been living together?_____ (mth) ___ S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? At least once a week...... \square_2 \rightarrow Go to S18 S18. How often would you argue about the child(ren)? Most days..... S19. When you and your partner argue, how often do you Don't know Almost always/ Almost never/ Not very always often Sometimes Often never \prod_{2} \square_5 S20. And to end an argument, how often would you Don't Almost never/ Not very Almost always/ know never often Sometimes Often always Compromise...... Apologise 6 Change the subject...... <u>|</u>6 16 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...... . 🗆 3 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. Almost Occasionally Frequently Always Almost Alwavs Alwavs Disagree Disagree Alwavs Disagree Agree Disagree .[__5 .. .| |2..... S22. How often would you say the following events occur between you and your partner? Never Less than Once or Once or Once a More once a month twice a month twice a week week often Work together on a project \square_1

	0	1	2	3	4	5	6	
	Extremely	Fairly	A little		Very	Extremely	D. C. I	
204 D	Unhappy	Unhappy	unhappy	Нарру	Нарру	Нарру	Perfect	
	you feel that h							
Brought yo pouse/pa	ou and your		lade you less ose than before	<u> </u>	Made no diffe to your relation		Don't Know	
closer together,								
	l		2		3		4	
						er partners sind	e <baby> was borr</baby>	
/no nad	l a close relati	onsnip with	or influence	on <paby></paby>	?			
		Yes	🔲 1 📗 💮		No	$_2 \rightarrow Go to S27a$	a	
	w many?		_			_		
ne		Two			nore		ED of aDADV	
ווע aniy a	nswer ques	tions 52/a		r you are ease skip		SICAL MOTH	ER of <baby>,</baby>	
			ii iiot pi	case skip	10 0000			
27a.Dic	d you have an	y medical fe	rtility treatmo	ent for this	pregnancy?			
′es		No.		٦				
	hat treatment							
				ŗ	_			
	ene citrate alon amete Intrafallo				<u> </u>			
	itro Fertilisation				$=$ $\frac{1}{2}$			
	with intra cyto							
	mbryo transfer							
	nvolving the w							
Donor sp	erm			[7			
	Jg				8			
Other (pl	ease specify)_				9			
328a. Ex	cluding the p	regnancy, w	hich resulted	d in the birt	h of <baby> h</baby>	now many times	throughout your li	
nave you	u been pregna	int? Please i	nclude any p	pregnancies	s, which did n	ot go full term.	times	
and how	many of thes	se pregnanci	es were:					
	oirths l	. •		rriages	N	d. Stillbirtl	ns N	
Tormi	nations	N 4 E	otonio	N				
. remm	nations	_ IN I. E	ctopic	_ IN				
. Are yo	ou currently p	regnant Y	′es [] ₁ [No	2		
28h. Ar	nd what age w	ere vou whe	n vou becan	ne pregnan	t for the first	time? Ag	ne in vears	
0 /	.aa. ago	ore you mile	you boom.	p. 09		·····•·· / \	, o , o a. o	
							mean a pregnancy	
							n began as a crisis	
				nclude a pr	egnancy whi	ch develops into	o a crisis before the	
	e to a change	in circumsta	nces.					
irth due	Yes		No	П2				
irth due								
	at was the nat		risis?					

S31. Did you smoke at all during the	pregnand	cy?						
Yes								
S32. Did you smoke during the first, s [Tick one box on each line]				•				
First Trimpotor [48t 2nd or 2nd month]	Yes	No		nany per day?				
First Trimester [1 st , 2 nd or 3 rd month] Second Trimester [4 th , 5 th or 6th month]	1		2	_N				
Third Trimester [7 th , 8 th or 9th month]								
S33. Did you consume alcohol during your pregnancy? NLSCY (Adapted)								
Yes		2						
S34. Did you drink during the first, second and third trimester of the pregnancy? For each trimester that you drank, about how much on average did you drink per week? Yes No Pints of Measures Glasses Bottles beer/cider of spirits of wine of alcopops								
First Trimester [1 st , 2 nd or 3 rd month] Second Trimester [4 th , 5 th or 6th month] Third Trimester [7 th , 8 th or 9th month]	□1							
Third Trimester [7 th , 8 th or 9th month]								
S35a. How often did you take any of	the follo	wina durina vo	our pregnancy	with <babv>?</babv>				
,	Often	Most days	Sometimes		Not at all			
a. Sleeping pills		-						
b. Tranquillisers					5			
c. Pills for depression				4	5			
d. Cannabis / Marijuana				4				
e. Painkillers (aspirin, paracetamol, etc.)).□₁	2	3	4	5			
f. Amphetamines or other stimulants	□1	2	3	4	5			
g. Heroin, Methodone, Crack, Cocaine.	□1	<u></u> 2	3	4	=			
h. Anticonvulsants				4	5			
i. Steroids	∐1	2	3		5			
S35b. How often do you take any of	the follow	ving currently	?					
	Often	Most days	Sometimes	Once or twice	Not at all			
a. Sleeping pills	1	2	3					
b. Tranquillisers	□1	<u></u> 2	3	4	5			
c. Pills for depression	⊡₁	<u></u> 2	3	4	5			
d. Cannabis / Marijuana	1	2	3	4	=			
e. Painkillers (aspirin, paracetamol, etc.)).∐₁	2	3	4	5			
f. Amphetamines or other stimulants	∐₁	2	3	4	5			
g. Heroin, Methodone, Crack, Cocaine .	∐₁	2	3	4	5			
h. Anticonvulsants			_	_	_			
i. Steroids	∐1	2	3	4	5			
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 1 No		🗀 2						
S37. How often do you have 6 or mor	e drinks	on one occasi	on?					
	4 times a	Once a	1-3 times	a Less often				
Every day week	week	week	month		Never			
□1 □2	<u></u> 3	4	<u></u> 5	<u>6</u>	7			
S38. Does anyone smoke in the same	room as	s <baby>?</baby>						
Yes, on a regular basis	es, on ar	n occasional ba	sis2	Never	3			

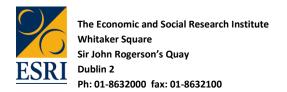
S39. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?
Yes No □₂→ Go to S41
[Ask S40 if biological mother, otherwise ask S40a.]
S40. Was this: [Tick all that apply] Before being pregnant with <baby></baby>
S41. Listed on this card are 8 statements about some of the ways you may have felt or behaved. Please
indicate how often you have felt this way during the past week. Rarely or none of the little of the time (less than 1 day) days) 1. I felt I could not shake off the blues even with help from my family or friends 2. I felt depressed
S45. Were you ever married to or did you ever live with <baby's> biological father / mother?</baby's>
Yes, married to
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</baby></baby's>

S50. Do you and <baby's> biological father / mother have shared parenting of <baby> on a regular basis?</baby></baby's>
Yes
S51. Please describe the nature of this shared parenting
CE2 How for door hobids, his larged fother / mother live from hors?
S52. How far does <baby's> biological father / mother live from here?</baby's>
Within ½ hour's drive from here
S53. How often does <baby> have contact with his / her biological father / mother?</baby>
Daily□ ₁ Monthly□ ₅
Once or twice a week□₂ Less than once a month□ ₆ Weekly□ ₇ No contact□ ₇
Every second week / weekend
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.</baby></baby's>
No, he/she never makes any payment
week/fortnight/month? Yes, he/she makes a regular payment
Yes, he/she makes payments as required S56. About how much per year? € per year
S57. How often do you talk to <baby's> biological father/ mother about <baby>?</baby></baby's>
Several times a About once A few times a Several times a
Every day week a week month year Never
S58. How well do you get on with <baby's> biological father/ mother? Would you say your relationship is?</baby's>
Very Neither positive nor Somewhat Very positive Positive negative negative negative
\square_1 \square_2 \square_3 \square_4 \square_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?</baby's></baby's>
Yes
No, I do not wish other parent to be contacted \square_2 to interviewer
No, I do not have contact details for other parent \square_3
S60. What is your date of birth? daymonthyear
S61. Int: Is respondent male or female? Male
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







NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE – Dress Rehearsal STRICTLY CONFIDENTIAL FATHER / PARTNER QUESTIONNAIRE

GROUP				HHOLD.			RESP	PONDENT		
INTERVIEW	ER NA	ME			INTER	VIEWER NO:				
Time Sectio	n Star	ted			(24 hou	r clock) DATE:_	dd	mmyy		
and child w All the info released in	vill tak ormati any w ve are	te about on you vay wh told s	ut 90 i u and iich we	he parents/guardians minutes to complete your family provide ould allow the inform ning which might su	INTERVIE will be tre ation you	WER: Adjust a eated in the str provide to be id	s approprictest collections	priate for yo onfidence a with you or	ou in the and will your fa	e field]. not be amily. If
(OMC), in a Department group of re	ssoci t of E searc	ation v ducati hers le	vith th on an ed by t	nd Children is funding the Department of Soc d Science is represe the Economic and So lin is carrying out the	cial and Far ented on the ocial Resea	mily Affairs and ne Steering Gr	d the Ceroup which	ntral Statisti ch oversees	ics Offi s the S	ce. The tudy. A
			A. Il	NTRODUCTION AN	D HOUSE	HOLD COMP	OSITIO	N		
6BA1. Int: F	Record	d gend	er of r	espondent] Male		Female]2		
A. Biological B. Adoptive C. Step-pare	l parer paren ent (m	nt (motl t (moth other/ f	her/ fa er/ fath ather)	Ilowing best describe ther	E. Grai F. Aun G _. Oth	ationship to hd parentt/uncleer relative/ in lavelated guardian	v	5 6	e codes	s only]
		B. PA	RENT	TING, CHILD'S FU	JNCTION	ING AND RE	LATIO	NSHIPS		
Time Secti	on St	arted			(24 hou	ır clock)				
Now I'd like	to as	k you	some	questions about you	r relations	nip with <baby:< td=""><th>>.</th><th></th><td></td><td></td></baby:<>	>.			
			S	cale on parent's vi	ews on ch	ild-rearing rer	noved			
				C. BABY'	S DEVEL	OPMENT				
Time Secti	on St	arted			(24 hou	ır clock)				
Now I'd like	to as	k you	some	questions about <ba< td=""><td>by's> habi</td><td>ts and routines</td><th>•</th><th></th><td></td><td></td></ba<>	by's> habi	ts and routines	•			
C1. Were yo	ou pre	esent a	t the b	oirth of <baby>?</baby>						
Yes			🔲 1	Wanted to, but	missed it	2	No	3		

C2. [Show Card C2] Fathers do think are the most important for (second most important) and 3 (second most important) and 3 (second most important) and 3 (second most important) and affection. Taking time to play with my child Taking care of my child financially. Giving my child moral and ethical generating my child is safe and perfection of the properties.	you, as a fathird most in n guidance rotected	ather to do			_		_
C3. [Show Card C3] Who general	ly does the f	ollowing v	vith <baby></baby>	?			
	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/ partner	Always spouse / partner	Some one else	No one does this
(a) Bathes him / her(b) Feeds him / her(c) Shows him / her pictures in books	□1 □1 □1	2 2 2	3 3 3 3	4 4 4	□5 □5 □5	□6 □6 □6	□ ₇ □ ₇ □ ₇
(d) Cuddles him / her (e) Plays with him / her (eg.	□1 □1	\square_2	□3 □3	□4 □4	□5 □5	□ ₆ □ ₆	□ ₇
clapping, rolling over, peek-a-boo) (f) Taking him / her for walks, outings, visiting relatives or friends	□ 1		3 □3	<u></u> 4	<u></u> 5	<u></u> 6	<u></u> , − − − − − − − − − − − − − − − − − − −
etc. (g) Reading stories to him / her (h) Changing his /her nappy (i) Getting up in the night to see to	□1 □1 □1	□2 □2 □2	□3 □3 □3	□4 □4 □4	□5 □5 □5	□6 □6 □6	□7 □7 □7
him / her (j) Sings to him / her	□ 1	2	<u></u>	<u></u> 4	<u></u> 5	□ 6	□ ₇
C4. When you talk to <baby>, do</baby>	you feel tha	at he/she is	maintainin	g eye conta	act with yo	u?	
Most or all of the time	Some	_	Har	dly ever or i	never		
C5. How much is <baby's> sleep</baby's>	ing pattern	or habits a	problem fo	r you?			
A large A modera problem problem		A small problen		No prob at all	lem		
□1□2		3		4			
C6. Do you feel that <baby's> cr</baby's>	No D. PAREN	[T'S HEAL	TH AND L	IFESTYLE			
Now I'd like to ask you some que	estions abou	•					
Time Section Started		(24 hour	clock)				
D1. In general, how would you sa	ay your curr	ent health	is?				
Excellent Very Good Good							
D2. Do you have any on-going	chronic phy	sical or m	ental health	problem, i	llness or di	sability?	
Yes	1		۱o	2			

D4 Since when I	nave you had this n	roblem, illness or disal	nility?	(mth)	(vear)	
			•			
_		activities by this proble	•	•		
Yes, severe	ely1	Yes, to some extent	2 2	No	∐3 	
	look after <baby:< th=""><th>ve you suffered from a >? (E.g. feeding, cha</th><th></th><th></th><th></th><th></th></baby:<>	ve you suffered from a >? (E.g. feeding, cha				
	Some	difficulty				
No Difficulty	Just a little	A moderate level	A lot of di	fficulty	Cannot do	at a
	\square_2	\square_3		1	\square_5	
D7. Do you currently s	moke daily occasi	onally or not at all?				
-		-	1	- 11		
Daily	.∐₁ Occasion	ally	J₂ Not at	ali	3	
		D	B. Have you ev	er smoked	d? Was it:	
					y □₂ Never	
		I				
Less than once a month 1-2 times a month 1-2 times a week 3-4 times a week 5-6 times a week	1]			
If currently drink alcohol	between everyday a	and 1-2 times a month as pints of beer/cider, glas	k:	neasures o	of spirit and be	ottle
	01		-	Name :		
Pints of Beer	Glasses of Wine ink, how many drinl	Measures of Spiri	ın average niç	Sottles of al	copops N	-
Pints of Beer D12. And when you dr	ink, how many drinl	ks would you have on a	nn average nig	Sottles of al	copops N	-
Pints of Beer D12. And when you dr Time Section Starte	ink, how many drinl	ks would you have on a E. FAMILY CONTEX (24 hour clo	n average nig (T ck)	Bottles of al	copops N	-
Pints of Beer D12. And when you dr Time Section Starte	ink, how many drinl	ks would you have on a	n average nig (T ck)	Bottles of al	copops	-
Pints of Beer D12. And when you dr Time Section Starte Now I'd like to ask you E1. [Show Card E1] Ple relation to how things	ed some general ques ase rate how much are for you and you	ks would you have on a E. FAMILY CONTEX (24 hour clo	an average nig CT ock) y as a whole. with each of t	tht?	N ng statements	in
Pints of Beer D12. And when you dr Time Section Starte Now I'd like to ask you E1. [Show Card E1] Ple	ed some general ques ase rate how much are for you and you	E. FAMILY CONTEX (24 hour clostions about your family you agree or disagree	an average nig CT ck) y as a whole. with each of to r, there are no	ht?hte following right and	N ng statements wrong answe	in
Pints of Beer D12. And when you dr Time Section Starte Now I'd like to ask you E1. [Show Card E1] Ple relation to how things try and be as honest a	ed some general questase rate how much are for you and yous possible.	E. FAMILY CONTEX (24 hour clostions about your family you agree or disagree ir child now. Remember Strongly OBAgree	an average nig T ck) y as a whole. with each of tr, there are no	he followir o right and Not sure	ng statements wrong answe	in rs, troi
Pints of Beer D12. And when you dr Time Section Starte Now I'd like to ask you E1. [Show Card E1] Ple relation to how things try and be as honest a	some general ques ase rate how much are for you and you s possible.	E. FAMILY CONTEX (24 hour clostions about your family you agree or disagree ir child now. Remember	an average nig T ck) y as a whole. with each of tr, there are no	he followir o right and Not sure	ng statements wrong answe	in rs, troi
Pints of Beer D12. And when you dr Time Section Starte Now I'd like to ask you E1. [Show Card E1] Ple relation to how things try and be as honest a A. I am happy in my role B. There is little or nothi	ed some general questase rate how much are for you and you s possible.	E. FAMILY CONTEX (24 hour clostions about your family you agree or disagree ir child now. Remember Strongly OBAgree	an average nig	he followir o right and Not sure □3	ng statements wrong answe Disagree S	in rs, troi isa ⊡₅

C. Caring for my child sometimes takes					
more time and energy than I have to give	٦,	\Box_{\circ}	\Box	\Box	\Box_{ϵ}
D. I sometimes worry whether I am doing	1		3	4	5
enough for my child	¬.	П-	□.	□.	П-
E. I feel close to my child	1	<u> </u> 2	<u> </u>	U4 —	5
F. I enjoy spending time with my child	1	2		<u> </u> 4	5
					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			🗀3	Ц4	Б
I. The major source of stress in my life is my child					5
J. Having a child leaves little time and flexibility in my life.				_	5
K. Having a child has been a financial burden	<u> </u>	2	3	4	5
L. It is difficult to balance different responsibilities					
because of my child	<u> </u>	2		4	5
M. The behaviour of my child is often embarrassing					
or stressful to me.	<u> </u>	2	3	4	5
N. If I had it to do over again, I might decide		_	_		
not to have a child	\Box_1	\square_2		\prod_{4}	\Box_5
O. I feel overwhelmed by the responsibility of					
being a parent.	\neg	\Box_{α}	\Box_{a}	\square_{4}	
P. Having a child has meant having too few choices and	1	2		4	
too little control over my life.	<u> </u>				
Q. I am satisfied as a parent.	1	2	<u> </u>	🗀 4	5
R. I find my child enjoyable	1	2	🗀 3	. 4	5
R. I filld fify child enjoyable	l1	1 12	l l3	4	5
E2. Overall, how do you feel about the amount of supp				riends	
				riends	
E2. Overall, how do you feel about the amount of suppliving outside your household?	ort or help	you get fr	om family or f		ood any holo
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help	oort or help I don't	you get from	om family or f	I don't ne	
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help	oort or help I don't	you get from	om family or f	I don't ne	
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help 1 don't get enough help 1	oort or help	you get from	om family or f	I don't no	4
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help 1	oort or help	you get from	om family or f	I don't no	4
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help 1 don't get enough help 1	l don't	you get from get any help	om family or f	I don't no	⊶ or disagre
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help 1	I don't an I ask yo Strongly	you get from the get any help the get any help the extension to the extension of the content of the get and the extension of the get and t	om family or f	I don't no	e or disagree Strongly
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help 1	I don't an I ask yo	you get from get any help	om family or f	I don't no	e or disagree
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help 2 E3. If you are currently working outside the home, cawith the following statements? Because of your work responsibilities: A. You have missed out on home or family activities that	I don't an I ask yo Strongly Disagree	you get from the properties of the section of the extension of the section of th	om family or f	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help 2 E3. If you are currently working outside the home, cawith the following statements? Because of your work responsibilities: A. You have missed out on home or family activities that	I don't an I ask yo Strongly Disagree	you get from the properties of the section of the extension of the section of th	om family or f	I don't no	e or disagree Strongly Agree NA
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E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help I don't get enough help E3. If you are currently working outside the home, cawith 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:	I don't an I ask yo Strongly Disagree	you get from the properties of the section of the extension of the section of th	om family or f	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help I don't get enough help E3. If you are currently working outside the home, cawith 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	I don't	you get from the get any help and the external substitution of the control of the	om family or f	I don't no	e or disagred Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help	I don't	you get from the get any help and the external substitution of the control of the	om family or f	I don't no	e or disagred Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help	I don't ask yo Strongly Disagree	you get from the get any help and the external bisagree	om family or for at all nt to which years Neither Agree nor disagree	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help	I don't ask yo Strongly Disagree	you get from the get any help and the external bisagree	om family or for at all nt to which years Neither Agree nor disagree	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help	I don't	you get from the get any help and the external surface and the external	om family or f	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help E3. If you are currently working outside the home, cawith 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	I don't ask yo Strongly Disagree	you get from the get any help and the extension of the extension of the control o	nt to which you have nor disagree	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help E3. If you are currently working outside the home, cawith 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	I don't ask yo Strongly Disagree	you get from the get any help and the extension of the extension of the control o	nt to which you have nor disagree	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help E3. If you are currently working outside the home, cawith 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	I don't	you get from the get any help and the extension of the extension of the control o	nt to which you not disagree Neither Agree nor disagree 3 3 3 4 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help E3. If you are currently working outside the home, cawith 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	I don't	you get from the get any help and the extension of the extension of the control o	nt to which you not disagree Neither Agree nor disagree 3 3 3 4 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help I don't get enough help E3. If you are currently working outside the home, cawith 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	I don't I d	you get from the get any help and the extension of the extension of the content o	nt to which you have nor disagree Same state Same state Same state	I don't no	e or disagree Strongly Agree NA
E2. Overall, how do you feel about the amount of suppliving outside your household? I get enough help	I don't I don I d	you get from the get any help and the extension of the extension of the get and the get and the extension of the get and the g	nt to which you have nor disagree Same state Same state Same state	I don't no	e or disagree Strongly Agree NA

F: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

regard to work? Employee (incl. apprenticeship	
Limployee (incl. apprenticeship	
or Community Employment)	Student full-time
Self employed outside farming2 Farmer	On State training scheme (FAS, Failte Ireland etc.)
1 aiiiei	Unemployed, actively looking for a job
	Home duties / looking after home or family
	Retired
	Other (specify)
	10
F2. How many hours do you normally work per weelf you work at more than one job, please include the F3. What is your occupation in this job? (What do y describe as fully as possible [Int. Make sure to describe the content of the co	e hours in all jobs hours ou mainly do in your job?) Please
F4a. Do you supervise or manage any personnel in	your job?
Yes	
F4b. How many?	
	_
F5. How many employees (if any) do you have?	employees N A \square_{99}
F5x. [Ask only if Farmer at F1.] What is the acreage of	of the farm? acres
F6. If you were completely free to choose, how man	y hours a week (paid work) would you like to
work overall?hours per week	
work overall?nours per week	
F7. Apart from holiday or casual work, have you even	er had a full-time job? Yes
F7. Apart from holiday or casual work, have you eve	b?year
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship	b?year
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming
F7. Apart from holiday or casual work, have you ever F8. In what year did you last work in that full-time job were Employee (incl. apprenticeship or Community Employment)	you? mployed outside farming

F12. Do you plan to start or return to paid work?
Yes, in the next 3 months
F13. [Card F13] What is the highest level of education you have completed to date? Primary or less
F14.[Card F14] What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]</baby>
English 1 Irish 2 Arabic 3 French 4 Polish 5 Russian 6 Czech 7 Latvian 8 Portuguese 9 Spanish 10 Chinese 11 Lithuanian 12 Romanian 13 Other (specify) 14
F15. Is English your native language? Yes
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
F21. Are you a citizen of Ireland? Yes □ ₁ No□ ₂
F22. What citizenship do you hold?
F23. Were you born in Ireland? Yes
F24. In which country were you born?
F25. How long ago did you first come to live in Ireland? Within the last 1-5 years ago 6-10 years 11-20 years ago More than 20 year ago years ago 1 2 3 4 5
F26. [Card F26] What is your ethnic or cultural background? Irish

F27. Do you belong to	o any religion Yes]2
	F28. [Show Card F28] Which religion	
	Christian – no denomination	
F29. Do you have any	γ family living in this area? Yes \square_1 No \square_2	
F30. What is your da	te of birth? daymonthyear	
F31. Int: Is responde	ent male or female? Male 1 Female	
Time Section Ended	(24 hour clock)	

Secondary Caregiver Sensitive Questionnaire



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GROWING UP IN IRELAND – the national longitudinal study of children STRICTLY CONFIDENTIAL – Dress Rehearsal FATHER / PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP HHOLD	RESPONDENT
Interviewer Name Int	erviewer Number
Time Section Started (24 hour cl	
We have a few final questions which we would like to disciplinately sensitive we have included them in a section for you complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFOCONFIDENCE.	ou to complete by yourself. We would ask you to
S1. Are you the biological parent of <baby>?</baby>	
Yes ☐ ₁ → Go to S12 N	02 → Go to S2
S2. Are you the adoptive parent of <baby>? Yes</baby>	lo
S3. Was that a domestic or an inter-country adoption?	
Domestic 1 Inte	er-country
S4. Was this a within family adoption? Yes	5. From which country?
S6. What age was <baby> when you adopted him/ her? NOW PLEASE Go</baby>	years O TO S12
S7. Are you the foster parent of <baby>?</baby>	·
Yes1 N	lo
S8. How long has <baby> been with your family?</baby>	monthsweeks
S9. Do you anticipate that this will be a long-term foster plant.	acement? Yes
S10. How many <u>previous</u> foster placements has <baby> be</baby>	een in?previous placements DK99
S11. Immediately before coming to live with you was < family or in institutional care?	paby> living with another foster family, his/her
Another foster family	. D ₂ Institutional care D ₃

and marital history. S12. Can you tell me which of these best describes your current marital status? S13. In what year did you marry your (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? No 2 **Go to S25** S16. Since when have you and your spouse or partner been living together? (mth) S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? Less than once a week \square_3 Go to S18 \$18. How often would you argue about the child(ren)? Most days...... S19. When you and your partner argue, how often do you Don't know Almost never/ Almost always/ often Sometimes Often never always Throw something at each other 1

Push, hit or slap each other 1 S20. And to end an argument, how often would you Don't Almost never/ Not very Almost always/ know Often Sometimes never often always Apologise 16 Change the subject...... l۶ Agree to discuss the issue later..... Agree to disagree.....___1 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...... 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. Almost Occasionally Frequently Almost Always Agree Always Disagree Disagree Always Disagree Agree Disagree . _____5 .. Amount of time spent together...... \square_1 S22. How often would you say the following events occur between you and your partner? Never Less than Once or Once or Once a More once a month twice a month twice a week week often Have a stimulating exchange of ideas[_]2 Work together on a project \square_1

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

S23. The numbers be "happy," represents describes the degree	the degree of	happiness of	of most rela	ationships. Ple	ease circle the n	
0 Extremely Unhappy	1 Fairly Unhappy	2 A little unhappy	3 Нарру	4 Very Happy	5 Extremely Happy	6 Perfect
S24. Do you feel that	having <baby< td=""><td>y> has</td><td></td><td></td><td></td><td></td></baby<>	y> has				
Brought you and your spouse/partner closer together,		lade you less ose than before		Made no diffe to your relatio	onship,	Don't Know
S25. Apart from your who had a close related	current partr	ner (if releva		u had any oth	er partners sinc	
	Yes	□1		No[_₂ →Go to S27a	1
S26. How many? One □ ₁	Two	2	Three or r	nore[3	
Only answer que	stions S27a		f you are ease skip		SICAL MOTHE	ER of <baby>,</baby>
S27a.Did you have ar	ny medical fe	rtility treatme	ent for this	pregnancy? (GUIA (Adapted)	
Yes	No		٦			
S27b. What treatmen			_12			
Clomiphene citrate alo GIFT: Gamete Intrafall IVF: In Vitro Fertilisatio ICSI: IVF with intra cyt Frozen embryo transfe Surgery involving the v Donor sperm	opian Transfe on oplasmic sper r vomb, tubes o	rm injection r ovaries		□ 2 □ 3 □ 4 □ 5 □ 6 □ 7		
S28a. Excluding the place in the place is a second contract to the pregner is a second contract to the second cont						
And how many of the	se pregnanci	ies were:				
b. Live births	N	c. Misca	rriages	N	d. Stillbirth	ns N
e. Terminations	N f. Ed	ctopic	_ N			
g. Are you currently _ا	oregnant Y	′es]1	No	2	
S28h. And what age v	were you whe	n you becan	ne pregnar	t for the first t	i me? Ag	ge in years
S29. Would you desc represents a persona over time the crisis w birth due to a change	Il crisis or em	otional traui It can also i	ma. This c	an include a p	regnancy which	began as a crisis b
Yes	1	No		2		

S31. Did you smoke at all during the p	reg	nancy?				
Yes No		2				-
S32. Did you smoke during the first, so	eco	nd and th	nird trimest	ter of the preg	nancy?	
[Tick one box on each line]		Yes	No	How n	nany per day?	
First Trimester [1 st , 2 nd or 3 rd month]					N	
Second Trimester [4 th , 5 th or 6th month]		. □₁			N	
Third Trimester [7 th , 8 th or 9th month]		. 🔲 1			_N	
C22 Did way as a sure also had during						1
S33. Did you consume alcohol during			incy?			
YesNo		2				
S34. Did you drink during the first, sec					ancy? For each	trimester
that you drank, about how much on av		-	-			
	Ye	es			asures Glasses	
First Trimester [1 st , 2 nd or 3 rd month]	г	¬	beer	cider of s	pirits of wine	of alcopop
Second Trimester [1, 2 of 5 month]	¦	_լ՝	…∐2			
Second Trimester [1 th , 5 th or 6th month] Third Trimester [7 th 8 th or 9th month]	 		<u>2</u> <u>2</u>			
Second Trimester [4" ¹ , 5" or 6th month] Third Trimester [7 th , 8 th or 9th month]	[[1 1	<u>2</u> <u>2</u>		with shabu 2	
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t	[[1 1 following	<u>2</u> <u>2</u>	ur pregnancy	with <baby>? Once or twice</baby>	Not at all
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills	[[he ¹	following	during you	ur pregnancy Sometimes	Once or twice	\square_5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers	[[he '	following	during you	ur pregnancy Sometimes3	Once or twice	5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression	[[he Oft	following	during you	ur pregnancy Sometimes3	Once or twice	5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana	[[he '	following	during you	ur pregnancy Sometimes3	Once or twice	5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.).	[[he •	following	during you	ur pregnancy Sometimes3333	Once or twice	5 5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills	[he Oft 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	following	during you	sometimes	Once or twice	5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine	[[he ft Oft 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	following	during you	sometimes	Once or twice	5 5 5 5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) . f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants	[he Oft 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	following en Mo	during you	ur pregnancy Sometimes	Once or twice	5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) . f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants	[he Oft 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	following en Mo	during you	ur pregnancy Sometimes	Once or twice	5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) . f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants i. Steroids		following en Mo	during you	ur pregnancy Sometimes	Once or twice	5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants i. Steroids S35b. How often do you take any of th		following en Mo	during you	ur pregnancy Sometimes	Once or twice	5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of the a. Sleeping pills		following en Mo	during you st days	ur pregnancy Sometimes	Once or twice	5 5 5 5 5 5 5 5 5 5 5 5 5 5 7 5 7 5 8 Not at all
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of tale and selection of the sele		following en Mo	during you st days	ur pregnancy Sometimes	Once or twice	5 5 5 5 5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of tale a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants i. Steroids S35b. How often do you take any of the stimulants a. Sleeping pills b. Tranquillisers c. Pills for depression	he Oft	following en Mo	during you	ur pregnancy Sometimes	Once or twice	5 5 5 5 5 5 5 5 5 5 5 7 5 7 5 8 Not at all
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of the a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants s35b. How often do you take any of the stimulants C. Sieeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana		following en Mo	during you	sometimes Sometimes 3 3 3 3 3 3 3 Sometimes	Once or twice	5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of the a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants i. Steroids S35b. How often do you take any of the a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) .		following en Mo	during you	sometimes Sometimes 3 3 3 3 3 3 3 5 Sometimes	Once or twice	5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of tale and selection of the sele		following en Mo	during you	sometimes Sometimes 3 3 3 3 3 3 3 3 Sometimes Sometimes 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Once or twice	5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of tale. a. Sleeping pills		following en Mo	during you	sometimes Sometimes 3 3 3 3 3 3 3 3 Sometimes 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Once or twice	5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants i. Steroids S35b. How often do you take any of th		following en Mo	during you	sometimes Sometimes 3 3 3 3 3 3 3 3 Sometimes 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Once or twice	5

S37. How often do	you have 6 or	more drinks on	one occas	ion?			
	5-6 times a	2-4 times a	Once a	1-3 tim	ies a L	ess often	
Every day	week	week	week	mon		_	Never
<u></u> 1	2	<u></u> 3	<u></u> 4	<u></u> !	5	<u></u> 6	<u></u> 7
S38. Does anyone	smoke in the		•				
Yes, on a regular b	asis□ ₁	Yes, on an o	ccasional ba	asis2	Never	[_3
S39. Have you eve	er been treated	by a medical p	rofessional	for clinical o	lepression	, anxiety or 'ne	rves'?
		Ye	s□1	No	$\square_2 \rightarrow$	Go to S41	
[Ask S40 if biolo	gical mother,	otherwise ask	< S40a.]				
S40. Was this: [Ti Before being pregn In the 1 st trimester of In the 2 nd trimester In the 3rd trimester When <baby> was When <baby> was Since <baby> was</baby></baby></baby>	ant with <baby> of the pregnancy of the pregnancy of the pregnancy of the pregnancy 0-2 months of a 2-6 months of a</baby>	/	Befo Whe Whe Since	n <baby> wa n <baby> wa</baby></baby>	as borns o-2 month s 2-6 month	at apply]s of ages of age	
S41. Listed on this indicate how ofter					nay have for a	elt or behaved. Occasionally or a moderate	
				time (less	time (1-2	amount of the	the time (5-7
1. I felt I could not s				than 1 day)	days)	time (3-4 days)	days)
family or friends. 2. I felt depressed.						3	4
3. I thought my life	had been a failu	re				3	4
4. I felt fearful					🔲 2	3	
5. My sleep was res6. I felt lonely						3	4 \
7. I had crying spell							
8. I felt sad						3	4
S42. Have you eve	er been in trouk	ole with the Gar	dai (other tl	nan for traffi	c offences	?	
Yes		No	₂ → Go to S4	4			
S43. Have you eve	er been to priso	on? Yes	1	No	\square_2		
S44. Can we check Lives here	sewhere	$ \begin{array}{ccc} & & & & & & & & & & & & \\ & & & & & & &$	to S60 to S60	r live here w	ith you or	elsewhere?	
S45. Were you eve	er married to or	did you ever li	ve with <ba< td=""><td>by's> biolog</td><td>ical mothe</td><td>r / father?</td><td></td></ba<>	by's> biolog	ical mothe	r / father?	
Yes, married to	 ☐1 Yes, live	d with	No □₃ (Go to S47	Adoptive / F	oster parent 「	4 Go to S60
S46. When did you	_ ·					_	
Before child was bo	-	·	- '				
Before child was six							
In the last three mo	ทเทร						

regnant with <baby>? (Please tick or</baby>	ine box only).
Married and living together	□₂ Just friends□ ₆ □₃ No relationship□ ₇
Divorced	
348. Do you have a formal or informa	al custody arrangement regarding <baby> and where he / she lives?</baby>
Formal	ormal
49. Briefly describe that arrangeme	ent
	I mother / father have shared parenting of <baby> on a regular basis? $\square_2 \rightarrow$ Go to S52</baby>
551. Please describe the nature of th	
52. How far does <baby's> biologic</baby's>	cal mother / father live from here?
Vithin $\frac{1}{2}$ hour's drive from here Between $\frac{1}{2}$ and 1 hour's drive from here	
53. How often does <baby> have co</baby>	ontact with his / her biological mother / father?
Daily	
Once or twice a week Veekly Every second week / weekend	$\boxed{}_3$ No contact $\boxed{}_7$
554. Does <baby's> biological moth</baby's>	her / father make ANY financial contribution to your household and clude any form of financial support such as rent, mortgage, d
lo, he/she never makes any payment. week/fortnight/month?	S55. How much does he/she pay
es, he/she makes a regular payment.	
es, he/she makes payments as requir	red s56. About how much per year? € per year
57. How often do you talk to <baby< td=""><td>'s> biological mother / father about <baby>?</baby></td></baby<>	's> biological mother / father about <baby>?</baby>
Several times	s a About once A few times a Several times a
Every day week	a week month year Never
\square_1 \square_2	□3 □4 □5 □6
□ 1 □ 2	
	aby's> biological mother / father? Would you say your relationship is
	paby's> biological mother / father? Would you say your relationship is Neither positive nor Somewhat Very
558. How well do you get on with <b< td=""><td>Neither positive nor Somewhat Very</td></b<>	Neither positive nor Somewhat Very

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?</baby's></baby's>
Yes
S60. What is your date of birth? daymonthyear
S61. Int: Is respondent male or female? Male
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 STRICTLY CONFIDENTIAL

MOTHER or LONE FATHER QUESTIONNAIRE TWIN MODULE - Dress Rehearsal

GROUP		SEQ NO			RESPONDEN	1T T1
INTERVIEWER NAME			INTERVIE	WER NO:		
Time Section Started			(24 hour cle	ock) DATE:	_ddmmyy	,
We are seeking to in and child will take a All the information released in any way however, we are tol may have to act on i	bout 90 minutes t you and your fan which would allow d something whic	co complete [In hily provide w w the informati	NTERVIEWE ill be treate on you pro	R: Adjust as of the control of the c	appropriate for test confidence ntified with you	you in the field] and will not be or your family. I
The Department of (OMC), in association Department of Education group of researcher Centre at Trinity Col	on with the Depart cation and Scienc s led by the Econo	ment of Social e is represent omic and Soci	and Family ed on the S al Research	/ Affairs and t Steering Grou	the Central Stat up which overs	istics Office. The ees the Study. <i>A</i>
A.]	PARENTING, C	HILD'S FUN	CTIONIN	G AND REL	ATIONSHIPS	;
Time Section Start	ed		(24 hour c	elock)		
A 1						
	Scale on p	parent's view	s of child-r	minding rem	oved	
A2. Do you use a so	other/dummy with	<baby>?</baby>	Yes	🔲 1 No	2	
A3. [Card A3] When react?	you leave <baby></baby>	with someone	else (not y	ou or your pa	rtner), how does	s he/she usually
Is happy and settled be Is unhappy at first but Remains unsettled an	quickly settles dow	/n		2		
A4. <i>[Card B4]</i> And w	hen you return, ha	aving left <bab< td=""><td>y> with son</td><td>neone else, ho</td><td>ow does he or s</td><td>he usually act?</td></bab<>	y> with son	neone else, ho	ow does he or s	he usually act?
With delightWith a mixture of delight Hard to tell, no particu	ght and annoyance			1 		•

Most or all of the time		Sometimes	Hardly ever or nev 3	/er
A6				
	S	cale on parent att	achment removed	
A7.	Infant	Characteristics 0	Questionnaire removed	i
		B. BABY'S DE	VELOPMENT	
Time Section Started		(2	4 hour clock)	
	Scale	on infant develo	pment removed (ASQ)	
BX1. Do you talk to you	r baby while	you work? (eg. wh	ile you do housework).	
	Rarely	Sometin	nes Often	
			cts of baby's behaviour	_
		C. BABY'S	S HABITS	
Time Section Started		(2	4 hour clock)	
C1. How many hours sle	eep do you g	et on an average n	ight, at the present time?	P N
C2. In general, what time	e in the even	ing does your baby	usually go to sleep?	(24 hour clock)
C3. Approximately how	-		•	
(a) the day?		` ,		?(24 hour clock
C5. Is your baby ever di			get up at in the morning	(24 Hour Glock)
Most of the time	Often	At times	Rarely 	Neve r 5
C6. How often does you	r baby wake	at night?		
Never Occas	ionally	Most nights	Every night	More than once per night
1		3	4	
C7. How many times pe	r night on av	erage?		
C8. Do you ever wake <	baby> for a fe	eed during the nigh	nt?	
Yes, usually	V	metimes	No, not at all	

On his/her stomach	On his/her side	On his/her back		
C10. Does <baby> us</baby>	ually sleep:			
	vnildren		In your bedroom	
C11. Where does <ba< td=""><td>by> sleep for most of</td><td>the night?</td><td></td><td></td></ba<>	by> sleep for most of	the night?		
		_		
	nildren	<u></u>		
	ow many nights per w	_	spend at least some	e part of the night in you
=	<baby's> crying is a p</baby's>	-		
es	<u> </u>		lam far vevo	
	paby's> sleeping patte A moderate	-	-	
A large problem	A moderate problem	A small problem	No problem _ at all	
		=		
C15. Have you ever ta problems.	aken your child to a do	octor or bought ove	er the counter drugs	for his / her sleeping
res	1 No	2		
not know the exact ag	ons have to do with whate, your best estimate aby> first sit him/herself	is fine.		Not yet □ ₉₉₉
not know the exact age (a) At what age did <ba (b)="" (c)="" <ba="" <ba<="" age="" at="" did="" th="" what=""><th>ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first st</th><th>is fine. up? nerself? eps?</th><th>MonthsMonthsMonths</th><th>Not yet □₉₉₉ Not yet □₉₉₉ Not yet □₉₉₉</th></ba>	ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first st	is fine. up? nerself? eps?	MonthsMonthsMonths	Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉
not know the exact age a) At what age did <ba <ba="" <ba<="" age="" at="" b)="" c)="" did="" td="" what=""><td>ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her</td><td>is fine. up? nerself? eps? r first words</td><td>MonthsMonthsMonthsMonths</td><td>Not yet □₉₉₉ Not yet □₉₉₉</td></ba>	ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her	is fine. up? nerself? eps? r first words	MonthsMonthsMonthsMonths	Not yet □ ₉₉₉ Not yet □ ₉₉₉
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not know the exact age (a) At what age did <ba (b)="" (c)="" (d)="" <ba="" <bab="" age="" at="" current<="" d1.="" did="" is="" section="" starte="" td="" time="" what=""><td>ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her D. CHII d</td><td>up?</td><td>MonthsMonthsMonthsMonthsMonths NGEMENTS r clock)</td><td>Not yet □₉₉₉ Not yet □₉₉₉ Not yet □₉₉₉</td></ba>	ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her D. CHII d	up?	MonthsMonthsMonthsMonthsMonths NGEMENTS r clock)	Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉
not know the exact age (a) At what age did <ba (b)="" (c)="" (d)="" <ba="" <baby="" age="" at="" d1.="" did="" is="" section="" starte="" time="" what=""> current each week?</ba>	ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her D. CHII d	up?	MonthsMonthsMonthsMonthsMonths NGEMENTS r clock)	Not yet \square_{999} Not yet \square_{999} Not yet \square_{999} Not yet \square_{999}
not know the exact age (a) At what age did <ba (b)="" (c)="" (d)="" (time="" <ba="" <baby="" age="" at="" d1.="" did="" is="" section="" starte="" what=""> current each week? Yes</ba>	ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her D. CHII d	is fine. up? eps? r first words LDCARE ARRA (24 hour) omeone else, other cbaby> on a regula per week spent in ay for this childcar	MonthsMonthsMonthsMonths MGEMENTS r clock) than you or your particle to the second se	Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉ rtner, on a regular basis
not know the exact age (a) At what age did <ba (b)="" (c)="" (d)="" (time="" <ba="" <baby="" age="" at="" d1.="" did="" is="" section="" starte="" what=""> current each week? Yes</ba>	ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her D. CHII d ly being minded by so No	is fine. up? eps? r first words LDCARE ARRA (24 hour) omeone else, other cbaby> on a regula per week spent in ay for this childcar	MonthsMonthsMonthsMonths NGEMENTS r clock) than you or your particular type of childcare	Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉ rtner, on a regular basis
not know the exact age (a) At what age did <ba (b)="" (c)="" (d)="" (time="" <ba="" <baby="" age="" at="" d1.="" did="" is="" section="" starte="" what=""> current each week? Yes</ba>	ge, your best estimate aby> first sit him/herself aby> start feeding him/h aby> take his/her first sta aby> start saying his/her D. CHII d ly being minded by so (a) who else minds < (b) number of hours (c) how much you pa (d) whether this is you [Tick all the mome	is fine. up? eps? r first words LDCARE ARRA! (24 hour) comeone else, other chapter week spent in ay for this childcar our main type of chapter out that apply] Number of chapter out that apply]	MonthsMonthsMonthsMonths MGEMENTS r clock) than you or your particle type of childca e per week hildcare f hours Cost per weel	Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉ Not yet □ ₉₉₉ rtner, on a regular basis

D3. What age wa	as <baby> when you s</baby>	tarted to use the <u>main</u> chi	ildcare arrangement? _	months
D4. What was th	e single most importa	nt reason for you choosir	ng this <u>main</u> form of chi	Idcare?
I could afford it It was convenient It was linked to m I thought it would	y jobbe beneficial for my chi	1		
D5. How satisfie	d are you with these a	arrangements?		
Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
<u>1</u>	2	3	4	5
Full-time child-cai D7. Which type of A relative in your Someone else in A relative in their Someone else in A professional cai Other (please specific please specific please) D8. [Card D8] Sin a. prevented you b. made you turn c. stopped you frod made you leave e. restricted the homeone some province of the province please of the province ple	home	has difficulty in arranging y or training urse study activities	1	call that apply]
		E. SIBLINGS AND T	WINS	
·	lings recorded on house	_		
E1. Have any of hitting etc.)? Yes		vour household been parti		
		NT'S HEALTH AND PHY		1 1
Time Section Sta	arted	(24 hour	Clock	
		rth?lbsounces	ORkgs	

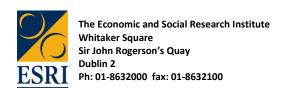
F3. [Card F3] Were there any complications du	ıring <baby'< th=""><th>s> birth? [Ticl</th><th>k all that appl</th><th>y]</th></baby'<>	s> birth? [Ticl	k all that appl	y]
A. No complications		Foetal distress	s - Meconium	or other sign
B. Very long labour (more than 12 hours)				
C. Very rapid labour (less than 2 hours)		Birth injury – i	nerve injury /	fracture / bruising
D. Foetal distress – Abnormal Heart rate tracing.				
		•		. ,,
F4. Did <baby> have to go to a Neonatal Inten</baby>	sive Care Ur	nit or Special	Care Nurser	y after he/she was born?
Yes No] ₂ [Oon't know	3	
F5. Did <baby> need any help with his/her bre</baby>	athing from	a ventilator?		
Yes	\rceil_2	Oon't know	. □3	
F6. How many days or parts of days were you	in hospital :	after the hirth	? davs	
1 of flow many days of parts of days were you	iii iioopitai t		uuys	
F7. How many days or parts of days was <bab< td=""><td>v> in hoenit</td><td>al after the hi</td><td>rth2 da</td><td>we</td></bab<>	v> in hoenit	al after the hi	rth2 da	we
17. How many days of parts of days was space	yz III IIOSPII	ai aitei tiie bi	itii:uc	ys .
F8a. Was <baby> ever breastfed? INCLUDE CO</baby>	LUSTRUM IN	FIRST FEW DA	YS AFTER BI	RTH
Yes No	$_{}^{}$	Go to F11		
			fuere been!	-10
F8b. Was <baby> still being breastfed when yo</baby>	ou brought i	nım/ner nome	from nospit	ai?
Yes □ ₁ No □ ₂				
F9a. Was <baby> ever exclusively breastfeed?</baby>				
[Exclusive breastfeeding means that the infant re-	ceives only b	reast-milk with	out any addit	ional food or drink]
Yes No	$\neg = \bigcirc$	3o to F10a		
100		20 10 1 104		
F9b. How old was <baby> when he/she stoppe</baby>	ed being <u>exc</u>	lusively brea	stfed?	
DaysWeeksMonths <	:Babv> still b	eina exclusivel	ly breastfed	□ ₅₅ — Go to F15
bayewoodewoode	- Daby - Ottil b	- The Charles	- I Diodotiou	
F10a. Are you currently breastfeeding <baby></baby>	(include pa	rtial/complem	entary breas	stfeeding)?
Yes				
	^{_12}			
F10b. How old was <baby> when he/she comp</baby>	letely stopp	ed being brea	astfed?	
Day		Weeks	Months	
,				
F10c. What were the main reason(s) you stopp				
Not enough milk/hungry baby				
Inconvenienced/fatigue				9
Difficulty with breast feeding techniques				o/her to stop□ ₁₀
Sore nipples/engorged breast				
Mother's illness				12
Planned to stop at this time				13
Baby weaned himself/herself	_{□7} Othe	r, please speci	ify	
				1
F44 Illes was a selection of the Control of the Con	ا ۱۰۰۱ الام الم		of mills Di	and in almala arms and the second
F11. I'm now going to ask when careal. How old was shaby, when he/sha first	•	merent types	of milk. Plea	ise include any eaten with
cereal. How old was <baby> when he/she firs</baby>	เ กลน:			
Formula milk, such as Cow & Gate or SMA? _	Days _	Weeks _	Months	₄ Hasn't Had
Cow's milk?	Days _	Weeks _	Months	□4 Hasn't Had
Any other type of milk, such as soya milk?	Days _	Weeks	Months	□4 Hasn't Had

F12. What else does <baby> drink apart from milk or formula? [Tick all that apply]</baby>	
Water	
Baby Juice	
Fruit juices/Cordial/Squash	
Fizzy or soft drinks (e.g. lemonade, coke)	
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</baby>	
Yes	
F14. How old was <baby> when he/she first had solid food regularly?</baby>	
DaysWeeksMonths Hasn't yet 🔲	
F15. In general, how would you describe (a) <baby's> Health at Birth (i.e. the first two weeks after (b) <baby's> Current Health</baby's></baby's>	birth) and
(a) Health at birth (b) Current health	
Very healthy, no problems□ ₁	
Healthy, but a few minor problems \square_2	
Sometimes quite ill \square_3	
Almost always unwell	
F16. Can you tell me whether <baby> has received: [Tick all that apply]</baby>	
Their six-week checkup	
Vaccines at 2 months	
Vaccines at 4 months	
F17. [Card F17] Why has <baby> not had all of his or her immunisations?</baby>	
[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	
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	
I. Opposed to immunizations for other reasons	
m. Other reason [please specify]	
F18. [Card F18] Has a medical professional ever told you that <baby> has any of the following con</baby>	ditions?
[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□₄ 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	
I. Any developmental delay	
n. Spina bifida / Hydroencephalis	
o. Cleft lip and/or palate	

p. Other long-term condition [please specify]	
F19. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would y 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 RESPONDENT TO CONSIDER [CHILD]'s MOST SEVERE CONDITION.</baby>	
Minor	
F20. [Card F20] We would like to know about any health problems or illnesses for which <baby> has be taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems are sufficiently as Snuffles/common cold are sufficiently as Snuffles/common</baby>	11121314151617
h. Skin problems	19
j. Undescended testicle	
F21. Since <baby> was born, how many times have you seen, or talked on the telephone with any following about <baby's> physical health? (exclude time of birth) [If none enter '0' do not leave blank]</baby's></baby>	
A general practitioner (GP), or family physician	
Yes	
Yes	nination
Yes	nination
Yes	nination
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 exam or treatment but did not receive it? Yes</baby></baby>	
F23. Not including when he/she was born, approximately how many nights has <babby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS Nights F24. Since <babby> was born, was there any time, in your opinion, when he/she needed a medical examor treatment but did not receive it? Yes</babby></babby>	

F28. Has <baby> stayed in hospital for at least one Yes</baby>	night becau	se of any (c	of these) inj	uries or accid	ents?
G. FAM	ILY CONTE	EXT			
Time Section Started	(24 hour c	lock)			
G1. [Card G1] Please rate how much you agree or to how things are for you and <baby> now. Rememas honest as possible.</baby>	_			_	
•	Strongly	Agree	Not	Disagree	Strongly
A. I am happy in my role as a parent	Agree		sure		Disagree
	···· ∐1	2	3	4	5
B. There is little or nothing I wouldn't do for my child if it was necessary					
C. Caring for my child sometimes takes	1	2	3	4	5
more time and energy than I have to give					
D. I sometimes worry whether I am doing	···· □1	2	3	4	5
enough for my child	\Box .	\Box	\Box	□.	\Box
E. I feel close to my child	···· 🗀 '	<u> </u> 2			🗀 5
F. I enjoy spending time with my child		ப2			ഥാ П
G. My child is an important source of affection for me		 			<u></u>
H. Having a child gives me a more certain				······	
and optimistic view for the future	🗀 1	2			\square_5
I. The major source of stress in my life is my child					
J. Having a child leaves little time and flexibility in my li					
K. Having a child has been a financial burden	🔲 1	2		4	5
L. It is difficult to balance different responsibilities					
because of my child.	🔲 1	2		4	5
M. The behaviour of my child is often embarrassing					
or stressful to me.	🔲 1	2		4	5
N. If I had it to do over again, I might decide					
not to have child	🔲 1	2	3	4	5
O. I feel overwhelmed by the responsibility of					
being a parent.	🔲 1	2		4	🔲 5
P. Having child has meant having too few choices and					
too little control over my life.			3	4	5
Q. I am satisfied as a parent.			3	4	5
R. I find my child enjoyable	···· ∐1	2	3	4	5

Secondary Caregiver Twin Questionnaire







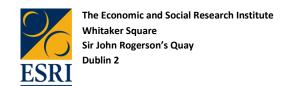
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE STRICTLY CONFIDENTIAL

FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE - DRESS REHEARSAL

GROUP			SEQ NO.			RESPON	IDENT		
INTERVIEWE	ER NAME			INTERVIE	WER NO:				
Time Section	n Started			(24 hour cl	ock) DATE:	_ddmn	іуу		
and child w All the info released in	rill take abou rmation you any way wh re are told s	view the paren ut 90 minutes u and your fa ich would allo comething wh	to complete mily provide ow the inform	[INTERVIEWE will be treate ation you pro	ER: Adjust as ed in the stri vide to be ide	appropriactest confi entified wit	te for you dence a h you or	ou in the nd will your fa	e field]. not be amily. If
(OMC), in as Department group of res	ssociation was of Education searchers le	olth and Child with the Depar on and Science d by the Ecor e Dublin is ca	tment of Soc ce is represe nomic and So	ial and Famil nted on the cial Research	y Affairs and Steering Gro	the Centra	al Statist oversees	ics Office the St	ce. The tudy. A
	A. PA	RENTING, (CHILD'S FU	NCTIONIN	G AND RE	LATIONS	HIPS		
Time Section	on Started			(24 hour e	clock)				
Now I'd like A1.	to ask you	some question	·	·	•				
		Scale on	parent's vie		•	oved [
			B. BABY'S	S DEVELOP	PMENT				
Time Section	on Started			(24 hour o	clock)				
Now I'd like	to ask you	some question	ns about <bal< td=""><td>oy's> habits a</td><td>and routines.</td><td></td><td></td><td></td><td></td></bal<>	oy's> habits a	and routines.				
B1. When you	f the time	oaby>, do you	Sometimes		Hardly ever or	-	ou?		
B2. How mu		's> sleeping p		its a problem	for you?				
A large probl	lem	A moderate pro	oblem A s	small problem	No prob	olem at all			
<u> </u>		2		3		4			
B3. Do you	feel that <b< td=""><td>aby's> crying</td><td>is a problem</td><td>for you? Ye</td><td>s</td><td></td><td>No</td><td> 🔲 2</td><td></td></b<>	aby's> crying	is a problem	for you? Ye	s		No	🔲 2	

B4. [Card B4] Who generally does	the follow	ing with <	baby>?				
	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/ partner	Always spouse / partner	Some one else	No one does this
Bathes him / her	1	\square_2	3	<u></u> 4	5	<u> </u>	7
Feeds him / her	<u></u> 1	2	3	<u></u> 4	5	<u>6</u>	7
Shows him / her pictures in books Cuddles him /her	∐¹ □,	∐2 □	∐3 □°	∐4 □ ,	<u></u> 5 □5	□6 □6	∐7 □
Plays with him / her (eg. clapping,		\prod_{2}^{2}	\prod_{3}^{3}		\prod_{5}^{5}	□6 □6	□' ₇
rolling over, peek-a boo)			_				
Taking him /her for walks, outings,	1	2	3	<u></u> 4	5	<u></u> 6	7
visiting relatives or friends etc. Reading stories to him /her	П.	\Box	\Box	П.	□₋		□-
Changing his / her nappy	∏'		\square_3		\prod_{5}^{5}	□°	
Getting up in the night to see to	<u> </u>	\square_2	3	 4	5	\Box_6	
him / her							
Sings to him / her	□ 1	<u></u> 2	<u></u> 3	<u></u> 4	<u></u> 5	<u></u> 6	<u></u> 7
	C	. FAMILY	CONTEX	Γ			
Time Section Started		□24 hour	clock)				
			•				
Now I'd like to ask you some gener	ral questio	ns about	vour family	as a whole	_		
	-					statament	o in rolation
C1. [Card C1] Please rate how muto how things are for you and you							
be as honest as possible.		_	_	_			
			trongly gree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent.			•	П ₂		4	
B. There is little or nothing I wouldn't	do for			_			
my child if it was necessary			<u> </u>	<u>2</u>	3	4	5
C. Caring for my child sometimes tak more time and energy than I have to	es aive	Г	٦,		\Box_{\circ}	4	\Box_{ϵ}
D. I sometimes worry whether I am de	oing		1	2	3	4	5
enough for my child			<u> </u>	<u>2</u>	3	4	5
E. I feel close to my child			<u> </u>	2	3	4	5
F. I enjoy spending time with my child G. My child is an important source of	affection fo	 nr me [1 	∐2 □	∐3 □°		5 5
H. Having a child gives me a more ce), IIIC	1	2	3	4	5
and ontimistic view for the future		[<u>1</u>		3	4	5
I. The major source of stress in my lif J. Having a child leaves little time and K. Having a child has been a financia	e is my chil	ld[<u></u> 1	2	3	4	5
J. Having a child leaves little time and	d flexibility i	in my lite. [╡₁	<u>2</u>	3	4	5
L. It is difficult to balance different res	nonsibilitie	[S	1	2	3	4	5
because of my child			\prod_1		\square_3	4	\square_5
M. The behaviour of my child is often	embarrass	sing					
or stressful to me		[<u> </u>	2	🔲 з	4	5
N. If I had it to do over again, I might		-	_				
not to have child O. I feel overwhelmed by the respons		L	1	2	3	4	5
being a parent.		Г	\neg		\square_3	\Box	\Box_{ϵ}
P. Having child has meant having too	few choice	es and	1	/2	3	4	5
			_				
too ittio control ever my mer minimi			<u></u> 1	<u>2</u>	🔲 3	4	5
Q. I am satisfied as a parent		[[1 1	2			5 5
too little control over my life		[[1 1 1	2 2			5 5 5

Non Resident Parent Questionnaire





Growing Up in Ireland – national study of children Strictly Confidential

Non Resident Parent Questionnaire Infant Dress Rehearsal

Group Code	Sequence Code		Dateda	ymonth			
Please Read This First This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434. IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL 1800 200 434 DURING OFFICE HOURS							
First of all, we would like to ask you	a few guestions abou	ut the time you spend	d with the study child				
Q1. How long is it since you last s	•		-	months			
Q2. How many nights do you and							
Q3. How many days, or part-days	ays, (without nigh	ts) do you and th	e study child spen	d together in a typical			
Q4. How long does a typical conta	act occasion last?	days or	hours				
Q5. How do you feel about the following:	amount of time y	ou spend with th	e study child? Ple	ase tick one of the			
Nowhere near enough	Not quite enough	About right	A little too much	Way too much			
	\Box_2	\square_3	\square_4	\square_5			
Q6. If you feel that you do not situation? If more than one rea		-	child, what do you	think is the reason for this			
Work commitments Commitments to other family/ner Physical distance between self a	w partner 2	Court-imposed of	uncooperative ustody rules	5			
Q7. When you are spending t is given below. Please place	a '1' beside the lo	cation where you	ı spend most time	, a '2' beside the next most			
used location and so on. If the	ere are any location	-	ot visit, just leave	tnem blank.			
		Rank					
At you home	child's grandparent park, swimming po nald's etc	ol)					
Q8. Please tick one box below your child?	to indicate how y	ou arrived at the	current arrangeme	ents for time spent with			
Court-imposed arrangements Formal, negotiated arrangement Mutual arrangement with no third No regular arrangements	s other than legal (d party negotiator .	e.g. counsellor)	□2 □3				

Q9. Fathers do many things for important for you, as a parent, important) and 3 (third most imp	to do? Plea		_	•		
Showing my child love and affection	n					
Taking time to play with my child						
Taking care of my child financially						
Giving my child moral and ethical g	guidance					
Making sure my child is safe and p	rotected					
Teaching my child and encouragin Other (specify)	g his or her cu	riosity				
Q10. We would like to get a sens	-			-	e study child.	
Excellent 1 2	3	4	5 Very Poor			
Q11. Being a parent often involve indicate how often you would no				Please tick one b	ox on each line to	•
We		Every day	At least once a week	At least once a month	Rarely or never	
Prepare food for the child	at home	<u> </u>	\square_2	Пз	<u></u> 4	
Put the child to bed		□ 1	\square_2	□ 3	<u></u> 4	
Change nappies/bathe chi	ld	□ 1	<u>2</u>	Пз	<u>4</u>	
Take the child to doctor /d	entist etc	□1	\square_2	\square_3	\square_4	
Take the child to or from c	reche	□ 1	\square_2	<u></u> 3	<u></u> 4	
would like to record some information	n about the kind	of financial sup	port you provide fo	r the study child and	his or her household	1.
Q12. Do you pay anything direct apartment where the child reside					e. the house or	
Yes, I pay the full amount due	🗆 1	No, I don't p	pay towards the r	ent or mortgage d	irectly □3	
Yes, I pay a contribution		There is no	rent or mortgage	owing on the hor	ne <u>□</u> ₄	
Q13. If you pay all or part of the	mortgage or r	rent, how mu	ch do you pay p	er month? €	per month	
Q14. Do you provide financial su	ipport to the o	child's mothe	er (other than a d	irect rent or mor	tgage payment)?	
Never \square_1						
Yes \square_2 a regular payment t	o the value of	f € per n	month (excluding	direct rent/mortga	ge payment)	
Yes \square_3 on an as-required b	asis (e.g. bac	k to school) t	to the value of €	per year		
Q15. If you give a regular payme one box only)	nt as in Q14 a	above, how di	id you decide on	the amount/sch	edule? (Please tick	
Your decision						
Q16. Do you provide any suppor "being there" when needed, etc.		inancial, e.g.	home repairs, m	inding the family	pet, generally	
Never□ ₁	Yes, occas	sionally	.□₂ Yes, f	requently	□3	

Q17. What was the state the study child? (Pleas	-		p with t	he study ch	nild's moth	er when	she became p	regnant with						
Married and living togeth Cohabiting/living as mar Separated	ried	[Just fr	iends		ether	🗀 6						
Q18. What age was the	study chil	ld when you	separa	nted from th	ne child's m	other fo	r the first time	?						
	AGE	months OR	wee	eks										
			OR											
Had separated before bi	irth		OR	Never live	ed with moth	ner								
Q19. Are you named or	n the study	y child's birt	h certif	icate?										
Yes		$]_1$ No .			□ ₂ Not	sure		3						
Q20. If you have never	been marr	ried to the S	tudy Cł	nild's mothe	er have you	applied	for guardians	hip?						
No□1 Yes	, through m	other only	□2	Yes, throu	gh court	.□3								
Q21. If yes, was this ap	oplication s	successful?	—-· Y	· ′es□ ₁	No□ ₂	Ongoi	<u></u> ng□₃							
Q22. How often do you	u talk abou	ıt your child	with th	e child's m	other?			<u>-</u>						
Every day Several times a week About once a week		🗀2		Severa	-	ear								
Q23. How well do you	get on with	n the child's	mother	? Would y	ou say you	r relatio	nship is?							
Very posit	tive S	Somewhat positive		Neutral	Some nega		Very negativ	⁄e						
□ 1				□ 3			<u></u> 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 1-4 -4						· -						
	i	A lot of	Some	influence	No influe	nce	Don't know							
	i	influence		influence □2	No influe □ ₃	nce	Don't know							
Q25. Do you want to be		influence □1		□ 2	Пз									
Q25. Do you want to be		influence □1		\Box_2 d in the co	Пз									
Yes Q26. How often do you	e involved	influence 1 in raising yeans	our chil	□₂ d in the co	□ ₃ ming years ot sure	? □3								
Yes	e involved	influence 1 in raising yeans	our chil	□₂ d in the co	□ ₃ ming years ot sure	? □3								
Yes Q26. How often do you	e involved	influence 1 in raising yeans	our chil	□2 d in the co No o the follow	□₃ ming years ot sure ing things?	? □3		Never						
Yes Q26. How often do you For each item, mark (X) a. You talk a lot about you	e involved 1 1 1 feel the fo	influence 1 in raising your friends	our chil □₂ /s or do	d in the con No the follow All of the time	ming years of sure ing things? Some	? □3	□ ₄	Never						
Yes Q26. How often do you For each item, mark (X)	e involved 1 1 1 feel the formal one response our child to	influence 1 in raising your friends	our chil □₂ /s or do and	d in the con	□₃ ming years of sure ing things? Some	? □3	<u></u> 4							
A You talk a lot about you familyb. You carry pictures of you go	e involved Ifeel the form one responsion child to work child we have a second control of the co	influence 1 in raising you No bllowing way nse your friends with you wher	our chil	d in the con No the follow All of the time	ming years of sure ing things? Some	? □3	□ ₄	Never						
A. You talk a lot about you familyb. You carry pictures of	e involved I feel the form one responsions child to work child with thinking all cuddling years.	influence 1 in raising your friends your friends with you wher bout your chiour child is fu	our chil 2 /s or do and rever ild	d in the con No the follow All of the time	ming years of sure ing things? Some the tir	? □3	□ ₄	Never						

(day)	(mth)	(yr)
s born?	years	
ent status?		
Unable to work due to sickness or disability	permanent	
Please describe as ful	lly as possible.	
nave completed? (Please	e tick one box	only)
Diploma Degree		7 8
ent marital status?		
Divorced	tating) following	5
1 No	2	
hin? vears or	mont	·hs
•		.113
	by a differ	ent partner(s)
•	by a diller	ont partitor(s)
		
ring in Ireland?	_ years OR	months
ealth?	Daar	
	Retired from employn Unable to work due to sickness or disability Other (please specify Please describe as full nave completed? (Please Certificate	Retired from employment

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





NON – RESIDENT PARENT'S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

The main phase of *Growing Up in Ireland* will include 10,000 9-month old children and their families.

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

As part of the study he/she was asked for your contact details as the non-resident parent of your child and he/she agreed to supply it.

Why should I take part?

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

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

Who is running the study?

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

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

NON – RESIDENT PARENT'S INFORMATION LEAFLET

What do I do next?

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

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

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

Your participation counts.

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

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

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

Where can I find out more information?

Phone:

Freephone 1800 200 434 or contact our Communications Officer, Jillian Heffernan, on 01 896 3378

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland, Economic & Social Research Institute, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.









Home-based Carer Questionnaire





GROWING UP IN IRELAND – national study of children Strictly Confidential – HOME-BASED CARE Infant Dress Rehearsal

Group Code Sequence Code Date daymonth
PLEASE READ THIS FIRST This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.
If you would prefer to complete the questionnaire with an interviewer over the phone, please call (01) 8632000 during office hours
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?
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?
Yes1 No2
Q3. Do you care for the study child in his / her own home; in your home or somewhere else?
Study Child's home
Q4. How long have you been caring for the study child? years months weeks
Q5. How many hours per week do you care for the study child? hours
Q6. How many days per week do you care for the study child? days
Q7. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child Very easy Somewhat easy Neither easy nor Somewhat difficult Very difficult
difficult
□ ₁ □ ₂ □ ₃ □ ₄ □ ₅
We would also like some general information on the environment in which you look after the study child
Q8. On a typical day, how many children are in your care (excluding the study child, but including your own children)? children
Q9. What ages are these children? (Please indicate the number of children in these age categories, again excludingt the Study Child)
0 – 11 months \square_1 7-9 years \square_4
1- 3 years
4-6 years
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 \(\bigcup_1 \) Sometimes \(\bigcup_2 \) Often \(\bigcup_3 \) Always \(\bigcup_4 \)

Q14. Do you look after the st	udy child when he or s	he is sick?		
Never 1 Ra	ırely 🔲 2	Frequently] ₃ Always	
Finally, we would like to know	w some things about yo	ou.		
Q15. What is your date of b	oirth? (DD/MM/YYYY)	(day)	(mth)	(yr)
Q16. What is your gender?	Male	∏₁ Fe	emale	
Q17. What nationality are you	ı?			
Q18. Which of the following b	oest describes your cur	rent employment status?		
Working for payment or profit Looking for first regular job Unemployed Student or pupil	\dots Retired from \square_1 Retired from \square_1 Unable t	rom employmento work due to permanent sic	⊡ ₁	
Q19. Is caring for children yo	ur main occupation?			
Yes No	2			
Q20. If no, please tell us your	main occupation using	g precise terms (e.g. 'natio —	nal school teacher' instead	d of 'teacher').
Q21. What is the highest leve	l of education that you	have completed?		
No formal education		Certificate	🔲 5	
Primary	2	Diploma	6	
Junior Cert. or equivalent		Degree	7	
Leaving Cert. or equivalent		Postgraduate Degree .	8	
Q22. Do you have any child		ed qualifications (e.g. teac of raising your own childr		excluding you
No 🔲 1				
Yes, certificate level of less that	n one year's duration		🔲 2	
Yes, certificate level or above of				
Q23. Have you undertaken ar	ny other training releva	nt to caring for children?	Tick all that apply	
Child psychology		Nutrition/Diet Other		
Q24.How long have you regu	larly worked 10 or more	e hours per week in a child	Icare situation?	

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

Centre-based Carer Questionnaire





GROWING UP IN IRELAND – national study of children Strictly Confidential – CENTRE-BASED CARE Infant Dress Rehearsal

Group Code	Sequence Code			
This questionnaire should be acco out the questionnaire. If you have IF YOU WOULD PREFER	mpanied by an informati	ng 01-8632000 an ESTIONNAIRE WITH	ortant that you read this d ask for the Growing L	lp in Ireland team.
Q1. How long has the study ch	ld been attending this	centre?	years months	weeks
Q2. How many <u>hours</u> per week	does the study child a	ttend the centre?	hours	
Q3. How many days per week o	loes the study child att	end the centre?	days	
Q4. Compared with other child	en, do you think this c	hild is ?		
Much easier to get on with than a Easier to get on with than averag About average	e		get on with than averagicult to get on with than	
Q5. Please think about your	relationship with the	e study child. H	low easy or difficult	do you find getting on wit
the child? Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
	2	□ 3	4	5
We would also like some gener	al information about th	ne care centre.		
Q6. Are you registered with the	Health Service Execut	tive?		
Yes1	No		sure	□3
Q7. On a typical day, how many	children are in the ce	ntre (excluding st	tudy child)?	no. of children
Q8. What ages are these childre	en? (Please indicate th	e number of child	lren in these age cate	gories)
0 – 11 months		rs	🔲 4	
1- 3 years		years	🔲 5	
4-6 years	☐ ₃ 12 year	s and over	🔲 6	
Q9. If there is more than 5 year from the older?	s between the ages of	the oldest and yo	ungest child, are the y	ounger children segregated
Yes1	No		metimes	3
Q10. How many children in thechildren	centre (excluding the	study child) are fr	om a non-English spe	eaking family background?
Q11. How many children in the	e centre (excluding the	e study child) hav	ve a mental or physic	al disability?
Q12.How many of the following	types of toys are there	e available to the	child in the centre?	
a. Cuddly toys or dolls	_ (Enter number of toys)	b. Activity typ	pe toys (number)	
Q13. On average, how many ho	urs per day does the c	hild spend watch	ing TV or DVD's while	in your care? hrs
Q14. In a typical day, how long	would the child spend	asleep while in y	our care?hours	
Q15. On a typical day, how o			alk to the child on a c	

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)? Q17. How many of these staff has a formal childcare qualification? no. of staff			
Q19. What is your o	date of birth? (DD/MM/YY	(YY) (day) (mth)(yr)	
Q20. Are you?	Male	Female	
Q21. What is your na	tionality?		
Q22. Which of the	following best describes	s the type of care your centre provides?	
	<u>1</u>	Montessori □ ₃ Other□ ₄	
Q23. What is your high	ghest level of qualification i	in childcare or related discipline (e.g. teaching, nursing, Montessori	etc.)?
Certificate	12 	Degree4 Postgraduate Degree	
		he qualification was obtained:	
National school teachi Other education		Special needs assistance □₅ Speech and language therapy □₀ Nursing □₀ Other □₀	
Q25.When did you re	eceive this qualification?	Year:	
Child psychology Sign language	aken any other training releva	ant to caring for children? Tick all that apply. Nutrition/Diet	
Q27. Is caring for chi	ildren your main occupation	n? Yes □₁ No □₂	
Q28. If no, please de	scribe your main occupatio	on as fully as possible	
Q29.How long have y	you regularly worked 10 or I	more hours per week in a childcare situation? yearsmths	3
Q30. How long have	you worked in this particula	ar care centre? years months	
Q31. Overall, are you	ı happy working in childcar	re?	
Strongly Agree	Agree □2	Neutral Disagree Strongly Disagree	

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THE GROWING UP IN IRELAND TEAM AT 01-8632000

Carer Information Sheet





CARER INFORMATION LEAFLET

What is the Growing Up in Ireland study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

Growing Up in Ireland includes 10,000 nine-month olds and their families.

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

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week.

Why am I being asked to take part?

As a carer of the study child we feel that you too have a contribution to make.

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

Who is running the study?

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

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

CARER INFORMATION LEAFLET

What do I do next?

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

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

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What are my rights if I take part?

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

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

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

Where can I find out more information?

Phone:

Freephone 1800 200 434 or contact our Communications Officer, Jillian Heffernan, on 01 896 3378

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland, Economic & Social Research Institute, Whitaker Square, Sir John Rogerson's Quay, Dublin 2.







