Appendices for 9-year Instrumentation Report

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Growing Up in Ireland

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, even after you have completed the questionnaire.
• if there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.
• the Study Researcher is not allowed to have any contact with the participating child/children unless another adult is present in the room.
This is for the protection of both the child and the researcher.

What do I do next?
A Study Researcher from the ESRI will be in contact with you in the coming days. He/she will discuss in more detail the participation of your school and will be able to answer any questions which you may have in relation to the study.

Your participation counts:
Although taking part in Growing Up in Ireland is voluntary, your participation and the participation of your school is very important to the success of the study.
It is only by carrying out a study such as this that we can paint a complete picture of the world of the child growing up in Ireland and, accordingly, 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?
Visit our website:
www.growingup.ie
Phone:
Freephone 1800 200 434
Contact our Communications Officer,
Jillian Heffernan, on 01 896 3378
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.

PRINCIPAL’S INFORMATION LEAFLET

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 children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?
This study will focus on all aspects of a child’s life including his/her social, emotional, and physical development, and health status etc. and not exclusively on a child’s education.
From an educational perspective we will be looking at what role the education system plays in a child’s development with a view to formulating policies to encourage positive educational outcomes for as many children as possible.
The data collected will be used to advise the Government on future policies and services that will be of most benefit for children and families in Ireland and which will ensure that all children can have the best possible start in life.

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 Department of Education & Science is represented on the Steering Group which oversees the project.
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.
How was my school selected?

The study will include 8,000 nine-year-old children, their families, teachers and Principals.

The most effective way for us to recruit a representative sample of 8,000 nine-year-olds is through the National School system.

We have randomly selected National Schools from across Ireland from which to sample the children.

Your school has been one of those randomly selected to participate and we are asking permission from you (or your Board of Management if necessary) for your assistance.

We now need your help in selecting the sample of nine-year-old children from your school.

In the coming days a Study Researcher from the ESRI will contact you by telephone to discuss the school’s participation in greater detail and how we would like to select the children.

The Study Team has met with the Irish National Teachers’ Organisation (INTO) and the National Parents Council (Primary), both of which fully support the Study.

What happens if my school takes part?

Step One: A Study Researcher will arrange a short meeting with you in your school, at a time which is convenient for you, to discuss participation in full detail.

Step Two: We need to select a sample from the nine-year-olds in your school.

Step Three: Once the children have been selected your school will be asked to distribute information materials, provided by the Study Researcher, to the parent(s)/guardian(s) of each study child. This will include a leaflet giving a detailed explanation of the study as well as a consent form for the parent(s) to sign.

Step Four: The study child will be asked to return the consent form to the school. These forms, which will contain the family contact details, will be passed on by your school to the Study Researcher.

Step Five: We will be asking the Principal to complete a single four-page questionnaire about the school and asking the class teacher of each study child to complete a single questionnaire about him/herself, teaching experience and so on. In addition, the teacher will be asked to complete a questionnaire about each study child.

Step Six: The Study Researcher will administer the Drumcondra reading and maths tests to the study children in the school. The results of the tests will be kept strictly confidential and will not be available to the school or to the parents.

Step Seven: After the school-based component of the study, the Study Researcher will visit the child’s home to carry out interviews with the child and his/her parent(s)/guardian(s).

What does the Principal’s questionnaire involve?

To complement the information we collect in the home you, as Principal, will be asked to fill out a short questionnaire about your school. This will include details about:

- the school in general
- teaching and other school resources
- student intake and allocation to classes

This should take about 10 minutes.

What does the teacher’s questionnaire involve?

The class teacher of each study child will be asked to complete two short questionnaires:

- the first one will cover general questions about the teacher him/herself including age, qualifications and length of time teaching.
- the second questionnaire will relate to the study child and will cover questions including the child’s subjects, computer usage, attendance record and academic performance.

Will this information be kept confidential?

All the information provided by you or your teachers will be treated as strictly confidential. The study is being carried out under the Statistics Act 1993 which governs the work of the Central Statistics Office e.g., the Census.

The information you provide will be used only for the statistical purposes of this study.

The information provided by you or your teachers cannot be accessed by the child’s parents and will not be available under the Freedom of Information Act.

Who are the Study Researchers?

The Study Researcher who will call to your school is from the Economic & Social Research Institute (ESRI).

Each researcher has been specially trained for the study and has been subject to security vetting by An Garda Síochána.

The Study Researchers have been appointed as Officers of Statistics by the Central Statistics Office and have signed confidentiality agreements in the same way as the enumerators who worked on the recent Census.

Each Study Researcher carries a photo ID card. If you have any concerns about him/her or would like to confirm his/her identity you can contact Ms Pauline Needham at 01 863 2000.
Appendix B: Teacher’s Information Sheet
Where can I find out more information?
Visit our website:
www.growingup.ie

Phone:
Freephone 1800 200 434
Contact our Communications Officer, Jillian Heffernan, on 01 896 3378

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.

What is the Growing Up in Ireland study?
Growing Up in Ireland is a new, national, Government funded study of children in Ireland. 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 in Ireland 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 children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?
This study will focus on all aspects of a child’s life including his/her social, emotional, and physical development, and health status etc. and not exclusively on a child’s education.

From an educational perspective we will be looking at what role the education system plays in a child’s development with a view to formulating policies to encourage positive educational outcomes for as many children as possible.

The data collected will be used to advise the Government on future policies and services that will be of most benefit for children and families in Ireland and which will ensure that all children can have the best possible start in life.

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 Department of Education & Science is represented on the Steering Group which oversees the project.

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.
How was my school selected?
The study will include 8,000 nine-year-old children, their families, teachers and Principals.

The most effective way for us to recruit a representative sample of 8,000 nine-year-olds is through the National School system.

We have randomly selected National Schools from across Ireland from which to select the children.

The Study Team has met with the Irish National Teachers’ Organisation (INTO) and the National Parents Council (Primary), both of which fully support the Study.

What does participation involve?

Step One: You will be asked to fill out two short questionnaires: (i) about your role as a teacher and (ii) about the study child/children in your class. The first is a short questionnaire covering general questions including age, qualifications and length of time teaching. The second questionnaire will relate to the study child and will cover questions including the child’s subjects, computer usage, attendance record and academic performance.

Step Two: The school Principal will fill out a questionnaire about the school.

Step Three: A Study Researcher from the ESRI will administer the Drumcondra reading and maths tests to the study children in your class, under exam conditions. You or another adult will be asked to be present during the tests. You will not, however, be asked to correct the test scripts.

The Study Researcher is not allowed to be alone with the participating child/children unless another adult is present in the room. This is for the protection of both the child and the researcher.

Will this information be kept confidential?

All the information provided by you will be treated as strictly confidential. The study is being carried out under the Statistics Act 1993 which governs the work of the Central Statistics Office e.g., the Census.

The information you provide will be used only for the statistical purposes of this study.

The information provided by you cannot be accessed by the child’s parents and will not be available under the Freedom of Information Act.

Who are the Study Researchers?
The Study Researcher who will call to your school is from the Economic & Social Research Institute (ESRI).

Each researcher has been specially trained for the study and has been subject to security vetting by An Garda Síochána.

The Study Researchers have been appointed as Officers of Statistics by the Central Statistics Office and have signed confidentiality agreements in the same way as the enumerators who worked on the recent Census.

Each Study Researcher carries a photo ID card. If you have any concerns about him/her or would like to confirm his/her identity you can contact Ms Pauline Needham at the ESRI on 01-8632000.

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, even after you have completed the questionnaire.

- if there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

A Study Researcher from the ESRI will call to your school at an agreed time to conduct the Drumcondra tests. You will also be provided at that time with the questionnaires which we would like you to complete. These will be collected from you. They will not be seen by anyone in the school, by the child or by the child’s parents.

Your participation counts.

Although taking part in Growing Up in Ireland is voluntary, your participation is very important to the success of the study.

It is only by carrying out studies such as these that we can paint a complete picture of the world of the child growing up in Ireland and, accordingly, find out how we can improve the future for all children and families.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.
Appendix C: Parent’s Information Sheet
The Study Researcher 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 researcher.

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 Study Researcher carries a photo ID card. If you have any concerns about him/her or would like to confirm his/her identity you can contact Ms Pauline Needham at the ESRI on 01- 8632600.

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 study researcher has called to your home. At that stage, if requested, we would delete all information previously collected about you.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

Enclosed with this information leaflet you will find two copies of a form marked ‘Parent/Guardian’s Consent Form’.

We would like you to read and sign both forms, returning one to your child’s school in the envelope provided and keeping the other for your own records.

Once the consent form has been returned, the school Principal will pass on your contact details to the Study Team and you will become part of 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

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.

www.growingup.ie
Congratulations. Your child has been chosen to take part in a new and historic national study of children in Ireland called *Growing Up in Ireland*. Your child is one of 8,000 nine-year-old children selected for this 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 Ireland.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:
- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what 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.

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 study will include 8,000 nine-year-old children and their families.

We have selected the 8,000 children from National Schools across Ireland on a purely random basis. We are now contacting these children and their families to invite them to take part. The random selection will make sure that we can talk to 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.

The Study Team has met with the Irish National Teachers’ Organisation (INTO) and the National Parents Council (Primary), both of which fully support the Study.

**Why should my family take part?**

By taking part, your family will play a crucial role in helping us to find out what it’s like to be a child in Ireland in the 21st century.

The 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 experiences 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 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:** You sign the consent form enclosed with this information leaflet and return it to the school with your name, address and telephone number. It will then be given to the Study Team. If appropriate, the consent form may be signed by a parent/guardian of the child who is not resident in your household. There is also a consent form for your child.

**Step Two:** At your child’s school, your child will take a short test in reading and maths. The results of the assessment tests will be kept strictly confidential. Individual results will not be seen by you, the school, the teacher or anyone outside the Study Team and the Central Statistics Office. The test results are only for the purposes of the study and will not in any way affect your child’s marks in school.

**Step Three:** Your child’s teacher will be asked to complete a short questionnaire about the school and about how your child is getting on.

**Step Four:** A Study Researcher will contact you by telephone to arrange a visit to your home at a time which is convenient for you and your family. This can be on a weekday, in the evening time if that suits, or during the weekend.

**Step Five:** When the researcher calls to your home, you, your partner (if relevant) and your child will each be asked to fill in a separate questionnaire. The questionnaire involves ticking boxes. The visit to your home will last about 90 minutes.

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

**Confidentiality**

All the information given to the *Growing Up in Ireland* researcher is treated in the strictest confidence. It will be used exclusively for research purposes.

The information given by your child, the class teacher and so on, will not be seen by anyone — not even you will have access to it.

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

**What kind of questions will my family be asked?**

You and your partner (if relevant) will be asked questions about:
- your child’s health and education
- his/her overall social and emotional development
- your own health
- your family life and experiences as a parent

Your child will be asked questions about:
- his/her school and home life
- activities and sports he/she enjoys
- foods he/she likes to eat
- his/her views on the local community

All the questions are very straightforward. The Study Researcher will be able to help out if you have any concerns or questions.

**Following up in four 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 four years time when your child is 13 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 the four 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 Study Researchers?**

The Study Researcher who will call to your home is from the Economic & Social Research Institute.

Each researcher has been specially trained for the study and has been subject to security vetting by An Garda Síochána.
Appendix D: Child’s Information Sheet
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.
Hello there!

You and your parents have been chosen to take part in a new and very special project called Growing Up in Ireland. This leaflet will tell you all about the project. When you have read it, you and your parents can decide if you would like to take part.

So what is Growing Up in Ireland all about?

The Government has asked us to start a new and exciting project to find out all about what it is like to be a child growing up in Ireland today.

We think the best way to find this out is to ask nine-year-old children just like you. So we have picked 8,000 nine-year-old boys and girls like you from around the country.

We have decided to call this project Growing Up in Ireland.

Why does the Government need to find out about children?

This project is really important as it will help the Government to make better decisions about things that affect children and to make life better for all the children and families in the country.

Why was I picked?

All the nine-year-old boys and girls picked to take part in Growing Up in Ireland were chosen at random, which is like picking a name from a hat.

This was the best way to make sure we included children from all different kinds of families and from all different parts of the country.

What happens if I take part?

Taking part is pretty easy and will not take too much time.

- a person from our team, called a Study Researcher, will visit your school.

- they will ask you to do a short test in reading and maths. There is no need to worry about the test. It is not hard and you do not have to learn anything for it. No-one, not even your mum or dad or your teacher, will be told how you do in this test.

- the Study Researcher will ask your teacher to answer some questions about you and how you are getting on in school.

- the Study Researcher will arrange with your parents to call to your home at a time which suits you and your family. He or she will fill in a form with you. This form will ask you lots of questions about yourself. Things like: ‘what you think of your school and your teacher’; ‘what you think of the place where you live’; ‘what kind of food you eat’; ‘do you help out around the house’ and so on.

- your parents, or whoever looks after you at home, will also get a form to fill out. Their form will ask them questions about you and also about themselves.

Other things you should know.

If you do not want to be a part of the study anymore, even after you have filled out your form, that is your decision and it will be okay with us.

If there are any questions on your form that you do not like and do not want to answer, you do not have to. Instead you can just leave a blank space.

Four years time:

We would like to come back and talk to you and your family again when you are 13-years-old to make sure we know absolutely everything about growing up in Ireland.

This will help us to understand how much things have changed in your life over that time.

What do I do now?

When you have read this leaflet talk to your Mum or Dad about taking part. We have also given your parents a leaflet to tell them all about the study so you can decide together.

Enclosed with this information you will find two copies of a form marked ‘Child’s Consent Form’. We would like you to read and sign both forms. Return one to your school in the envelope with the form from your mum or dad and keep the other form yourself.

Thank You!

We would like to thank you for being part of this project. You are helping to make a better future for all children in Ireland.
Appendix E: Parent’s Consent Form
PARENT'S/GUARDIAN'S CONSENT FORM

Name of Child: ____________________________  Child's Date of Birth: ________________
(BLOCK CAPITALS PLEASE)

School Attended: _________________________  Child's Class: ______________________
(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 National School system.
- 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), his or her teacher and school Principal and 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 teacher, my child 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 13 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 appropriate:
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: ____________________________
(BLOCK CAPITALS PLEASE)
Date: ________________  Contact telephone: ________________
Appendix F: Child’s Assent Form
My name is: ____________________________________________
(CAPITAL LETTERS PLEASE)

My date of birth is: ______________________________________
(CAPITAL LETTERS PLEASE)

I go to school at: _________________________________________
(CAPITAL LETTERS PLEASE)

My teacher’s name is: _____________________________________
(CAPITAL LETTERS PLEASE)

My class is: _____________________________________________
(CAPITAL LETTERS PLEASE)

- I would like to take part in the Growing Up in Ireland study. I have been given and have read the information leaflet and have talked to my parents about taking part.
- I will be asked to fill out a form with questions about me, my pastimes, my family, my school and the place where I live.
- I will take part in a test in school in reading and maths but I understand that I do not have to learn anything for this test.
- My parents (or whoever looks after me) and my teacher will also be interviewed about themselves and me.
- I do not have to answer questions that I do not like.
- I can stop taking part in the study at any time.

Your signature: __________________________________________

Date: ___________________________________________________

Your parent’s signature: ____________________________________

Date: ___________________________________________________
Appendix G: School Record Sheet
Growing Up in Ireland – the national longitudinal study of children

SCHOOL RECORD SHEET, Spring 2007

School ID

School Roll No.

Date _______day______ Mth

Int Name___________________ Int. No.

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child’s development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of 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 project. 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.

Your school has been one of those randomly selected to participate in the study. All information provided will be treated in the strictest confidence. No-one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this form

On the middle pages of this form we would like you to record the details of all pupils in your school WHOSE DATE OF BIRTH IS BETWEEN 1st NOVEMBER 1997 AND 31st OCTOBER 1998.

Please include one child per line. The form provides up to 65 lines – i.e. 65 children in the age bracket.

In the table below we would like you to list all the teachers who teach the children in question from 1 to 8 as relevant to your school. The Teacher ID on the Teacher Questionnaire is the ID number referred to in the table below. Please also tick in column (C) to indicate whether or not any of the teachers in question is the Principal of the school.

<table>
<thead>
<tr>
<th>(A) TEACHER ID WITHIN THE SCHOOL</th>
<th>(B) TEACHER NAME</th>
<th>(C) School Principal?</th>
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<th>Info. 1 issued</th>
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</table>
If you have more than 40 pupils listed on the two pages above we would like you to **randomly** select only 40 of them for our sample. Please use the table below to decide which ones to exclude from the sample.

Read down the appropriate column to identify which students to exclude from the sample.

For example, if you have 49 pupils listed in the table above use the table below to identify which 9 students to exclude from the sample by reading down the column headed ‘49’ and exclude pupil numbers 16, 17, 22, 30, 37, 40, 42, 48 and 49.

---

**Pupil Numbers to EXCLUDE from the sample of children born 1st NOV. 1997 TO 31st OCT. 1998.**

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Appendix H: Principal’s Questionnaire
Growing Up in Ireland – the national longitudinal study of children

STRICKLY CONFIDENTIAL

PRINCIPAL’S QUESTIONNAIRE

School ID ____________ School Roll No. ____________

Date _______ day ______ mth Int Name ____________________ Int. No. ____________

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child’s development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of 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.

Your school is one of those randomly selected to participate in the study. All information provided will be treated in the strictest confidence.

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

1. Are you male or female?
   Male ...............  □  Female ...... □

2. To which age group do you belong?
   20 - 29 yrs ......... □
   30 - 39 yrs .. □
   40 - 49 yrs .. □
   50 - 59 yrs .. □
   60 yrs or older .. □

3. For how many years have you been Principal:
   (a) in this school? ..................... _______ years  (b) in other Primary Schools? _______ years

4. How many boys and how many girls are enrolled in the school?
   Boys ____________ Girls ____________ Total Pupils ____________

5. In addition to your duties as Principal, do you have a teaching class assigned to you?
   Yes ............... □  No .......... □

6. How many full-time and part-time teachers work in this school? Please indicate how many are male and how many are female.

   Teachers   Full-time     Part-time
   Male
   Female
   Total

7. Excluding yourself, how many full-time and part-time administrative staff work in your school?
   Full-time admin. staff ____________ Part-time admin. staff ____________
   [If none, please write none. Do not leave blank]

8. Approximately how many staff does your school currently have in the following capacities? Please indicate the number employed on a full-time and part-time basis.

   Learning support / resource teachers
   Language support teachers
   Special needs assistants
   Other teaching assistants

9. How many rooms (including prefabs etc.) are used as classrooms in the school? _______ classrooms
10. Of these, how many portable classrooms (prefabs) are there in the school? _____ portable classrooms

11. How many classes (across all year-groups) are there in the school? _____ classes

12. Approximately how many pupils is the school designed for? .......... _____ children

13. In which year was the school built? ................................................................. Year ________

14. Compared to other Primary Schools in the country how adequate to the needs of the school and the pupils are the school's resources in each of the following areas?

<table>
<thead>
<tr>
<th>Area</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Number of teachers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Number of classrooms</td>
<td></td>
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<tr>
<td>c. Books and worksheets</td>
<td></td>
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<tr>
<td>d. Computing facilities</td>
<td></td>
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<tr>
<td>e. Arts and crafts facilities</td>
<td></td>
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<tr>
<td>f. Sports facilities</td>
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<tr>
<td>g. Music facilities</td>
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<tr>
<td>h. Playground</td>
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<tr>
<td>i. Mathematics resources / facilities</td>
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<td>j. Library / media centre</td>
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<tr>
<td>k. Staff room</td>
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<tr>
<td>l. Toilet facilities</td>
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<td>m. Learning support provision</td>
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<tr>
<td>n. After-school facilities (e.g. homework clubs)</td>
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<tr>
<td>o. Administrative support</td>
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<tr>
<td>p. Condition of the school building, classrooms etc.</td>
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<tr>
<td>q. Facilities for children with disabilities</td>
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</table>

15. Does the school provide

- a) a ‘breakfast club’ Yes, every day .... [ ] Yes, some days .... [ ] No .... [ ]
- b) free school meals at lunchtime Yes, every day .... [ ] Yes, some days .... [ ] No .... [ ]

16. Approximately how many computers in total does the school have? ________ computers

17. Of these, how many can be used by the pupils, i.e. excluding those used solely by administrative or teaching staff:

_____ used by the pupils

18. Does the school have a dedicated computer room for pupils? Yes .... [ ] No .... [ ]

19. In your opinion, how important is each of the following to the ethos of the school?

<table>
<thead>
<tr>
<th>Area</th>
<th>Very important</th>
<th>Fairly important</th>
<th>Not important</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sports</td>
<td></td>
<td></td>
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<tr>
<td>b. Religion</td>
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<tr>
<td>c. Music</td>
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<tr>
<td>d. Drama</td>
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<tr>
<td>e. Involvement with the community</td>
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<tr>
<td>f. Involvement with parents / guardians</td>
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<tr>
<td>g. Social justice / concern for disadvantaged</td>
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<tr>
<td>h. Environmental awareness</td>
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<tr>
<td>i. Irish language and culture</td>
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</tbody>
</table>

20. Are the school buildings and other facilities (playing fields etc. if relevant) open to the local community (a) in the evenings during the week; (b) at weekends; or (c) out of term time?

- a) in the evenings during the week Yes .... [ ] No .... [ ]
- b) at weekends Yes .... [ ] No .... [ ]
- c) out of term time Yes .... [ ] No .... [ ]
21. Approximately how many of each of the following groups of pupils do you have in your school?  
If none, please write ‘NONE’ – do not leave blank. – the same child can be recorded more than once.  
Foreign-national pupils  ..........................................................(Number)  
Pupils of families from the Travelling Community ..................................................(Number)  
Pupils with language difficulties (where native language is other than English / Irish) ....(Number)  
Pupils with physical / sensory disabilities .................................................................(Number)  
Pupils with learning / intellectual disabilities ..............................................................(Number)  

22. Approximately, what is the Average Daily Attendance for your school this year (2006 / 2007)?  

% Average Daily Attendance  OR  Average number attending daily  

23. What percentage of pupils missed 20 days or more in the 2005 / 2006 academic year (as per the NEWB figures)  

%  

24. Approximately what percentage of the pupils in your school would you say come from the immediate area, that is, live within about 20 minutes walking distance of the school?  

%  

25. Please indicate which of the following get involved in supporting children with emotional / behavioural problems in your school. [Please tick all that apply]  
Principal............................................................................................  
Classroom Teacher.............................................................................  
Learning support / resource teacher ................................................  
Other staff member ...........................................................................  
External assistance [please specify] ___________________________________ .  

26. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely impact on their educational development? Please tick one box on each line to indicate approximate percentage.  

<table>
<thead>
<tr>
<th>Approximate percentage of children with each problem</th>
<th>None</th>
<th>less than 10%</th>
<th>10-25%</th>
<th>26-40%</th>
<th>More than 40%</th>
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<tbody>
<tr>
<td>a) Literacy Problems</td>
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<td>b) Numeracy Problems</td>
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<tr>
<td>c) Emotional / Behavioural problems</td>
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27. Does the school have a Home-School Community Liaison Co-ordinator?  
Yes ............  No .........  

28. Over the past five years, has the number of pupils coming to this school...  
Increased............. Decreased ........... Remained fairly stable ...........  

29. Are all of the pupils who apply to this school generally accepted?  
Yes... Go to Q.31  No... Go to Q.30  

30. What criteria are used to admit pupils [Please tick all that apply]?  

<table>
<thead>
<tr>
<th>Proximity to the school</th>
<th>Other siblings in the school</th>
<th>Parents attended the school</th>
<th>Performance on tests</th>
<th>Date of application</th>
<th>Religion</th>
<th>Other (Please specify below)</th>
</tr>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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31. Are there any other local schools to which pupils in your school might go?  
Yes............  No .........  

32. In general, do more pupils apply to come to this school than there are places available?  
Yes............  No .........  

33. If there is more than 1 class in any year-group, on what basis are pupils in the school allocated to classes?  
Randomly / alphabetically.................................................  
Only 1 class per year-group ..............................................  

34. Does the school hold formal parent-teacher meetings at least once per year?  
Yes......  No .......  

26
35. Approximately what percentage of parents attend parent-teacher meetings? ________per cent

36. How important is each of the following in the school as a **curricular** activity?

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<th></th>
<th>Very important</th>
<th>Fairly important</th>
<th>Not important</th>
<th>Not sure</th>
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<tr>
<td>Physical Education / Sport</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Music</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Speech and Drama</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Environmental Awareness</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Awareness of Social Justice</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Scientific education</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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</table>

37. And how important is each of the following in the school as an **extra-curricular** activity?

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<th>Fairly important</th>
<th>Not important</th>
<th>Not sure</th>
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</thead>
<tbody>
<tr>
<td>Physical Education / Sport</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Music</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Speech and Drama</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Environmental Awareness</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Awareness of Social Justice</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Scientific education</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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38. To what extent are the following forms of discipline used in your school:

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<th></th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspension</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Expulsion / permanent exclusion</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Extra classwork</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Extra homework</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Writing of 'lines'</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Detention</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Exclusion from sports or other popular activities</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Verbal (phone or otherwise) report to parents</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Written report to parents</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
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<tr>
<td>Cancellation of popular lesson e.g. art</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Warning card system</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
</tbody>
</table>

39. Does the school have a written discipline policy? Yes [ ] 1, No [ ] 2 Go to Q.41

40. To what extent were the following involved in developing this policy?

<table>
<thead>
<tr>
<th></th>
<th>To a great extent</th>
<th>To some extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>Parents</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>Pupils</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
</tr>
<tr>
<td>Board of Management</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
</tr>
</tbody>
</table>

41. To what extent is bullying a problem in your school?

- A major problem [ ] 1
- A minor problem [ ] 1
- No problem at all [ ] 3

42. Does your school have an explicit anti-bullying strategy? Yes [ ] 1, No [ ] 2

43. Does your school have a written policy on bullying? Yes [ ] 1, No [ ] 2

44. Please indicate the extent to which you believe each of the following to be true of teachers in your school.

<table>
<thead>
<tr>
<th></th>
<th>True of nearly all</th>
<th>True for more than half</th>
<th>True for less than half</th>
<th>True of only a few</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Teachers are positive about the school</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>b. Teachers get a lot of help and support from colleagues</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>c. Teachers are open to new developments and challenges</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>d. Teachers are eager to take part in in-service training</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
</tbody>
</table>
45. Compared with other Primary Schools of your size would you say that the scale of day-to-day problems in running the school are? [Please tick one box only]

<table>
<thead>
<tr>
<th>Much greater than in other schools</th>
<th>Slightly greater than in other schools</th>
<th>About the same as in other schools</th>
<th>Slightly less than in other schools</th>
<th>Much less than in other schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
</tbody>
</table>

46. What makes you say that? [Please describe as fully as possible]

_______________________________________________________________________________________________________
_______________________________________________________________________________________________________

47. Compared with other Primary Schools of your size would you say that, in general, the environment in your school is happier, as happy or less happy for pupils as in other Primary Schools

<table>
<thead>
<tr>
<th>Happier</th>
<th>As happy</th>
<th>Less happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
</tr>
</tbody>
</table>

48. In general terms (a) how stressed do you feel by your job and (b) how satisfied do you feel with your job?

<table>
<thead>
<tr>
<th>Very</th>
<th>Fairly</th>
<th>Not Very</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
</tbody>
</table>

Thank you very much for having completed this part of Growing Up in Ireland
Appendix I: Teacher-on-Self Questionnaire
Growing Up in Ireland – the national longitudinal study

STRICTLY CONFIDENTIAL

TEACHER-ON-SELF QUESTIONNAIRE

School ID       School Roll No.

Teacher ID within School       Date: ______ day_________ mth

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child’s development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

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All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

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

2. To which age group do you belong?  
   20 - 29 yrs..... □₁  30 - 39 yrs.. □₂  40 - 49 yrs.. □₃  50 - 59 yrs .. □₄  60 yrs or older.. □₅

3. How many years have you been teaching at primary school level? ...................... years

4. How long have you been teaching in this school? ..................... years

5. Which of the following qualifications do you hold?  [Please tick all that apply]

A primary school teaching diploma or certificate, or other primary school qualification ........□₁
A primary degree in education (B.Ed) ................................................................. □₂
A primary degree in another subject................................................................. □₃
A postgraduate diploma in education ............................................................... □₄
A qualification in learning support, special education or resource teaching............. □₅
A higher degree in education (PhD, Masters etc.) ............................................. □₆
A higher degree in another subject (PhD, Masters etc.) ..................................... □₇
No qualification ................................................................................................ □₈
Other [please specify] .................................................................................... □₉

6. Within your regular classroom, how many children are there in each year group? If you do not teach a particular year group, write ‘none’ in the total row.

<table>
<thead>
<tr>
<th>Class</th>
<th>Junior Infants</th>
<th>Senior Infants</th>
<th>First Class</th>
<th>Second Class</th>
<th>Third Class</th>
<th>Fourth Class</th>
<th>Fifth Class</th>
<th>Sixth Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OR I teach a particular subject(s) and do not have a regular classroom ...................... □₉₅
7a. Did you do any professional training, including in-service training, in the last 12 months?

Yes........  □1

No ...........□2

7b. How many days training did you do?  _______________ days

8. In your opinion, how many children in your classroom (including the Study Child if relevant) have any of the following long-term problems?  (Some children may belong to more than one category)

   a. A limited knowledge of the main language of instruction ..................................______ children
   b. An emotional or behavioural problem ...............................................................______ children
   c. A learning / intellectual disability .......................................................................______ children
   d. A physical / sensory disability ............................................................................______ children

9. In a typical week, would you have any Special Needs Assistants working with you in the Study Child’s classroom?

Yes........  □1

No ...........□2

10. For approximately how many hours per week?  _______________ hours per week

11. Approximately how many hours per week does the Study Child’s class spend on each of the following subjects, within normal school hours? Your best estimate is fine. If the class does not receive instruction in a subject, please write ‘none’.

<table>
<thead>
<tr>
<th>Subject</th>
<th>No. of hours per week</th>
<th>Subject</th>
<th>No. of hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>hrs/wk</td>
<td>Social Personal Health Education (SPHE)</td>
<td>hrs/wk</td>
</tr>
<tr>
<td>Gaeilge</td>
<td>hrs/wk</td>
<td>Physical Education</td>
<td>hrs/wk</td>
</tr>
<tr>
<td>Maths</td>
<td>hrs/wk</td>
<td>Drama</td>
<td>hrs/wk</td>
</tr>
<tr>
<td>History</td>
<td>hrs/wk</td>
<td>Visual Arts</td>
<td>hrs/wk</td>
</tr>
<tr>
<td>Geography</td>
<td>hrs/wk</td>
<td>Other 1 (specify)</td>
<td>hrs/wk</td>
</tr>
<tr>
<td>Science</td>
<td>hrs/wk</td>
<td>Other 2 (specify)</td>
<td>hrs/wk</td>
</tr>
<tr>
<td>Religion</td>
<td>hrs/wk</td>
<td>Other 3 (specify)</td>
<td>hrs/wk</td>
</tr>
<tr>
<td>Music</td>
<td>hrs/wk</td>
<td>Other 4 (specify)</td>
<td>hrs/wk</td>
</tr>
</tbody>
</table>

12. Below we have a number of statements about teaching. Please indicate how frequently the following things happen in the Study Child’s class

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never or almost never</th>
<th>Some days</th>
<th>Most days</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils copy notes from the board in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils work in pairs</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils work individually in class using their textbook or worksheets</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Homework is checked in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Homework is taken up for correction</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils work in groups in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>You ask pupils questions in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils ask you questions in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils ask each other questions in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>You read aloud to pupils</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils suggest subjects or topics to be covered in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils are encouraged to find things out for themselves</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>You use video / DVD or audiotapes / CDs in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>You use play to facilitate pupil learning</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils use computer facilities in class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>You provide differentiated activities, as appropriate, to pupils</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Pupils get the opportunity to engage in hands-on activities</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>The pupil’s experience and their environment is the starting point for learning</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>You teach pupils as a whole class</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>
13a. How often do the children in the Study Child’s class use a computer(s) in the school?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Once a month or less</th>
<th>Two or three times a month</th>
<th>Once or twice a week</th>
<th>More than 1hr 30min</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13b. Do the children in the Study Child’s class have use of a computer in their classroom?

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

14. Do the children in the Study Child’s class use a computer to access the Internet?

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

15. On average, how many nights per week do you set homework for the children in the Study Child’s class?

- None ............................................................ □ 1
- 15 mins or less............................................. □ 2
- 16-30 mins.................................................... □ 3
- More than 1hr 30min....................................... □ 4

16. On a typical evening during the week, how much time do you expect children in the Study Child’s class to spend on homework?

- None ............................................................ □ 1
- 1-1hr 30mins................................................ □ 2
- 1hr 30mins to 31-60mins .................................. □ 3
- More than 1hr 30min....................................... □ 4

17a. How often would you assess your pupil’s progress using:

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Weekly</th>
<th>Twice a month</th>
<th>Monthly</th>
<th>Every term</th>
<th>Never/Almost Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher observations</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>Teacher-designed tasks and tests</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>Work samples, portfolios or projects</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>Teacher’s questions</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>

17b. Do you use the results of this assessment in the planning of your teaching?

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

18. How much control do you feel you have in your school over the following areas:

- No control .................................................. □ 1
- Slight control ............................................. □ 2
- Some control ................................................ □ 3
- Moderate control ........................................... □ 4
- A great deal of control ................................... □ 5

- a. selecting subjects to be taught ........................ □ 1
- b. deciding about the content of subjects to be taught ..., □ 2
- c. deciding about teaching techniques ..................... □ 3
- d. choosing textbooks and other learning materials .... □ 4
- e. disciplining children .................................... □ 5
- f. selecting the year group you teach ........................ □ 6

19. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

<table>
<thead>
<tr>
<th>Pupils, in general:</th>
<th>Nearly all</th>
<th>More than half</th>
<th>Less than half</th>
<th>Only a few</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Enjoy being at school</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>b. Are well-behaved in class</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>c. Show respect for their teachers</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>d. Are rewarding to work with</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>e. Are well behaved in the playground/school yard</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

20. In general, what proportion of parents attend

- a) parent teacher meetings and
- b) other meetings organised by the school?

<table>
<thead>
<tr>
<th>Parents' Attendance</th>
<th>Nearly All</th>
<th>More than half</th>
<th>Less than half</th>
<th>Only a few</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Parent-teacher meetings</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>b. Other meetings organised by the school</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>

32
21. What proportion of parents would approach you informally to discuss their child's progress?

<table>
<thead>
<tr>
<th>Nearly All</th>
<th>More than half</th>
<th>Less than half</th>
<th>Only a few</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>

22. Compared with other Primary Schools of your size would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers as in other Primary Schools?

<table>
<thead>
<tr>
<th>Happier</th>
<th>As happy</th>
<th>Less happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>□3</td>
</tr>
</tbody>
</table>

a. Pupils ..........................................

b. Teachers ..........................................

23. In general terms (a) how stressed do you feel by your job and (b) how satisfied do you feel with your job?

<table>
<thead>
<tr>
<th>Very</th>
<th>Fairly</th>
<th>Not Very</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>

a. How stressed do you feel by your job ........

b. How satisfied do you feel with your job.......
Appendix J: Teacher-on-Pupil Questionnaire
Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

TEACHER-ON-PUPIL QUESTIONNAIRE

School ID __________________________________________ School Roll No. ______________________________________

Study Child’s ID within School ________________________ Roll Number of Study Child __________________________

Teacher’s ID within School ____________________________ Date: _______ day _______ mth

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An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

1. Study Child’s date of birth _______ day _______ mth _______ year

2. Study Child’s gender
   Male.............. □_1
   Female ............. □_2

3. What class (school year) is the study child in? ________________ class

4. For how many school years (including the 2006/2007 school year) have you taught the Study Child? [If only for the current school year please record as 1 year] ____________ year(s)

5. About how many days of school has the Study Child missed since the beginning of the current school year? ________________ days

6. What was the single most important reason for the Study Child being absent from school? [Tick 1 box only].
   a. Health reasons (illness or injuries)....................... □_1
   b. Family holidays.................................................. □_2
   c. Other family reasons........................................... □_3
   d. Truancy........................................................... □_4
   e. Bullying.......................................................... □_5
   f. A fear of school (school phobia)............................. □_6
   g. Other [please specify]........................................... □_7
   h. Don’t know the reason ........................................ □_8
   i. N.A, Study Child not absent in current year .......... □_9
7. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. inadequately dressed for the weather conditions? ........................................

b. too tired to participate as he / she should in class? ................................

c. without a lunch / snack? ...........................................................................

d. hungry? .................................................................................................

e. with a general lack of cleanliness? .........................................................

f. late? .........................................................................................................

8. How often does the Study Child arrive at school with homework not completed?

<table>
<thead>
<tr>
<th>Never, - homework always or almost always completed</th>
<th>Occasionally not completed</th>
<th>Regularly not completed</th>
<th>Not applicable, Study Child never / rarely gets homework</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

<table>
<thead>
<tr>
<th>Not</th>
<th>Somewhat</th>
<th>Certainly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Considerate of other people's feelings ..........................................................

b. Restless, overactive, cannot stay still for long ..........................................

c. Often complains of headaches, stomach-aches or sickness ..........................

d. Shares readily with other children (treats, toys, pencils etc.) ....................

e. Often has temper tantrums or hot tempers ..................................................

f. Rather solitary, tends to play alone .............................................................

g. Generally obedient, usually does what adults request ..................................

h. Many worries, often seems worried ..............................................................

i. Helpful if someone is hurt, upset or feeling ill .............................................

j. Constantly fidgeting or squirming .................................................................

k. Has at least one good friend ........................................................................

l. Often fights with other children or bullies them ............................................

m. Often unhappy, down-hearted or tearful .......................................................  

n. Generally liked by other children ................................................................

o. Easily distracted, concentration wanders .....................................................

p. Nervous or clingy in new situations, easily loses confidence..........................

q. Kind to younger children .............................................................................

r. Often lies or cheats .......................................................................................  

s. Picked on or bullied by other children ..........................................................

t. Often volunteers to help others (parents, teachers, other children) ................

u. Thinks things out before acting ......................................................................

v. Steals from home, school or elsewhere ..........................................................

w. Gets on better with adults than with other children ........................................

x. Many fears, easily scared ..............................................................................

y. Sees tasks through to the end, good attention span ......................................

10. How would you rate the Study Child's academic performance in the following areas relative to children in his / her age group. [Please tick one box on each line]

<table>
<thead>
<tr>
<th>Below average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Reading ........................................................................................................

b. Writing .........................................................................................................

c. Comprehension ............................................................................................

d. Mathematics ...............................................................................................  

e. Imagination / Creativity ............................................................................

f. Oral communications ...................................................................................

g. Problem solving ........................................................................................
11. Does the Study Child’s parent(s) / guardian(s) attend parent / teacher meetings?  
Yes....☐1  No....☐2 

12. Do any of the following limit the kind or amount of activity the Study Child can do at school?  [Please tick ‘Yes’ or ‘No’ for each]

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physical disability or visual or hearing impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Speech impairment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Learning disability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Home environment / problems at home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Have a limited knowledge of the main language of instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Discipline problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Poor attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. If ‘yes’ to any of the questions at Q.12 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physical disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Speech impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Learning disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Emotional or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>behavioural problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Home environment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Limited knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Discipline problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Poor attendance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. If yes, what extra services has the Study Child received that are specifically provided through school to support his / her learning?  [Please tick all that apply]

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural management programmes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning support / resource teaching</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix K: Mother / Lone Father Questionnaire
Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study. We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself. The whole interview with the parents / guardians and child will take about 1 hour and 40 minutes or so to complete. [Interviewer adjust as appropriate for you in the field.]

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

A1. Are you the legal parent / guardian of the Study Child who usually provides the most care to him / her.

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

A1a. Are you in a position to answer in respect of the Study Child

Yes ........□1  No ..........□2  ➔ Int. Terminate interview, reschedule

A2. Int: Record gender of parent 1  

Male ............ □1  Female ............. □2

A3. [Show Card A3] Looking at Card A3 which of the following best describes your relationship to the Study Child?  [Interviewer codes only if other persons are present at the time of interview]

A. Biological mother / father ................................................................. □1
B. Adoptive mother / father ................................................................. □2
C. Step-mother / step-father / partner of child’s parent ........................ □3
D. Foster mother / father ................................................................... □4
E. Grand parent .................................................................................. □5
F. Aunt/uncle ........................................................................................ □6
G. Other relative / in law ..................................................................... □7
H. Unrelated guardian........................................................................ □8
Household Composition

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

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

A5. For each member of the household could you tell me:
   a) their gender?
   b) their Date of Birth (DOB)
   c) if DOB not available - their age last birthday
   d) their relationship to the child’s mother / or lone father and the Study Child?
   e) tick one box to best describe their current economic status

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Age last birthday</th>
<th>Relationship of each member TO mother/lone father and child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A5D1 R'SHIP TO: Mother/lone father</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 ///</td>
</tr>
<tr>
<td>2</td>
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<td>5</td>
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<td>6</td>
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<td>8</td>
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</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9</td>
</tr>
</tbody>
</table>

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

X1a. Was <Study Child> a single birth, twin, triplet etc. Single child □, Twin □, Triplet □.

Int: Check Household register at A5 above. If twin or triplet lives in the household administer the twin questionnaire.

X1b. Does the twin or triplet live in the household? Yes □, No □.

X1c. Does <Study Child> go to the same school as twin? Yes □, No □.

X1d. If not, name and address of school this child attends:

______________________________
______________________________

X1e. Could I ask about the study child’s twin. Is he or she: Deceased □, Lives elsewhere □.
Now I would like to ask you a few questions regarding the Study Child’s health.

B. CHILD’S HEALTH

B1. How much did the Study Child weigh at birth?  _____Pounds _____Ounces OR _____Kilos _____Grams Don’t know

B2. [Show Card B2] Looking at Card B2, was the Study Child born late, on time or early?

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

B3. [Show Card B3] Looking at Card B3, what was the mode of delivery? [Int. Use codes only]

A. Normal birth ...........................................
B. Suction assisted birth ..........................
C. Forceps assisted birth ..........................
D. Elective Caesarean ..........................
E. Emergency Caesarean ..........................
Don’t Know .........................................

B4a. Did the Study Child have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes .............................................
No .............................................
Don’t know .......................................

B4b. [Show Card B4b] Looking at Card B4b, how old was Study Child when he/she came home from hospital (or special care)?

Less than 1 week ....................................
1-4 weeks ..........................................  
5-8 weeks ..........................................  
9-12 weeks ........................................
3-6 months ........................................ ...
7-12 months ..................................... 
More than 12 months ..........................  
Don’t Know ........................................

B5. [Int. If respondent is biological mother] Did you smoke during your pregnancy with the Study Child?

Never .............................................
Occasionally .....................................  
Daily .................................................

B6. About how many did you smoke per day?

1-5 /day ...............................................
6-10 /day .........................................
11-25/day .........................................
26 or more/day ...................................  

B7. [Int. If respondent is biological mother] Did you consume alcohol during your pregnancy with the Study Child?

Never .............................................
Occasionally .....................................
Weekly ............................................
Daily ................................................

B8. Was the Study Child ever breastfed, even if only for a short time?

Yes ..................................................
No ...................................................
Don’t know ......................................

B9. For how many months or weeks was the Study Child breastfed?

______ months   ______ weeks   Don’t Know / Can’t Remember

B10. [Show Card B10] Looking at Card B10, In general, how would you describe the Study Child’s health in the past year?

Very healthy, no problems ................................
Healthy, but a few minor problems ..........................
Sometimes quite ill ....................................
Almost always unwell ..................................
B11. Does the Study Child have any on-going chronic physical or mental health problem, illness or disability?

[ ] Yes  [ ] No

B12. 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]

____________________________________________________________________________________

B13. Since when has the Study Child had this problem, illness or disability? _______(mth) _______(year)

B14. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?

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

B15. In addition to what we have just discussed has the Study Child ever at any time in the past had any chronic physical or mental health problem, illness or disability?

[ ] Yes  [ ] No

B16. What was the nature of this problem, illness or disability? Please describe as fully as possible.

[Int. please record diagnosis, not symptoms of the problem]

____________________________________________________________________________________

B17. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

[ ] Yes  [ ] No

B18. How many separate accidents has the Study Child ever had that required hospital treatment or admission? __________ accidents

B19. How many of these accidents involved bone fractures or breaks? ________________

C. CHILD’S USE OF HEALTH SERVICES

Now I’d like to ask you some questions about the Study Child’s use of health services, visits to the doctor, dentist and so on.

C1. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth)

[Int. if none, write none do not leave blank] ________nights

C2. In the last 12 months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital?

[ ] ________ visits  [Int. if ‘none’ write ‘none’ do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the Study Child’s physical, emotional or mental health? [Int. if ‘none’ write ‘0’ do not leave blank]

A general practitioner (GP) ________________________________ [ ] [ ] [ ]

Another medical doctor e.g. in a hospital ________________________ [ ] [ ] [ ]

Other professional, psychologist, psychiatrist, counsellor etc. ______________________ [ ] [ ] [ ]
C4. Was there any time in the last 12 months when, in your opinion, the Study Child needed medical care or treatment for a health problem but he/she did not receive it?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
</table>

C5. Why did the Study Child not get the medical care or treatment? Was this because

[Int: please tick yes or no in respect of each]

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

C6. Was there any time in the last 12 months when, in your opinion, the Study Child needed a dental examination or treatment but he/she did not receive it?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
</table>

C7. Why did the Study Child not get the dental examination or treatment? Was this because

[Int: Please tick yes or no in respect of each]

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

C8. Does the Study Child brush his/her teeth at least once per day?

Yes ......... L  No ......... R

C9. Which of the following best describes how regularly the Study Child visits the dentist?

<table>
<thead>
<tr>
<th>At least once a year</th>
<th>Only when there is a problem</th>
<th>Never/Almost never</th>
</tr>
</thead>
</table>

C10. Does the Study Child currently have, or at any time in the past had, any sort of sight problem requiring correction?

<table>
<thead>
<tr>
<th>Yes, currently</th>
<th>Yes, in the past</th>
<th>No</th>
</tr>
</thead>
</table>

C11. [Show Card C11] Looking at Card C11, has the Study Child ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

<table>
<thead>
<tr>
<th>A. Laser treatment</th>
<th>D. Glasses</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Surgical operation</td>
<td>E. Other, please specify</td>
</tr>
<tr>
<td>C. Patch</td>
<td>F. No treatment</td>
</tr>
</tbody>
</table>

C12. Does the Study Child currently have, or at any time in the past had, any sort of hearing problem requiring correction?

<table>
<thead>
<tr>
<th>Yes, currently</th>
<th>Yes, in the past</th>
<th>No</th>
</tr>
</thead>
</table>

C13. [Show Card C13] Looking at Card C13, has the Study Child ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

<table>
<thead>
<tr>
<th>A. Hearing aid</th>
<th>D. Other, please specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Grommets</td>
<td>E. No treatment</td>
</tr>
<tr>
<td>C. Cochlear implant</td>
<td></td>
</tr>
</tbody>
</table>
C14. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No.................[1] Yes, a little.............[2] Yes, a lot ..........[3] Don’t know........[4]

C15. [Show Card C15] Looking at Card C15, in which areas does child have difficulties? What speech problems does the Study Child have? [Int: Ask all that apply. If child present use codes only]

A. Reluctant to speak.........................................................[1] F. Voice sounds unusual.................................................[8]
B. Speech not clear to the family........................................[2] G. Stutters, stammers.....................................................[7]
C. Speech not clear to others..............................................[3] H. Lisps .................................................................[9]
D. Difficulty finding words..................................................[4] I. Other ........................................................................[9]
E. Difficulty putting words together.....................................[5] J. Don’t know .........................................................[99]

C16. Does the Study Child usually require ongoing support to be able to move around?

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

C17. What supports does the Study Child require? [Int. Tick yes or no for each]

A. Braces .................................................................[1] No.................................................................[2]
B. Crutches ...............................................................[1] No.................................................................[2]
C. A stick .................................................................[1] No.................................................................[2]
D. Wheelchair ..........................................................[1] Yes.....................[1] No......................[2]
E. Other (specify)....................................................[1] No.................................................................[2]

C18. Does the Study Child need the help of another person to get around in the wheelchair?

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

C19. Is Study Child right or left-handed?

Right handed........[1] Left handed........[2]

D. CHILD’S DIET AND EXERCISE

D1. [Show Card D1] Looking at Card D1, in the last 24 hours has the Study Child had the following foods and drinks once, more than once, or not at all?

<table>
<thead>
<tr>
<th>Food Description</th>
<th>Once</th>
<th>More than Once</th>
<th>Not At All</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fresh fruit</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>B. Fruit juice</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>C. Meat / Chicken / Fish</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>F. Raw vegetables or salad</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>G. Meat pie, hamburger, hot dog, sausage or sausage roll</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>H. Hot chips or French fries</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>I. Crisps or savoury snacks</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>J. Bread</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>M. Biscuits, doughnuts, cake, pie or chocolate</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>O. Low fat Cheese/ low fat yoghurt</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>P. Water (tap water / still water/ sparkling water)</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>Q. Soft drinks / minerals / cordial / squash (not diet)</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>S. Full cream milk or full cream milk products</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>T. Skimmed milk or skimmed milk products</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
</tbody>
</table>

D2. [Show Card D2] Looking at Card D2, If codes S or T are 1 or 2 ask:

Approximately, how much milk did the Study Child drink in the last 24 hours? [Int: This refers to the total amount of all milk full cream and skimmed that was drunk.

Up to ½ pint (Approx ¾ litre) ........................................[1]
½ to 1 pint (Approx ½ - ½ litre) ...................................[2]
1- ½ pints (Approx ½ - 1 litre) ................................[3]
More than 1 ½ pints (More than 1 litre) ....................[4]
D3. Does the Study Child usually have something to eat before going to school?  
Yes...□ □  No □ □

D4. [Show Card D4] Looking at Card D4, which of the following does he/she usually eat? [Int. Tick all that apply]  
A. Cereal .................................. ☐  E. Cooked breakfast... ☐ 5
B. Toast / Bread........................... ☐ 2  F. Yoghurt / Cheese... ☐ 6
C. Fruit ...................................... ☐  ☐  G. Eggs........................................... ☐ 7
D. Porridge................................... ☐ 8  H. Other Specify ............................................

D5. Does the Study Child usually have a meal in the evening during the week?  
Yes  □ □  No □ □

D6. [Show Card D6] Looking at Card D6, who would usually eat with the Study Child at that meal [Int. Tick all that apply]  
A. Father .................................................. ☐ 1  E. Other unrelated adults (childminder, nanny etc) ☐ 5
B. Mother .................................................. ☐ 5  F. Friend(s) .................................................. ☐ 6
C. Brothers / Sisters/ other children in the household ... ☐ 3  G. Someone else (specify).......................... ☐ 7
D. Other relatives ........................................... ☐ 4  H. No one / child eats alone ......................................

D7. Does the Study Child usually sit at a table for this meal?  
Yes □ 1 □  No □ 2

D8. [Show Card D8] Looking at Card D8, is the Study Child on any type of special diet e.g. vegetarian, vegan, coeliac etc.?  
No □ 1  Yes, coeliac ☐ 4  Yes, other ☐ 5  Specify _________________

D9. [Show Card D9] Looking at Card D9, do you think the Study Child is: [Int: Use codes only if child is present at time of interview]  
Very underweight.................................................. ☐ 8
Moderately underweight........................................... ☐ 7
Slightly underweight.................................................. ☐ 6
About the right weight........................................... ☐ 5
Slightly overweight.................................................. ☐ 4
Moderately overweight........................................... ☐ 3
Very overweight.................................................. ☐ 2
Don’t know .................................................. ☐ 1

D10. [Show Card D10] Looking at Card D10, how many times in the past 14 days has the Study Child done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.  
none.................................................. ☐ 1
1 to 2 days .................................................. ☐ 2
3 to 5 days .................................................. ☐ 3
6 to 8 days .................................................. ☐ 4
9 or more days........................................... ☐ 5

D11. [Show Card D11] Looking at Card D11, how many times in the past 14 days has the Study Child done at least 20 minutes of light exercise that was not hard enough to make him / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.  
none.................................................. ☐ 1
1 to 2 days .................................................. ☐ 2
3 to 5 days .................................................. ☐ 3
6 to 8 days .................................................. ☐ 4
9 or more days........................................... ☐ 5

D12. [Show Card D12] How far away is the school from the Study Child’s home (one-way distance)?  
Less than ½mile (1km) .................................................. ☐ 1
½ to 1 mile (1-2km).................................................. ☐ 2
1-5 miles (2-8km).................................................. ☐ 3
More than 5 miles away (8km)........................................... ☐ 4
Attends boarding school ........................................... ☐ 5
D13. How does the Study Child usually (a) go to school and (b) come home from school?  
[Int tick one box in Col A and B]

<table>
<thead>
<tr>
<th></th>
<th>Going</th>
<th>Coming home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. He/she walks</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>2. By public transport</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>3. School bus/coach</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>4. By car</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>5. Rides a bicycle</td>
<td>☐1</td>
<td>☐2</td>
</tr>
<tr>
<td>6. Other (please describe)</td>
<td>☐1</td>
<td>☐2</td>
</tr>
</tbody>
</table>

D14. How long does it usually take the Study Child (a) to go to school (b) to come home from school?  
[Int. tick one box on Col A and Col B]

<table>
<thead>
<tr>
<th></th>
<th>Going</th>
<th>Coming home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 mins</td>
<td>☐1</td>
<td>☐1</td>
</tr>
<tr>
<td>5-less 10 mins</td>
<td>☐2</td>
<td>☐2</td>
</tr>
<tr>
<td>10-less 20 mins</td>
<td>☐3</td>
<td>☐3</td>
</tr>
<tr>
<td>20-less 30 mins</td>
<td>☐4</td>
<td>☐4</td>
</tr>
<tr>
<td>30 mins or more</td>
<td>☐5</td>
<td>☐5</td>
</tr>
</tbody>
</table>

E. RESPONDENT’S HEALTH

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

E1. In general, how would you say your current health is?

- Excellent | ☐1
- Very Good | ☐2
- Good | ☐3
- Fair | ☐4
- Poor | ☐5

E2. Do you have any on-going chronic physical or mental health problem, illness or disability?

- Yes | ☐1
- No | ☐2

E3. 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.]

- ________________________________
- ________________________________

E4. Since when have you had this problem, illness or disability? ____ (mth) ____ (year)

E5. Are you hampered in your daily activities by this problem, illness or disability?

- Yes, severely | ☐1
- Yes, to some extent | ☐2
- No | ☐3

E6. 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 the Study Child?

- In the past | ☐1
- Currently | ☐2
- No | ☐3

E7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child?

- Yes | ☐1
- No | ☐2

E8. What is the relationship of that person to the Study Child? [Tick all that apply]

- Parent | ☐1
- Brother / Sister | ☐2
- Other relative | ☐3
- Non relative | ☐4

E9. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

- Yes, full card | ☐1
- Yes, doctor only card | ☐2
- Not covered | ☐3
E10. Does the family have private medical insurance?

Yes, in full □ 
Yes, partially □ 
No □ 
Don’t Know □

E11. Does that insurance include the cost of GP visits?

Yes, in full □ 
Yes, partially □ 
No □ 
Don’t Know □

E12. Can I just check, are you currently pregnant?

Yes □ 
No □

E13. Approximately how many weeks? □ □ □ (24 hour clock)

Time Section Ended □ □ □ (24 hour clock)

F. RESPONDENT’S LIFESTYLE

Now I’d like to ask you some questions about your lifestyle.

F1. Do you currently smoke daily, occasionally or not at all?

Daily □ 
Occasionally □ 
Not at all □

F2. Have you ever smoked? Was it:

Daily □ 
Occasionally □ 
Never □

F3. About how many cigarettes or cigars do/did you smoke on average each day?

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

F4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis □ 
Yes, on an occasional basis □ 
Never □

F5. [Show Card F5] Looking at Card F5, which of the following best describes how often you usually drink alcohol?

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

If currently drink alcohol between everyday and once or twice a week ask:

F6. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer □ □ □ 
Glasses of Wine □ □ □ 
Measures of Spirits □ □ □

F7. [Show Card F7] Looking at Card F7, do you think that you are:

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

F8. How often do you try to lose weight through dieting?

Very often □ 
Often □ 
Sometimes □ 
Rarely □ 
Never □

F9. What is your height without shoes? ______ feet ______ inches OR Metres ______

F10. What is your weight without clothes and shoes? ______ stones ______ lbs OR ______ Kilograms
G. CHILD’S ACTIVITIES

Now I would like to ask you about some of the Study Child’s day-to-day activities.

G1. [Show Card G1] Looking at Card G1, on a normal weekday during term time, how many hours does the Study Child spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

None .......................................................... □ □ 3 hours to less than 5 hours ................. □ □
Less than an hour ........................................... □ □ 5 hours to less than 7 hours ................. □ □
1 hour to less than 3 hours ..................... □ □ 7 hours or more ................................ □ □

G2. [Show Card G2] Looking at Card G2, on a normal weekday during term time, about how many hours does the Study Child spend reading for pleasure [NOT during school hours]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

None .......................................................... □ □ 5 hours to less than 7 hours ................. □ □
Less than an hour ........................................... □ □ 7 hours or more ................................ □ □
1 hour to less than 3 hours ..................... □ □ Child can’t read ........................................ □ □
3 hours to less than 5 hours ................ □ □

G3. [Show Card G3] Looking at Card G3, on a normal weekday, during term-time, about how much time does the Study Child spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

None .......................................................... □ □ 3 hours to less than 5 hours ................. □ □
Less than an hour ........................................... □ □ 5 hours to less than 7 hours ................. □ □
1 hour to less than 3 hours ..................... □ □ 7 hours or more ................................ □ □

G4. [Show Card G4] Looking at Card G4, on a normal weekday, during term-time, about how much time does the Study Child spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school? DO NOT include time spent using computers in school.

None .......................................................... □ □ 3 hours to less than 5 hours ................. □ □
Less than an hour ........................................... □ □ 5 hours to less than 7 hours ................. □ □
1 hour to less than 3 hours ..................... □ □ 7 hours or more ................................ □ □

G5. Does the Study Child have the following in his/her bedroom?

Yes No Yes No
Television ........................................ □ □ □ □ Computer or laptop .................................. □ □ □ □
Video/DVD player ................................ □ □ □ □ Games console (playstation etc...) .......... □ □ □ □

G6. On an average week how much money would you say you give the Study Child to spend him/herself?

€____________________

H. CHILD’S EMOTIONAL HEALTH AND WELL-BEING

Now I’d like to ask some questions on the Study Child’s emotional well-being.

H1. [Show Card H1] Looking at Card H1, has the Study Child ever experienced any of the following:

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]
A. Death of a parent .................................................. □ □
B. Death of close family member (please specify) .................. □ □
C. Death of close friend ............................................. □ □
D. Divorce/separation of parents .................................. □ □
E. Moving house ...................................................... □ □
F. Moving country .................................................... □ □
G. Stay in foster home/ residential care ......................... □ □
H. Serious illness/injury ............................................. □ □
I. Serious illness/injury of a family member ..................... □ □
J. Drug taking/alcoholism in the immediate family ........... □ □
K. Mental disorder in immediate family ........................ □ □
L. Conflict between parents ....................................... □ □
M. Parent in prison ................................................... □ □
N. Other disturbing event (please specify) ...................... □ □
O. None of the above ............................................. □ □
H2. [Show Card H2] Listed on Card H2, is a set of statements which could be used to describe the Study Child’s behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child’s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

<table>
<thead>
<tr>
<th>A. Considerate of other people’s feelings</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Restless, overactive, cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Often complains of headaches, stomach aches or sickness</td>
<td></td>
<td></td>
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<tr>
<td>D. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
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<tr>
<td>E. Often has temper tantrums or hot tempers</td>
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<tr>
<td>F. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>G. Generally obedient, usually does what adults request</td>
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<tr>
<td>H. Many worries, often seems worried</td>
<td></td>
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<tr>
<td>I. Helpful if someone is hurt, upset or feeling ill</td>
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<td></td>
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<tr>
<td>J. Constantly fidgeting or squirming</td>
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</tr>
<tr>
<td>K. Has at least one good friend</td>
<td></td>
<td></td>
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<tr>
<td>L. Often fights with other children or bullies them</td>
<td></td>
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<tr>
<td>M. Often unhappy, down-hearted or tearful</td>
<td></td>
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<tr>
<td>N. Generally liked by other children</td>
<td></td>
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<tr>
<td>O. Easily distracted, concentration wanders</td>
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<tr>
<td>P. Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
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<td></td>
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<tr>
<td>Q. Kind to younger children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. Often lies or cheats</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>S. Picked on or bullied by other children</td>
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<tr>
<td>T. Often volunteers to help others (parents, teachers, other children)</td>
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<tr>
<td>U. Thinks things out before acting</td>
<td></td>
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<td></td>
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<tr>
<td>V. Steals from home, school or elsewhere</td>
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<tr>
<td>W. Gets on better with adults than with other children</td>
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<tr>
<td>X. Many fears, easily scared</td>
<td></td>
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<tr>
<td>Y. Sees tasks through to the end, good attention span</td>
<td></td>
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<td></td>
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</tbody>
</table>

H3. [Show Card H3] Looking at Card H3, thinking about the Study Child’s temperament, how characteristic of the Study Child are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

<table>
<thead>
<tr>
<th>A. Child tends to be shy</th>
<th>Not Characteristic</th>
<th>Occasionally Characteristic</th>
<th>Somewhat Characteristic</th>
<th>Characteristic</th>
<th>Very Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Child cries easily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C. Child likes to be with people</td>
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<tr>
<td>D. Child is always on the go</td>
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<tr>
<td>E. Child prefers playing with others rather than alone</td>
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<td></td>
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<tr>
<td>F. Child tends to be somewhat emotional</td>
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<tr>
<td>G. When child moves about, he/she usually moves slowly</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>H. Child makes friends easily</td>
<td></td>
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<tr>
<td>I. Child is off and running as soon as he/she wakes up in the morning</td>
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<tr>
<td>J. Child finds people more stimulating than anything else</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Child often fusses and cries</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>L. Child is very sociable</td>
<td></td>
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<tr>
<td>M. Child is very energetic</td>
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</tr>
<tr>
<td>N. Child takes a long time to warm up to strangers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. Child gets upset easily</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. Child is something of a loner</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Q. Child prefers quiet, inactive games to more active ones</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>R. When alone, child feels isolated</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>S. Child reacts intensely when upset</td>
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<tr>
<td>T. Child is very friendly with strangers</td>
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</tbody>
</table>
Now I’d like to ask you some questions about the Study Child’s education

J. CHILD’S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when the Study Child was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naíonra etc?

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

J2. [Show Card J2] Looking at Card J2, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

Child minded at home by me or resident partner ..........☐1
Looking after him/herself or cared for by a sibling.........☐3  Paid childminder in his/her own home ..........☐9
Child minded by non-resident partner............................☐3  Au Pair / Nanny ....................................................☐10
Unpaid relative (or family friend) in your own home ..........☐4  Paid after-school care in group setting ..........☐11
Unpaid relative (or family friend) in his/her own home ...☐5  Homework club ....................................................☐12
Paid relative (or family friend) in your own home ..........☐5  After-school activity-based facility .................☐13
Paid relative (or family friend) in his/her own home......☐6  Special needs facility ............................................☐14
Paid childminder in your own home............................☐8  Activity Camps (sport recreation arts/crafts etc) .................☐15
Paid relative (or family friend) in non-resident partner’s home ..........☐7  Other (specify) __________________________________________☐16

J3. Approximately how many hours per week does the Study Child spend in this main form of childcare

_______hours per week

J4. Approximately how many days per week does the Study Child spend in this main form of childcare

_______days per week

J5. [Int. Ask if NOT codes 1-5 at J2]: Approximately how much does this childcare for the Study Child typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ ________________ per Week.................☐1  Fortnight.................☐2  Month.................☐4

J6. [Show Card J6] Looking at Card J6, during an average week does the Study Child participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Participate in activity?</th>
<th>Pay for activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports/Fitness club (gym., GAA, soccer, hockey etc)</td>
<td>☐1 ☐2</td>
<td>☐1 ☐2</td>
</tr>
<tr>
<td>Cultural activities (dance, ballet, music, arts, drama etc.)</td>
<td>☐1 ☐2</td>
<td>☐1 ☐2</td>
</tr>
<tr>
<td>Youth club</td>
<td>☐1 ☐2</td>
<td>☐1 ☐2</td>
</tr>
<tr>
<td>Scouts/ Guides/ Boy’s Brigade / Girl’s Brigade</td>
<td>☐1 ☐2</td>
<td>☐1 ☐2</td>
</tr>
<tr>
<td>Homework club</td>
<td>☐1 ☐2</td>
<td>☐1 ☐2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>☐1 ☐2</td>
<td>☐1 ☐2</td>
</tr>
</tbody>
</table>

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the Study Child’s teacher?

Yes….☐h  No…….☐2
J8. [Show Card J8] Looking at Card J8, during the last school year, about how many days was Study Child absent from school for any reason?

<table>
<thead>
<tr>
<th>Days</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1 - 3</td>
<td></td>
</tr>
<tr>
<td>4 to 6</td>
<td></td>
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<tr>
<td>7 to 10</td>
<td></td>
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<tr>
<td>11 to 20</td>
<td></td>
</tr>
<tr>
<td>More than 20</td>
<td></td>
</tr>
<tr>
<td>Not in school last year</td>
<td></td>
</tr>
</tbody>
</table>

J9. [Show Card J9] Looking at Card J9, what was the main reason for Study Child being absent from school?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health reasons (illness or injuries)</td>
<td></td>
</tr>
<tr>
<td>Problems with transportation</td>
<td></td>
</tr>
<tr>
<td>Problems with the weather</td>
<td></td>
</tr>
<tr>
<td>A family vacation</td>
<td></td>
</tr>
<tr>
<td>A fear of school (school phobia)</td>
<td></td>
</tr>
<tr>
<td>A problem with the teacher</td>
<td></td>
</tr>
<tr>
<td>A problem with children at school</td>
<td></td>
</tr>
<tr>
<td>Difficulties with childcare arrangements</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

J10. [Show Card J10] Looking at Card J10, how often is the Study Child given homework?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Less than once a month</td>
<td></td>
</tr>
<tr>
<td>Once a month</td>
<td></td>
</tr>
<tr>
<td>A few times a month</td>
<td></td>
</tr>
<tr>
<td>A few times a week</td>
<td></td>
</tr>
<tr>
<td>Daily</td>
<td></td>
</tr>
<tr>
<td>Once a week</td>
<td></td>
</tr>
<tr>
<td>1.5 to less than 2 hours</td>
<td></td>
</tr>
<tr>
<td>2 to less than 3 hours</td>
<td></td>
</tr>
<tr>
<td>3 to less than 4 hours</td>
<td></td>
</tr>
<tr>
<td>4 hours or more</td>
<td></td>
</tr>
</tbody>
</table>

J11. [Show Card J11] Looking at Card J11, on days when the Study Child is given homework, how much time does he or she usually spend doing homework?

<table>
<thead>
<tr>
<th>Time</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 15 minutes</td>
<td></td>
</tr>
<tr>
<td>16 to 30 minutes</td>
<td></td>
</tr>
<tr>
<td>31 minutes to less than one hour</td>
<td></td>
</tr>
<tr>
<td>1 to less than 1.5 hours</td>
<td></td>
</tr>
<tr>
<td>1.5 to less than 2 hours</td>
<td></td>
</tr>
<tr>
<td>2 to less than 3 hours</td>
<td></td>
</tr>
<tr>
<td>3 to less than 4 hours</td>
<td></td>
</tr>
<tr>
<td>4 hours or more</td>
<td></td>
</tr>
</tbody>
</table>

J12. How often do you or your spouse/partner provide help with the Study Child’s homework?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always/Nearly Always</td>
<td></td>
</tr>
<tr>
<td>Regularly</td>
<td></td>
</tr>
<tr>
<td>Now and Again</td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>Child rarely gets homework</td>
<td></td>
</tr>
</tbody>
</table>

J13. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child’s schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

<table>
<thead>
<tr>
<th>Performance</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td>Below average</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Above average</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>

J14. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child’s schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age?

<table>
<thead>
<tr>
<th>Performance</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td></td>
</tr>
<tr>
<td>Below average</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Above average</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td></td>
</tr>
</tbody>
</table>

J15. About how many days a week does the Study Child do things with friends outside of school hours?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
</tr>
<tr>
<td>1 day a week</td>
<td></td>
</tr>
<tr>
<td>2-3 days a week</td>
<td></td>
</tr>
<tr>
<td>4-5 days a week</td>
<td></td>
</tr>
<tr>
<td>6-7 days a week</td>
<td></td>
</tr>
</tbody>
</table>

J16. About how many close friends does the Study Child have?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2 or 3</td>
<td></td>
</tr>
<tr>
<td>4 or 5</td>
<td></td>
</tr>
<tr>
<td>6 or more</td>
<td></td>
</tr>
</tbody>
</table>
J17. [Show Card J17] Looking at Card J17, taking everything into account, how far do you expect the Study Child will go in his/her education or training?

- Junior Certificate or equivalent ........................................ [ ]
- Leaving Certificate or equivalent .................................... [ ]
- An apprenticeship or trade .............................................. [ ]
- Diploma/Certificate .......................................................... [ ]
- Degree ............................................................................. [ ]
- Postgraduate/higher degree ............................................ [ ]
- Don’t know ....................................................................... [ ]

J18. To your knowledge, has the Study Child been a victim of bullying in the last year?

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

J19. [Show Card J19] Looking at Card J19, what form did the bullying take? [Int. tick all that apply]
- Physical bullying……………………………………. [ ]
- Verbal bullying……………………………………. [ ]
- Electronic [phone messaging, emails, Bebo etc] . [ ]
- Written messages/notes etc.............................. [ ]
- Exclusion.............................................................. [ ]
- Other (specify)_______________________…….. [ ]

J20. [Show Card J20] Looking at Card J20, what was the reason for the bullying?
- Ethnicity..................................................... [ ]
- Physical/Learning disability. ...................... [ ]
- Religion .................................................... [ ]
- Class performance .................................... [ ]
- Physical appearance (clothes, glasses, weight etc). [ ]
- Gender role .............................................................. [ ]
- Teacher’s pet ............................................................. [ ]
- Slow progress (reasons unclear)…… [ ]
- Family background ............................................... [ ]
- Other (specify)......................................................... [ ]

J21. Do you think the Study Child has a Specific Learning Difficulty, Communication or Co-ordination Disorder

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

J22. [Show Card J22] Looking at Card J22, what is the nature of the difficulty or disorder? [Int. tick all that apply]
- Dyslexia (incl. Dysgraphia, dyscalculia). .................. [ ]
- ADHD (Attention Deficit Hyperactivity Disorder) ....... [ ]
- Autism........ .............................................................. [ ]
- Aspergers Syndrome.............................…………..…. [ ]
- Speech & Language Difficulty…….. .......... [ ]
- Dyspraxia………..................……..…. [ ]
- Slow progress (reasons unclear)…… [ ]
- Other (specify).......................................................... [ ]

J23. Was it diagnosed by a professional?

- Yes ................. [ ]
- No ................. [ ]
- Awaiting consultation .......... [ ]

J24. How long ago was it diagnosed?

- Last 6 months ........................................... [ ]
- 1-2 years............................... [ ]
- 6-12 months............................................ [ ]
- Longer than 2 years....................... [ ]

J25. About how many children’s books does the Study Child have access to in your home now, including any library books? Would you estimate:

- None ........................................................ [ ]
- 10 to 20 .................................................... [ ]
- 21 to 30 .............................................. [ ]
- More than 30................................. [ ]

J26. Do you use the Public Library for the Study Child? 

- Yes....... [ ]
- No................. [ ]
K: FAMILY CONTEXT

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

K1. Do you feel you have fun with the Study Child every day? Yes ☐  No ☐

K2. [Show Card K2] Looking at Card K2, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. My child and I always seem to be struggling with each other.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. My child appears hurt or embarrassed when I correct him/her.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. If upset, my child will seek comfort from me.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. My child values his/her relationship with me.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. My child reacts strongly to separation from me.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. My child expresses hurt or jealousy when I spend time with other children.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child spontaneously shares information about himself/herself.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. When I praise my child, he/she beams with pride.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. My child remains angry or is resistant after being disciplined.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. My child easily becomes angry at me.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. My child reacts strongly to separation from me.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. My child asks for my help when he/she really does not need help.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. My child is overly dependent on me.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. My child feels that I treat him/her unfairly.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. My child is in a bad mood, I know we're in for a long and difficult day.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>P. My child is in a bad mood, I know we're in for a long and difficult day.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q. My child openly shares his/her feelings and experiences with me.</td>
<td>☐ 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
K3. [Show Card K3] Looking at Card K3, how often do you do the following when the Study Child misbehaves

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Rarely</th>
<th>Now and Again</th>
<th>Regularly</th>
<th>Always</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Discuss/Explain why behaviour was wrong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Ignore him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Smack him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Shout or yell at him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Send him/her out of the room or to their bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Take away treats/pocket money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Tell him/her off</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Bribe him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Ground him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K4. [Show Card K4] Looking at Card K4, now, I’d like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day / 7 days per week</th>
<th>3 to 6 days per week</th>
<th>1 to 2 days per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sit down to eat together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. Play sports, cards or games together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Talk about things together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Do household activities together (e.g., gardening, cooking, cleaning, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Go on an outing together (including going shopping)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

K5. [Show Card K5] Looking at Card K5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

<table>
<thead>
<tr>
<th>People</th>
<th>Quite a lot</th>
<th>Now and again</th>
<th>Rarely</th>
<th>Don’t have</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Grandparents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>B. Uncles/Aunts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>C. Cousins</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

K6. Please tell me how strongly you agree or disagree with the following.

Because of your work responsibilities:
A. You have missed out on home or family activities that you would have liked to have taken part in.

B. Your family time is less enjoyable and more pressured.

Because of your family responsibilities:
C. You have to turn down work activities or opportunities you would prefer to take on.

D. The time you spend working is less enjoyable and more pressured.

K7. Does the Study Child belong to any religious denomination

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

K8. [Show Card K8/K12] Looking at Card K8/K12, if yes, which one

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

K9. How regularly does the Study Child attend religious service?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Less</th>
<th>Special Occasions</th>
<th>Never</th>
<th>Refused</th>
<th>N/a</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
K10. In general, would you describe yourself as a religious or spiritual person?
Not at all...\[1\] A little \[2\] Quite \[3\] Very much so \[4\] Extremely \[5\]

K11. Do you belong to any religious denomination
Yes \[1\] No \[2\]

K12. [Show Card K8/K12] Looking at Card K8/ K12, If yes, which one
Christian – no denomination \[1\]
Roman Catholic \[2\]
Anglican/Church of Ireland/Episcopalian \[3\]
Other Protestant \[4\]
Jewish \[5\]
Muslim \[6\]
Other (specify) \[7\]

K13. How fairly or unfairly would you say the household tasks are distributed between you and your partner?
Very unfairly \[1\] Quite unfairly \[2\] Fairly \[3\] Don’t have partner \[4\]

K14. [Show Card K14] I would now like to ask some questions about the Study Child’s behaviour over the last 12 months please tell me whether the following 7 statements are true or false for him/her.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Often started fights or bullies, threatens or intimidates others</td>
<td>[1] [2]</td>
<td></td>
</tr>
<tr>
<td>B. Has been physically cruel to other people or animals</td>
<td>[1] [2]</td>
<td></td>
</tr>
<tr>
<td>C. Deliberately destroyed or damaged property</td>
<td>[1] [2]</td>
<td></td>
</tr>
<tr>
<td>D. Often lied to obtain goods or favours (i.e., ‘cons’ others)</td>
<td>[1] [2]</td>
<td></td>
</tr>
<tr>
<td>E. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering)</td>
<td>[1] [2]</td>
<td></td>
</tr>
<tr>
<td>F. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)</td>
<td>[1] [2]</td>
<td></td>
</tr>
<tr>
<td>G. Often truanted from school</td>
<td>[1] [2]</td>
<td></td>
</tr>
</tbody>
</table>

L: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

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

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

L2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

<table>
<thead>
<tr>
<th>Ease of making ends meet</th>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[1] [2] [3] [4] [5] [6]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
L3. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

Yes ...........□₁  No ...........□₂

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

Yes ..........□₁  No ..........□₂

L5. Why was that?

<table>
<thead>
<tr>
<th>Reason</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t want to</td>
<td>1</td>
</tr>
<tr>
<td>Couldn’t leave the children</td>
<td>2</td>
</tr>
<tr>
<td>Have a full social life in other ways</td>
<td>3</td>
</tr>
<tr>
<td>Illness</td>
<td>4</td>
</tr>
<tr>
<td>Couldn’t afford to</td>
<td>5</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>6</td>
</tr>
</tbody>
</table>

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

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

L7. I would now like to ask you some questions about your accommodation: Is this accommodation a:

- House ......................................................... □₁
- Apartment / Flat / Bedsit ......................................................... □₂
- Other (specify) ......................................................... □₃

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

- Owner occupied (with or without a mortgage) ......................................................... □₁
- Being purchased from a Local Authority under a Tenant Purchase Scheme ......................................................... □₂
- Rented from a Local Authority ......................................................... □₃
- Rented from a Voluntary Body ......................................................... □₄
- Rented from a Private Landlord ......................................................... □₅
- Living with and paying rent to your (or your partner’s) parent(s) ......................................................... □₆
- Occupied free of rent with your (or your partner’s) parent(s) ......................................................... □₇
- Occupied free of rent from your or your partner’s job ......................................................... □₈

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

L10. Does the Study Child have his/her own bedroom?  Yes ..........□₁  No ..........□₂

L11. How many others does the Study Child share a bedroom with? ______________
L12. [Show Card L12] Looking at Card L12, which of these descriptions BEST describes your usual situation in regard to work?

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

L13. 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

L14. 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]
_____________________________________________________________________________________

L15. Do you supervise or manage any personnel in your job?

- Yes □
- No □

If less than 30 hours per wk at L13 Go to L22d, otherwise to L22e

L16. How many? _______________________

L17. How many employees (if any) do you have? ________ employees N A .... □
If less than 30 hours per week at L13 Go to L22d, otherwise to L22e

L18. Apart from holiday or casual work, have you ever had a full-time job? .. Yes □ .... No □ Go to L22a

L19. In what year did you last work in that full-time job? ________ year

L20. When you last worked in that full-time job were you?

- Employee (incl. apprenticeship or Community Employment) ........................................... □
- Self-employed outside farming ..................................................................................... □
- Farmer ............................................................................................................................ □

L21. 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]
_____________________________________________________________________________________

L22a. Do you currently have a part time job outside the home?  Yes □ .... No □ Go to L22d

L22b. On average, how many hours per week do you work in that part-time job? _______________ hours

L22c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]
_____________________________________________________________________________________

L22d. [Show Card L22d] From the reasons listed on Card L22d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

- I can’t find a job ............................................................................................................... □
- I choose not to work ....................................................................................................... □
- I am caring for an elderly or ill relative or friend ......................................................... □
- I prefer be at home to look after my children myself ................................................... □
- I can’t find enough to pay for childcare ....................................................................... □
- 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 ..................... □
- Other reason (specify) ________________________________________________________________ □

Now go to L22e
L22e. What is the occupation of your spouse/partner? (What does he/she mainly do in their job) – if relevant

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

HOUSEHOLD INCOME

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

L23. Looking at Card L23/L24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner’s income. [INT. Tick ‘Yes’ or ‘No’ for each in Col. A] [Card L23 / L24]

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

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

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

[Dont/Know……..€___________ per Week……..€___________ per Month……..€___________ per Year]

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

Refused .................................. Don’t Know ..................

58
L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th>PAYMENTS</th>
<th>UNEMPLOYMENT PAYMENTS</th>
<th>EMPLOYMENT SUPPORTS</th>
<th>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Per week</td>
<td>under €75</td>
<td>€75 to €150</td>
</tr>
<tr>
<td>Per Month</td>
<td>€0 to €300</td>
<td>€301 to €650</td>
<td>€651 to €1,000</td>
</tr>
<tr>
<td>Per Year</td>
<td>€0 to €4,000</td>
<td>€4,001 to €6,000</td>
<td>€6,001 to €8,000</td>
</tr>
</tbody>
</table>

L28. Does anyone in your household currently receive Children’s Allowance/Child Benefit?

Yes [ ] No [ ]

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

Yes [ ] ➔ Go to L30 No [ ] ➔ Go to L31a

L30. (Card L30) Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L30, 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]
### CHILD RELATED PAYMENTS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity Benefit</td>
<td>17</td>
</tr>
<tr>
<td>Guardian’s Payment (Contributory)</td>
<td>19</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>18</td>
</tr>
<tr>
<td>Guardian’s Payment (Non-Contributory)</td>
<td>20</td>
</tr>
<tr>
<td>Health &amp; Safety Benefit</td>
<td>21</td>
</tr>
</tbody>
</table>

### DISABILITY AND CARING PAYMENTS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness Benefit</td>
<td>22</td>
</tr>
<tr>
<td>Injury Benefit</td>
<td>28</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>23</td>
</tr>
<tr>
<td>Incapacity Supplement</td>
<td>24</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>29</td>
</tr>
<tr>
<td>Disablement Benefit</td>
<td>30</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>31</td>
</tr>
<tr>
<td>Medical Care Scheme</td>
<td>32</td>
</tr>
<tr>
<td>Carer's Benefit</td>
<td>33</td>
</tr>
<tr>
<td>Constant Attendance Allowance</td>
<td>34</td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>35</td>
</tr>
<tr>
<td>Death Benefits (Survivor’s Benefits)</td>
<td>36</td>
</tr>
</tbody>
</table>

### RETIREMENT PAYMENTS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Pension (Transition)</td>
<td>34</td>
</tr>
<tr>
<td>State Pension Non-Contributory</td>
<td>36</td>
</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>35</td>
</tr>
<tr>
<td>Pre-Retirement Allowance</td>
<td>37</td>
</tr>
</tbody>
</table>

---

**L31a.** Does anyone in your household currently receive rent or mortgage supplement? Yes [ ] No [ ]

**L31b.** How much does the household receive per week in rent or mortgage supplement? €-----------------------

---

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

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

**COUPLE / LONE PARENT INCOME** – income of family unit of <study child>

**L33.** Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Only respondent and/ or spouse/partner .......[ ] → Go to L37  Other households members .......[ ] → Go to L34

**L34.** Now I would like you to think ONLY OF THE INCOME WHICH YOUR AND YOUR PARTNER / SPOUSE RECEIVE. If you added up all the income sources from YOU AND YOUR PARTNER what would be the COMBINED TOTAL NET INCOME OF THE TWO OF YOU, i.e. after deductions for tax and PRSI only?

Include income from all sources mentioned above and from BOTH YOU AND YOUR PARTNER / SPOUSE.

D.K........[ ]  € ................ per week .......[ ]  Month........[ ]  Year  [ ]

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L35. IF exact figure given go to L37]
L35 [Show Card L35] I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on Card L35 we have a scale of incomes, and we would like to know into which group the combined total NET income of you and your spouse / partner falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above but only for you and your partner. Looking at the card could you tell me the letter of the group into which the combined income of you and your spouse / partner falls, after deductions for tax and PRSI.

[Int. Tick the letter of the group Couple/lone parent falls into, after deductions for tax and PRSI only]

<table>
<thead>
<tr>
<th>PER WEEK</th>
<th>PER MONTH</th>
<th>PER YEAR</th>
<th>CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €230</td>
<td>Under €1,000</td>
<td>Under €12,000</td>
<td>A</td>
</tr>
<tr>
<td>€231 to under €350</td>
<td>€1,001 to under €1,500</td>
<td>€12,001 to under €18,000</td>
<td>B</td>
</tr>
<tr>
<td>€351 to under €460</td>
<td>€1,501 to under €2,000</td>
<td>€18,001 to under €24,000</td>
<td>C</td>
</tr>
<tr>
<td>€461 to under €575</td>
<td>€2,001 to under €2,500</td>
<td>€24,001 to under €30,000</td>
<td>D</td>
</tr>
<tr>
<td>€576 to under €800</td>
<td>€2,501 to under €3,500</td>
<td>€30,001 to under €42,000</td>
<td>E</td>
</tr>
<tr>
<td>€801 to under €925</td>
<td>€3,501 to under €4,000</td>
<td>€42,001 to under €48,000</td>
<td>F</td>
</tr>
<tr>
<td>€926 to under €1,150</td>
<td>€4,001 to under €5,000</td>
<td>€48,001 to under €60,000</td>
<td>G</td>
</tr>
<tr>
<td>€1,151 to under €1,500</td>
<td>€5,001 to under €6,000</td>
<td>€60,001 to under €78,000</td>
<td>H</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
<td>€6,001 to under €8,000</td>
<td>€78,001 to under €96,000</td>
<td>I</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 to under €10,000</td>
<td>€96,001 or more</td>
<td>J</td>
</tr>
</tbody>
</table>

Refused 77
Don't know 88

L36. Would that be [Int: Show Card L36 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th>SECTION</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER WEEK</td>
<td>under €75</td>
<td>€75 to €150</td>
<td>€151 to €230</td>
<td>€231 to €270</td>
<td>€271 to €310</td>
<td>€311 to €350</td>
<td>€351 to €390</td>
<td>€391 to €420</td>
<td>€421 to €460</td>
<td>€461 to €500</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>€0 to €300</td>
<td>€301 to €650</td>
<td>€651 to €1,000</td>
<td>€1,001 to €1,150</td>
<td>€1,151 to €1,350</td>
<td>€1,351 to €1,500</td>
<td>€1,501 to €1,700</td>
<td>€1,701 to €1,800</td>
<td>€1,801 to €2,000</td>
<td>€2,001 to €2,150</td>
</tr>
<tr>
<td>PER YEAR</td>
<td>€0 to €4,000</td>
<td>€4,001 to €8,000</td>
<td>€8,001 to €12,000</td>
<td>€12,001 to €14,000</td>
<td>€14,001 to €16,000</td>
<td>€16,001 to €18,000</td>
<td>€18,001 to €20,000</td>
<td>€20,001 to €22,000</td>
<td>€22,001 to €24,000</td>
<td>€24,001 to €26,000</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>€651 to €750</td>
<td>€751 to €800</td>
<td>€801 to €850</td>
<td>€851 to €880</td>
<td>€881 to €925</td>
<td>€926 to €1,000</td>
<td>€1,001 to €1,050</td>
<td>€1,051 to €1,150</td>
<td>€1,151 to €1,375</td>
<td>€1,375 to €1,500</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>€2,001 to €2,300</td>
<td>€2,301 to €2,500</td>
<td>€2,501 to €2,800</td>
<td>€2,801 to €3,250</td>
<td>€3,251 to €3,500</td>
<td>€3,501 to €3,800</td>
<td>€3,801 to €4,200</td>
<td>€4,001 to €4,300</td>
<td>€4,301 to €4,600</td>
<td>€4,601 to €5,000</td>
</tr>
<tr>
<td>PER YEAR</td>
<td>€34,001 to €38,000</td>
<td>€38,001 to €42,000</td>
<td>€42,001 to €44,000</td>
<td>€44,001 to €46,000</td>
<td>€46,001 to €48,000</td>
<td>€48,001 to €52,000</td>
<td>€52,001 to €56,000</td>
<td>€56,001 to €60,000</td>
<td>€60,001 to €66,000</td>
<td>€66,001 to €72,000</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>€1,250 to €1,375</td>
<td>€1,376 to €1,500</td>
<td>€1,501 to €1,650</td>
<td>€1,651 to €1,800</td>
<td>€1,801 to €1,950</td>
<td>€1,951 to €2,100</td>
<td>€2,101 to €2,300</td>
<td>€2,301 to €2,500</td>
<td>€2,501 to €2,750</td>
<td>€2,751 to €3,000</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>€5,001 to €5,500</td>
<td>€5,501 to €6,000</td>
<td>€6,001 to €6,500</td>
<td>€6,501 to €7,000</td>
<td>€7,001 to €7,500</td>
<td>€7,501 to €8,000</td>
<td>€8,001 to €8,500</td>
<td>€8,501 to €9,000</td>
<td>€9,001 to €9,600</td>
<td>€9,601 to €10,000</td>
</tr>
<tr>
<td>PER YEAR</td>
<td>€96,000 to €110,000</td>
<td>€110,001 to €125,000</td>
<td>€125,001 to €150,000</td>
<td>€150,001 to €175,000</td>
<td>€175,001 to €200,000</td>
<td>€200,001 to €225,000</td>
<td>€225,001 to €250,000</td>
<td>€250,001 to €275,000</td>
<td>€275,001 to €300,000</td>
<td>€300,001 to €325,000</td>
</tr>
</tbody>
</table>

L37. [Card L37] Looking at Card L37, what is the highest level of education you have completed to date?

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary or less</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
L38. [Card L38] Looking at Card L38, what language or languages do you and your partner speak with the study child most often at home? [Int. Tick all that apply]

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

[If English and any other language other than Irish is spoken at home, ask:]

L38a. Is English your native language? Yes ...........  F  Go to L41 No ............ F

L39. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children’s storybook in your own language?

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

L40. Can you usually read and fill out forms you might have to deal with in your own language?

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

L41. 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 ............ F  No ............... F

L42. Can you usually read and fill out forms you might have to deal with in English?

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

L43. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

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

L44. Are you a citizen of Ireland? Yes ...........  F  No ............ F

L45. What citizenship do you hold? __________________________________________ Don’t know ........ F

L46. Were you born in Ireland? Yes ...........  F  No ............ F

L47. In which country were you born? __________________________________________ Don’t know ........ F

L48. How long ago did you first come to live in Ireland?

- Within the last year F
- 1-5 years ago F
- 6-10 years ago F
- 11-20 years ago F
- More than 20 years ago F

L49. And what about the Study Child. Is he / she a citizen of Ireland? Yes...........  F  No .......... F  DK F

L50. What citizenship does he / she hold? __________________________________________ Don’t know ........ F

L51. Was the Study Child born in Ireland? Yes...........  F  No .......... F

L52. In which country was he/she born? __________________________________________ Don’t know ...... F

L53. How long ago did the Study Child first come to live in Ireland?

- Within the last year F
- 1-5 years ago F
- 6-10 years ago F
- Don’t Know F
L54. [Card L54] Looking at Card L54, What is your ethnic or cultural background?

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

L55. Does anyone other than yourself and/ or your spouse / partner provide care to the Study Child on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder’s home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

Yes, regular care 8 hrs per week or more ....... 1  
No regular care 8 hrs per wk or more......... 2  
Go to M1

L56. Is this care provided in:

the child’s home ........................................... 1  
a relative’s home ........................................... 2  
home of carer – non-relative ......................... 3  
centre – (crèche, after-school etc.)............. 4

L57. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?

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

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

M. Neighbourhood / Community

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

M1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

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

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

Rubbish and litter lying about ................................................. 1  
Homes and gardens in bad condition .............................. 2  
Vandalism and deliberate damage to property .................. 3  
People being drunk or taking drugs in public ............... 4

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

It is safe to walk alone in this area after dark ....................... 1  
It is safe for children to play outside during the day in this area.... 2  
There are safe parks, playgrounds and play spaces in this area 3  

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

Available? Yes No 
1. Regular public transport ......... 1  
2. GP or health clinic ............... 1  
3. Schools (primary or secondary).. 1  
4. Library ............................... 1

Available? Yes No 
5. Social Welfare Office ............... 1  
6. Banking/ Credit Union ............... 1  
7. Essential grocery shopping ....... 1  
8. Recreational facilities appropriate to a 9-yr old 1

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M5. Do you have any family living in this area?  
Yes ☐  No ☐

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

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

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Appendix L: Mother / Lone Father Supplementary Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

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

Interviewer Name__________________________ Interviewer Number

Date ____      ____     ____
Day     mth year

S0. We have a few final questions that we would like to ask you. As some of these may be considered sensitive we have included them in a section for you to complete by yourself. However if you would like me to administer it I am happy to do so. So would you like me to administer this questionnaire to you or would you like to complete it yourself?

Administer it ................ F
Self-complete ............... F

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

S1. Are you the biological parent of the Study Child?
Yes................ F
No..................  F

S2. Have there been any period(s) of 3 months or longer when the Study Child didn’t live with you?
Yes.............. F
No...............  F

S3. How many periods of 3 months or longer when the Study Child didn’t live with you?
One.............. F
Two...............  F
Three.............  F
Four or more........... F

NOW PLEASE GO TO S14

S4. Are you the adoptive parent of the Study Child?
Yes................ F
No..................  F

S5. Was that a domestic or an inter-country adoption?
Domestic ............... F
Inter-country ............ F

S6. Was that a within family adoption?
Yes ........ F
No ........  F

S7. From which country?
________________________

S8. What age was the Study Child when you adopted him / her?
____________years ___________months

NOW PLEASE GO TO S14

S9. Are you the foster parent of the Study Child?
Yes.............. F
No...............  F

S10. How long has the Study Child been with your family? ________yrs ________mths ________wks
S11. Do you anticipate that this will be a long-term foster placement? Yes ........ F
No ........  F

S12. How many previous foster placements has the Study Child been in?
______previous placements  Don’t Know .................. F

S13. Immediately before coming to live with you was the Study Child living with another foster family, his / her own family or in institutional care?
Another foster family ......... F
Own family ..............  F
Institutional care ........  F

NOW PLEASE GO TO S14
S14. Can you tell me which of these best describes your current marital status?
Married and living with husband / wife……………….□ Go to S18
Married and separated from husband / wife…………□ Go to S15
Divorced………………………………………□ Go to S15
Widowed……………………………………………□ Go to S15
Never married………………………………………………□ Go to S17

S15. In what year did you marry your (former) spouse? ________(year)
S16. Since when have you been living apart / spouse deceased? ________(year)
S17. May I just check whether you are currently living with someone in the household as a couple?
Yes .................□, No .................□ Go to S26

S18. Since when have you and your spouse or partner been living together? ________ (mth) ________ (year)
S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
Most days………………………………………□ Go to S20
At least once a week……………………□ Go to S20
Less than once a week…………………□ Go to S20
Hardly ever………………………………□ Go to S20
Never ………………………………………□ Go to S23

S20. How often would you argue about the child(ren)?
Most days……………………………………□
At least once a week……………………□
Less than once a week………………□
Hardly ever………………………………□
Never ………………………………………□

S21. When you and your partner argue, how often do you ….
Shout or yell at each other…………………………………….□
Throw something at each other ……………□
Push, hit or slap each other ……………□
Ignore or refuse to speak any more, walk away, leave the room or leave the house ……………□

S22. And to end an argument, how often would you ….
Compromise………………………………………………□
Apologise………………………………………………□
Change the subject……………………………………□
Agree to discuss the issue later……………………□
Agree to disagree……………………………………□
Use affection (hug) or make a joke about it……………………□
Ignore or refuse to speak any more, walk away, leave the room or leave the house ……………□

S23. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

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

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

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

S24. How often would you say the following events occur between you and your partner?
Never ……………□ Less than once a month □ Once or twice a month □ Once or twice a week □ Once a week □ More often □

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

<table>
<thead>
<tr>
<th>Calmly discuss something together</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a week</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work together on a project</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a week</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S25. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th>Extremely Unhappy</th>
<th>Fairly Unhappy</th>
<th>A little unhappy</th>
<th>Happy</th>
<th>Very Happy</th>
<th>Extremely Happy</th>
<th>Perfect</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
S26. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

- Yes 
- No

S27. How many?

- One 
- Two 
- Three or more

S28. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

- Yes 
- No

S29. Was this: [Tick all that apply]

- Before the Study Child was born
- In first year of Study Child’s life
- When Study Child was 1 – 4 yrs old
- When Study Child was 5 - 9 yrs old

S30. 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Now and again</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt I could not shake off the blues even with help from my family or friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I felt depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I thought my life had been a failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I felt fearful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My sleep was restless</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I felt lonely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I had crying spells</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I felt sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S31. Thinking back over the last year how often have you taken any of the following?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Never</th>
<th>Now and again</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sleeping pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Tranquillisers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Pills for depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Cannabis / marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Painkillers (aspirin, paracetamol, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Amphetamines or other stimulants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Heroin, methadone, crack, cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Anticonvulsants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S32. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

- Yes 
- No

S33. Have you ever been to prison?

- Yes 
- No

S34. Can we check, does the Study Child’s father live here with you or elsewhere?

- Lives here
- Deceased
- Temporarily lives elsewhere
- Lives elsewhere

S35. Were you ever married to or did you ever live with the Study Child’s father?

- Yes, married to
- Yes, lived with
- No
- Adoptive / Foster parent

S36. When did you separate or split up with the Study Child’s father?

- Spouse / Partner died
- In the last 4 years
- Longer than 4 years ago but less than 10
- Before child was born
S37. What was the nature of your relationship with the Study Child’s father when you became pregnant with the study child? (Please tick one box only).
- Married and living together ........................................ [ ]
- Going out but not living together ................................ [ ]
- Cohabiting / living as married ........................................ [ ]
- Just friends ........................................................................ [ ]
- Separated ........................................................................... [ ]
- No relationship ..................................................................... [ ]
- Divorced ............................................................................. [ ]

S38. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?
- Formal ............................................................................ [ ]
- Informal ............................................................................ [ ]
- No custody arrangement ................................................... [ ]

S39. Briefly describe that arrangement
____________________________________________________________________________________
____________________________________________________________________________________

S40. Do you and the Study Child’s father have shared parenting of the Study Child on a regular basis?
- Yes ............................................................................... [ ]
- No .................................................................................. [ ]

S41. Please describe the nature of this shared parenting
____________________________________________________________________________________
____________________________________________________________________________________

S42. How far does the Study Child’s father live from here?
- Within ½ hour’s drive from here ........................................ [ ]
- More than 1 hour’s drive from here ................................ [ ]
- Between ½ and 1 hour’s drive from here ......................... [ ]
- Outside the country ........................................................ [ ]

S43. How often does the Study Child have contact with his / her father (incl. talking on the phone, texting, emailing etc.)?
- Daily ................................................................................ [ ]
- Monthly ........................................................................... [ ]
- Once or twice a week ...................................................... [ ]
- Less than once a month ................................................... [ ]
- Weekly ............................................................................. [ ]
- Less than once a year ...................................................... [ ]
- Every second week / weekend ........................................ [ ]
- Other (please specify) ...................................................... [ ]

S44. Does the Study Child’s father make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.
- No, he never makes any payment ................................... [ ]
- Yes, he makes a regular payment .................................... [ ]
- Yes, he makes payments as required .............................. [ ]

S45. How much does he pay per week / fortnight / month?
- € __________ per Week ...................................................... [ ]
- € __________ per Fortnight ................................................ [ ]
- € __________ per Month ..................................................... [ ]

S46. About how much per year? € __________ per year

S47. How often do you talk to the Study Child’s father about the Study Child?
- Every day ........................................................................ [ ]
- Several times a week ....................................................... [ ]
- About once a week ......................................................... [ ]
- A few times a month ....................................................... [ ]
- Several times a year ....................................................... [ ]
- Never ............................................................................... [ ]

S48. How well do you get on with the Study Child’s father? Would you say your relationship is?
- Very positive ..................................................................... [ ]
- Positive ............................................................................. [ ]
- Neither positive nor negative ......................................... [ ]
- Somewhat negative ........................................................ [ ]
- Very negative .................................................................... [ ]

S49. We would like to send a short questionnaire to the Study Child’s father. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the Study Child’s father?
- Yes ................................................................................ [ ]
- No, I do not wish other parent to be contacted .............. [ ]
- No, I do not have contact details for other parent .......... [ ]

S50. What is your date of birth? (DD/MM/YYYY) __________ (day) __________ (mth) __________ (yr)

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
Appendix M: Father / Partner Questionnaire
Hello, I’m from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>’s parents and also the child him / herself. The whole interview with the parents and child 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

A1. [Show Card A1] Looking at Card A1, which of the following best describes your relationship with the Study Child?

Interviewer codes only if other persons are present at time of interview

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

A2. Int: Record gender of parent 1 Male ................  
                                      Female.................. 

B: RESPONDENT’S HEALTH

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

B1. In general, how would you say your current health is?

Excellent ...........................................  
Very Good........................................  
Good ................................................  
Fair ....................................................  
Poor ..................................................
B2. Do you have any chronic physical or mental health problem, illness or disability?
   Yes ..................... □ 1  No ......................... □ 2

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
   ____________________________________________________

B4. Since when have you had this problem, illness or disability? ______ (mth) ______ (year)
B5. Are you hampered in your daily activities by this problem, illness or disability?
   Yes, severely ................. □ 1  Yes, to some extent .......... □ 2  No ................. □ 3

[Int. Ask only if respondent is female]

B6. Can I just check, are you currently pregnant?
   Yes ............. □ 1  No............. □ 2

B7. Approximately how many weeks?
   ______________ weeks

C: RESPONDENT’S LIFESTYLE

Now I’d like to ask you to ask you some questions about your lifestyle.

C1. Do you currently smoke daily, occasionally or not at all?
   Daily ........................................ □ 1  Occasionally ........................................ □ 2  Not at all ........................................ □ 3

C2. Have you ever smoked? Was it:
   Daily ........ □ 1  Occasionally ... □ 2  Never .... □ 3

C3. About how many cigarettes or cigars do/did you smoke on average each day?
   ______________ [Int. enter ‘0’ if less than 1 on average]

C4. Does anyone smoke in the same room as the Study Child?
   Yes, on a regular basis .......... □ 1  Yes, on an occasional basis .......... □ 2  Never .......... □ 3

C5. [Show Card C5] Looking at Card C5, which of the following best describes how often you usually drink alcohol?

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

If currently drink alcohol between everyday and once or twice a week:

C6. And on an average week, how many pints of beer, glasses of wine, and measures of spirit would you drink?
   Pints of Beer _________  Glasses of Wine ________  Measures of Spirits _______

C7. [Show Card C7] Looking at Card C7, do you think that you are:

Very underweight ................. □ 1  Slightly overweight ................................ □ 5
Moderately underweight .......... □ 2  Moderately overweight .......................... □ 6
Slightly underweight ............. □ 3  Very overweight ...................................... □ 7
About the right weight ........... □ 4  Don’t know ........................................... □ 8

C8. How often do you try to lose weight through dieting?
   Very often ............. □ 1  Often .......... □ 2  Sometimes .... □ 3  Rarely .......... □ 4  Never .... □ 5

C9. What is your height without shoes? _______ feet ______ inches OR _______ Metres

C10. What is your weight without clothes and shoes? _______ stones _______ lbs OR _______ Kilograms
D1. Do you feel you have fun with the Study Child every day?  
Yes ……□, No ……□

D2. [Show Card D2] Here are some statements about the relationship between you and your child. Please describe the degree to which each of the statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I share an affectionate, warm relationship with my child.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. My child and I always seem to be struggling with each other.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. If upset, my child will seek comfort from me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D. My child is uncomfortable with physical affection or touch from me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E. My child values his/her relationship with me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F. My child appears hurt or embarrassed when I correct him/her.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G. My child does not want to accept help when he/she needs it.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>H. When I praise my child, he/she beams with pride.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I. My child reacts strongly to separation from me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>J. My child spontaneously shares information about himself/herself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>K. My child is overly dependent on me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>L. My child easily becomes angry at me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>M. My child tries to please me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>N. My child feels that I treat him/her unfairly.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>O. My child asks for my help when he/she really does not need help.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>P. It is easy to be in tune with what my child is feeling.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Q. My child sees me as a source of punishment and criticism.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>R. My child expresses hurt or jealousy when I spend time with other children.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>S. My child remains angry or is resistant after being disciplined.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>T. When my child is misbehaving, he/she responds to my look or tone of voice.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>U. Dealing with my child drains my energy.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>V. I’ve noticed my child copying my behaviour or ways of doing things.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>W. When my child is in a bad mood, I know we’re in for a long and difficult day.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>X. My child’s feelings toward me can be unpredictable or can change suddenly</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Y. Despite my best efforts, I’m uncomfortable with how my child and I get along.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Z. I often think about my child when at work.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>AA. My child whines or cries when he/she wants something from me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>AB. My child is sneaky or manipulative with me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>AC. My child openly shares his/her feelings and experiences with me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>AD. My interactions with my child make me feel effective and confident as a parent.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
D3. Please tell me how strongly you agree or disagree with the following.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</table>
| Because of your work responsibilities:  
A. You have missed out on home or family activities that you would have liked to have taken part in.
B. Your family time is less enjoyable and more pressured.  
|                      | F1               | F2       | F3                        | F4   | F5             | F6  |

| Because of your family responsibilities:  
C. You have to turn down work activities or opportunities you would prefer to take on.
D. The time you spend working is less enjoyable and more pressured.  
|                      | F1               | F2       | F3                        | F4   | F5             | F6  |

D4. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

- Very unfairly  
- Quite unfairly  
- Fairly  
- Don’t have a partner

D5. [Show Card D5] Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please the rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing my child love and affection
- Taking time to play with my child
- Taking care of my child financially
- Giving my child moral and ethical guidance
- Making sure my child is safe and protected
- Teaching my child and encouraging his or her curiosity
- Other (specify)

D6. In general, would you describe yourself as a religious or spiritual person?

- Not at all
- A little
- Quite
- Very much so
- Extremely

E: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

E1. [Show Card E1] Looking at Card E1, what is the highest level of education you have completed to date?

- Primary or less
- Primary degree
- Intermediate/ Junior/ Group Certificate or equivalent
- Postgraduate/ Higher degree
- Leaving Certificate or equivalent
- Refusal
- Diploma/ Certificate

E2. [Show Card E2] Looking at Card E2, what language or languages do you and your partner speak most often at home to the Study Child?

- English
- Irish
- Arabic
- French
- Polish
- Russian
- Czech
- Latvian
- Portuguese
- Spanish
- Chinese
- Lithuanian
- Romanian
- Other (specify)
E2a. Is English your native language? Yes □1 Go to E5 No □2

E3. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children’s storybook in your own language?
Yes □1 No □2

E4. Can you usually read and fill out forms you might have to deal with in your own language?
Yes □1 No □2

E5. 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 written in English?
Yes □1 No □2

E6. Can you usually read and fill out forms you might have to deal with in English?
Yes □1 No □2

E7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?
Yes □1 No □2

E8. [Show Card E8] Looking at Card E8, which of these descriptions BEST describes your usual situation in regard to work?
Employee (incl. apprenticeship or Community Employment) □1
Self employed outside farming □2
Farmer □3
Student full-time □4
On State training scheme (FAS, Failte Ireland etc.) □5
Unemployed, actively looking for a job □6
Long-term sickness or disability □7
Home duties / looking after home or family □8
Retired □9
Other (specify) __________________________ □10

E9. 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

E10. 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]
______________________________________________________________________________

E11. Do you supervise or manage any personnel in your job?
Yes □1 No □2 If less than 30 hours per wk at E9 Go to E18d, otherwise to E19

E12. How many? __________________________

E13. How many employees (if any) do you have?_________ employees N.A. □99
If less than 30 hours per week at E9 Go to E18d, otherwise to E19

E14. Apart from holiday or casual work, have you ever had a full-time job?.. Yes □1 No □2 Go to E18

E15. In what year did you last work in that full-time job? ________ year

E16. When you last worked in that full-time job were you?
Employee (incl. apprenticeship or Community Employment) □1 Self-employed outside farming □2 Farmer □3

E17. 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]
E18a. Do you currently have a part time job outside the home?  Yes □₁, No □₂ Go to E18d

E18b. On average, how many hours per week do you work in that part-time job? ___________ hours

E18c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E18d. [Show Card E18d] From the reasons listed on Card E18d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

I can’t find a job........................................................□₁
I choose not to work.............................................□₂
I am caring for an elderly or ill relative or friend.......□₃
I prefer be at home to look after my children myself □₄
I cannot earn enough to pay for childcare...............□₅
I cannot find childcare......................................□₆
There are no suitable jobs available for me ........□₇
My family would lose Social Welfare or medical benefits if I was earning.................□₈
Other reason (specify)____________________________□₉

Now go to E19

E19. Are you a citizen of Ireland?  Yes□₁, No □₂ Don’t know □₈

E20. What citizenship do you hold? ____________________________ Don’t know □₈

E21. Were you born in Ireland?  Yes□₁, No □₂ Don’t know □₈

E22. In which country were you born? ____________________________ Don’t know □₈

E23. How long ago did you first come to live in Ireland?

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

E24. [Show Card E24] What is your ethnic or cultural background?

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

E25. What is your date of birth? ________ day ________ month ________ year

E26. Is respondent male or female?  Male□₁, Female □₂
Appendix N: Father / Partner Supplementary Questionnaire
## FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

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

### Interviewer Name

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

### Date

<table>
<thead>
<tr>
<th>Day</th>
<th>mth</th>
<th>year</th>
</tr>
</thead>
</table>

---

**S0.** We have a few final questions that we would like to ask you. As some of these may be considered sensitive we have included them in a section for you to complete by yourself. However if you would like me to administer it I am happy to do so. So would you like me to administer this questionnaire to you or would you like to complete it yourself?

- Administer it ................ *
- Self-complete ............... **

---

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

---

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

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

**Go to S2**

**S2.** Have there been any period(s) of 3 months or longer when the Study Child didn't live with you?

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

**Go to S14**

**S3.** How many periods of 3 months or longer when the Study Child didn't live with you?

- One .............. **
- Two .............. ***
- Three ........... ****
- Four or more ......... 

**NOW PLEASE GO TO S14**

---

**S4.** Are you the adoptive parent of the Study Child?

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

**Go to S5**

**S5.** Was that a domestic or an inter-country adoption?

- Domestic ...........
- Inter-country ...........

**Go to S9**

**S6.** Was that a within family adoption?

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

**S7.** From which country?

**NOW PLEASE GO TO S14**

---

**S8.** What age was the Study Child when you adopted him / her?

- ___________ years ___________ months

**NOW PLEASE GO TO S14**

---

**S9.** Are you the foster parent of the Study Child?

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

**Go to S10**

**S10.** How long has the Study Child been with your family?

- ___________ yrs ___________ mths ___________ wks

**S11.** Do you anticipate that this will be a long-term foster placement?

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

**S12.** How many previous foster placements has the Study Child been in?

- ___________ previous placements
- Don't Know ...........

**S13.** Immediately before coming to live with you was the Study Child living with another foster family, his / her own family or in institutional care?

- Another foster family ........ **
- Own family ........ ***
- Institutional care ........ 

**NOW PLEASE GO TO S14**
S14. Can you tell me which of these best describes your current marital status?
Married and living with husband / wife........................................... Go to S18
Married and separated from husband / wife.................................. Go to S15
Divorced....................................................................................... Go to S15
Widowed....................................................................................... Go to S15
Never married........................................................................... Go to S17

S15. In what year did you marry your (former) spouse?______ (year)

S16. Since when have you been living apart / spouse deceased? ________ (year)

S17. May I just check whether you are currently living with someone in the household as a couple?
Yes ................................................................. No ................................................................. Go to S26

S18. Since when have you and your spouse or partner been living together? ________ (mth) ________ (year)

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
Most days................................................................. Go to S20
At least once a week ......................................................... Go to S20
Less than once a week ...................................................... Go to S20
Hardly ever........................................................................... Go to S20
Never .................................................................................. Go to S23

S20. How often would you argue about the child(ren)?
Most days..............................................................................
At least once a week .........................................................
Less than once a week ......................................................
Hardly ever...........................................................................
Never ..................................................................................

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Almost never/never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always/always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shout or yell at each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throw something at each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Push, hit or slap each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

S23. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

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

S24. How often would you say the following events occur between you and your partner?

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

S25. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th>Degree of Happiness</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Unhappy</td>
<td>0</td>
</tr>
<tr>
<td>Fairly Unhappy</td>
<td>1</td>
</tr>
<tr>
<td>A little unhappy</td>
<td>2</td>
</tr>
<tr>
<td>Happy</td>
<td>3</td>
</tr>
<tr>
<td>Very Happy</td>
<td>4</td>
</tr>
<tr>
<td>Extremely Happy</td>
<td>5</td>
</tr>
<tr>
<td>Perfect</td>
<td>6</td>
</tr>
</tbody>
</table>
S26. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes..................□1 No..................□2 Go to S28

S27. How many?
One ............□1 Two ............□2 Three or more........□3

S28. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

Yes......□1 No........□2 Go to S30

S29. Was this: [Tick all that apply]
Before the Study Child was born ........□1 When Study Child was 1 – 4 yrs old........□2
In first year of Study Child’s life ..........□1 When Study Child was 5 - 9 yrs old........□3

S30. 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt I could not shake off the blues even with help from my family or friends...</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I felt depressed ........................................................................</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. I thought my life had been a failure........................................</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. I felt fearful ...............................................................................</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. My sleep was restless..................................................................</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. I felt lonely..................................................................................</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I had crying spells.......................................................................</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I felt sad ....................................................................................</td>
<td>□1 □2 □3 □4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S31. Thinking back over the last year how often have you taken any of the following?

A. Sleeping pills .................................................................................... Never Now and again Monthly Weekly Daily
........................................................................................................................................
B. Tranquilisers ...................................................................................... □1 □2 □3 □4 □5 □6
C. Pills for depression ........................................................................... □1 □2 □3 □4 □5 □6
D. Cannabis / marijuana ......................................................................... □1 □2 □3 □4 □5 □6
E. Painkillers (aspirin, paracetamol, etc.) ........................................... □1 □2 □3 □4 □5 □6
F. Amphetamines or other stimulants .................................................... □1 □2 □3 □4 □5 □6
G. Heroin, methadone, crack, cocaine ................................................... □1 □2 □3 □4 □5 □6
H. Anticonvulsants ................................................................................... □1 □2 □3 □4 □5 □6
I. Steroids ............................................................................................... □1 □2 □3 □4 □5 □6

S32. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes........□1 No........□2 Go to S34

S33. Have you ever been to prison? Yes ..........□1 No........□2

S34. Can we check, does the Study Child’s mother live here with you or elsewhere?

Lives here ........................................................................................................... □1 Go to S50
Deceased ........................................................................................................... □2 Go to S50
Temporarily lives elsewhere ........................................................................... □3 Go to S50
Lives elsewhere ............................................................................................... □4 Go to S35

S35. Were you ever married to or did you ever live with the Study Child’s mother?

Yes, married to ............................................................................................... □1
Yes, lived with................................................................................................. □2
No ........................................................................................................... □3 Go to S37
Adoptive / Foster parent ................................................................................ □4 Go to S50

S36. When did you separate or split up with the Study Child’s mother?

Spouse / Partner died ....................................................................................... □1
In the last 4 years ............................................................................................. □2
Longer than 4 years ago but less than 10 ..................................................... □3
Before child was born ....................................................................................... □4

80
S37. What was the nature of your relationship with the Study Child’s mother when she became pregnant with the study child? (Please tick one box only).
- Married and living together ........................................ [□]
- Going out but not living together ................................ [□]
- Cohabiting / living as married ........................................ [□]
- Just friends .................................................................... [□]
- Separated ......................................................................... [□]
- No relationship ................................................................ [□]
- Divorced .......................................................................... [□]

S38. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?
- Formal ........................................................................... [□]
- Informal .......................................................................... [□]
- No custody arrangement .................................................. [□]

S39. Briefly describe that arrangement
______________________________________________________________________________________
______________________________________________________________________________________

S40. Do you and the Study Child’s mother have shared parenting of the Study Child on a regular basis?
- Yes ............................................................................ [□]
- No .............................................................................. [□]

S41. Please describe the nature of this shared parenting
_________________________________________________________________________________________
_________________________________________________________________________________________

S42. How far does the Study Child’s mother live from here?
- Within ½ hour’s drive from here ................................ [□]
- More than 1 hour’s drive from here ......................... [□]
- Between ½ and 1 hour’s drive from here ..................... [□]
- Outside the country .................................................... [□]

S43. How often does the Study Child have contact with his / her mother (incl. talking on the phone, texting, emailing etc.)?
- Daily ............................................................................ [□]
- Monthly ....................................................................... [□]
- Once or twice a week .................................................. [□]
- Less than once a month ............................................... [□]
- Weekly .......................................................................... [□]
- Less than once a year .................................................. [□]
- Every second week / weekend .................................... [□]
- Other (please specify) .................................................. [□]

S44. Does the Study Child’s mother make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.
- No, she never makes any payment ............................. [□]
- Yes, she makes a regular payment ............................... [□]
- Yes, she makes payments as required ....................... [□]

S45. How much does she pay per week / fortnight / month?
- €_________ per Week .................................................. [□]
- €_________ per Fortnight .............................................. [□]
- €_________ per Month .................................................. [□]

S46. About how much per year? €_________ per year

S47. How often do you talk to the Study Child’s mother about the Study Child?
- Every day .................................................................... [□]
- Several times a week .................................................. [□]
- About once a week ..................................................... [□]
- A few times a month .................................................... [□]
- Several times a year ..................................................... [□]
- Never ........................................................................... [□]

S48. How well do you get on with the Study Child’s mother? Would you say your relationship is?
- Very positive ................................................................ [□]
- Positive ........................................................................ [□]
- Neither positive nor negative ...................................... [□]
- Somewhat negative ..................................................... [□]
- Very negative .............................................................. [□]

S49. We would like to send a short questionnaire to the Study Child’s mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the Study Child’s mother?
- Yes ............................................................................ [□]
- No, I do not wish other parent to be contacted .......... [□]
- No, I do not have contact details for other parent ....... [□]

S50. What is your date of birth? (DD/MM/YYYY) ___________ (day) ___________ (mth) ___________ (yr)

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
Appendix O: Child Main Questionnaire
Welcome to the Growing up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

There are a number of questions which I will read out to you and which I would like you to answer. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that’s ok.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets?  Yes  No
Section A: School

1. What do you think about school?
<table>
<thead>
<tr>
<th>Always like it</th>
<th>Sometimes like it</th>
<th>Never like it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. How well do you think you are doing in your school work?
<table>
<thead>
<tr>
<th>Well</th>
<th>Average/Ok</th>
<th>Poorly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

3. Do you like the following subjects?
   a. Maths
      | Always like it | Sometimes like it | Never like it |
      |----------------|-------------------|--------------|
      | 1              | 2                 | 3            |
   b. Reading
      | Always like it | Sometimes like it | Never like it |
      |----------------|-------------------|--------------|
      | 1              | 2                 | 3            |
   c. Irish
      | Always like it | Sometimes like it | Never like it |
      |----------------|-------------------|--------------|
      | 1              | 2                 | 3            |

4. How often do you get homework?
<table>
<thead>
<tr>
<th>Never</th>
<th>1-2 times a week</th>
<th>3-4 times a week</th>
<th>Almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes) than:
   a. Most of your classmates
      | Better off | About the same | Worse off |
      |------------|----------------|----------|
      | 1          | 2              | 3        |
   b. Most of your neighbours
      | Better off | About the same | Worse off |
      |------------|----------------|----------|
      | 1          | 2              | 3        |
   c. Other families in Ireland
      | Better off | About the same | Worse off |
      |------------|----------------|----------|
      | 1          | 2              | 3        |
Section B: Food

6. We would like you to think back to what you ate yesterday. Did you eat the following?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>One Serving</th>
<th>More than one serving</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Fresh fruit</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Cooked vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Meat pie, hamburger, hot dog, sausage or sausage roll (any of these)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Chips or French fries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Crisps or savoury snacks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Biscuits, doughnuts, cake, pie or chocolate (any of these)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Cheese or yoghurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Fizzy drinks or diet drinks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Bread, Pasta, Rice, Cereal (any of these)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Section C: Activities

7. Which of the following have you done with your parents within the last week (tick yes or no in respect of each)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eaten together</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>b. Visited relations</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>c. Sat and watched TV</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>d. Chatted</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>e. Went to the park</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>f. Gone swimming</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>g. Played games at home – board games and so on</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>h. Played games outside</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>i. Read something together</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
8. Do you have a computer at home?  
   Yes.......  1  No.......  2  Go to Q12

9. Do you use it?  
   A lot.......  1  A little.....  2  Never .......  3  Go to Q12

10. What do you use it for?  
    (tick yes or no in respect of each)  
    Yes  No

   a. Playing games.................................................................  1 ........  2
   b. Chatrooms (Websites where you have live chats with friends).......  1 ........  2
   c. Watching movies/downloading music....................................  1 ........  2
   d. E-mailing ...........................................................................  1 ........  2
   e. Instant messaging (Live email and texts on the web)...............  1 ........  2
   f. Surfing the internet for fun...............................................  1 ........  2
   g. Doing homework .................................................................  1 ........  2
   h. Surfing the internet for school projects................................  1 ........  2

11. Are you allowed to use the internet without your parents or another adult checking what you are doing?  
    Yes.......  1  No...........  2

12. Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best.  
    Hanging out with friends .....................................................____  
    Chatting to friends on phone or computer ..............................____  
    Playing sport ........................................................................____  
    Watching TV ..........................................................................____  
    Playing computer games ......................................................____  
    Reading ..................................................................................____  
    Playing games outside ............................................................____  
    Listening to music ...................................................................____  
    Talking to your family .............................................................____  
    Something else (Please write it down) .......................................____
13. What is your favourite hobby or activity?

14. How often do you play sport?
Never 1-2 times a week 3-4 times a week Almost every day
1 Go to Q15 2 Go to Q16 3 Go to Q16 4 Go to Q16

15. Please tell us what is your MAIN reason for not playing sport?
[Pleas ce tick one box only]
You do not like team games ................................................................. 1
You are no good at games ................................................................. 2
You have no opportunities to play .................................................... 3
You feel people laugh at you because of your size ............................... 4
You have a disability which prevents you from playing ...................... 5
You prefer to watch sports on TV ....................................................... 6
You do not fit in with the sporty crowd .............................................. 7
You do not like to get dirty or sweaty ............................................... 8
You are not competitive .................................................................... 9
You prefer to play computer games .................................................. 10

16. How often do you take exercise (e.g. running, cycling, swim) for 20 minutes or more?
Never 1-2 times a week 3-4 times a week Almost every day
1 .................................. 2 .................................. 3 .................................. 4 .................................. 

17. How often do you read for fun (not for school)?
Every day .................................................................................. 1
A few times a week ................................................................. 2
Once a week ................................................................. 3
A few times a month ........................................................ 4
Less than once a month ..................................................... 5
Never ................................................................. 6
18. Do you have your own mobile phone? Yes ...... 1  No ...... 2

19. Below is a list of things that people do. Can you tell me which ones you would generally be expected to do for yourself:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Shower or bathe</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Make breakfast</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Get yourself up in the morning</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Make a packed lunch</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Make dinner</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Tidy your bedroom</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Make your bed</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

20. Do you do any of these chores at home?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Occasionally</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help with cooking for the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Hoovering / cleaning</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Helping in the garden</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Washing the dishes / Emptying the dishwasher</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Putting out the bin / recycling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Cleaning the car</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Helping with your younger brothers or sisters</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Helping an elderly or sick relative in the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

21a. Do you have a long term illness, disability or medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 Go to Q21b</td>
<td>2 Go to Q22</td>
<td>3 Go to Q22</td>
</tr>
</tbody>
</table>
21b. If yes, does your long term illness, disability or medical condition affect your attendance or participation at school?
Yes          No
1                2

22. How would you describe yourself?
Very skinny  A bit skinny  Just the right size  A bit overweight  Very overweight
1……………  2……………  3……………  4……………  5……………

23. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing. For this next section add up all the time you spent in physical activity each day.

Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day?

No days  1 day  2 days  3 days  4 days  5 days  6 days  7 days
0…………  1…………  2…………  3…………  4…………  5…………  6…………  7…………

Now we want to know about things you like and want to do!

Section D: Likes and Dislikes

24. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.
25. Think about the person whom you most admire. Who would that be?

Would it be: Please tick one only

A person on television (TV star)................................. 1
A film star .............................................................. 2
A teacher ................................................................. 3
A church leader ......................................................... 4
A footballer or sports star .......................................... 5
Mum or dad ............................................................... 6
A pop star / singer / rapper ........................................ 7
A politician ............................................................... 8
A footballer’s wife ...................................................... 9
Someone else (please write down who) ......................... 10

26. Can you finish off each of the 3 sentences with your own words?

a. The thing that makes me most happy is

b. I am most afraid of

c. I like living in Ireland because

27. Is there a pet in your family?    Yes ........ 1    No .......... 2

If you don’t have a pet then you are now finished the questionnaire.
If you do have a pet please answer two more questions

That is the end of this part of the interview.

Time Section Ended [ ] [ ] [ ] (24 hour clock)
28. **What pets do you have?** [Tick all that apply]

- Cat  
- Dog  
- Goldfish  
- Rabbit  
- Other (Please write down)

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

29. **What do you like best about your pet(s)?** (Tick all that apply)

- a. They are fun to be with........................................ 1
- b. I like to look after them ........................................ 2
- c. They make me feel loved ...................................... 3
- d. I like to feed them ............................................. 4
- e. I like to take them for walks ................................. 5
- f. I can talk to them ............................................... 6
- g. I like to cuddle them .......................................... 7

**That is the end of this part of the interview.**

Time Section Ended  [ ] [ ] [ ] [ ] (24 hour clock)
Appendix P: Child Supplementary Questionnaire
Instructions

Welcome to the Growing Up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

We would like you to complete the following questions in this answer booklet. Some of the questions are about where you live, your school and your family.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes ☐ No ☐
Section A: Where you live

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you like living around here?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Do you have plenty of friends to play with around here?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Are there good places to play near your house?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Do you think there is too much traffic near where you live?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Is there a green area for you to play near where you live?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Are the streets dirty around where you live?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Are there youth clubs near where you live?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Is there a playground near where you live?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>9. Do you think there is a lot of graffiti near where you live?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>10. Is there public transport to school (like a bus or train)?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>11. Are there activities to do after school around here?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>12. Are there places for children to play safely near your house?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>13. Are adults living around here usually nice to you?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14. Do you feel safe living around here?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>15. Are adults around here generally nice to children?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Section B: School

16. Do you look forward to going to school?
    
    Always     Sometimes     Never
    1           2            3

17. Do you like your teacher?
    
    Always     Sometimes     Never
    1           2            3
18. Thinking back over the last year would you say that you picked on someone (either a child or an adult)?

Yes........... 1  No....... 2  (If you have answered no, please skip to Question 20)

19. How did you pick on them?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By shoving, pushing, hitting</td>
<td>1</td>
</tr>
<tr>
<td>b. Name calling, slagging</td>
<td>1</td>
</tr>
<tr>
<td>c. Text messaging, emails, Bebo etc</td>
<td>1</td>
</tr>
<tr>
<td>d. Written messages / notes etc.</td>
<td>1</td>
</tr>
<tr>
<td>e. Leaving them out of games / chats</td>
<td>1</td>
</tr>
<tr>
<td>f. In other ways [please write it down]</td>
<td>1</td>
</tr>
</tbody>
</table>

20. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes........... 1  No....... 2  (If you have answered no, please skip to Question 22)

21. A. How did they pick on you?  

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By shoving, pushing, hitting</td>
<td>1</td>
</tr>
<tr>
<td>b. Name calling, slagging</td>
<td>1</td>
</tr>
<tr>
<td>c. Text messaging, emails, Bebo etc</td>
<td>1</td>
</tr>
<tr>
<td>d. Written messages / notes etc.</td>
<td>1</td>
</tr>
<tr>
<td>e. Leaving you out of games / chats</td>
<td>1</td>
</tr>
<tr>
<td>f. In other ways [please write it down]</td>
<td>1</td>
</tr>
</tbody>
</table>

21. B. If you were picked on, did this upset you?  

A lot     A little     Not at all
1           2           3
Section C: Family

22. Do you have brothers or sisters?  Yes .......... 1  No ............ 2

23. Do you get on with them?
   
   Always    Sometimes    Never
   1 .............. 2 .............. 3

24. If you have a problem who would you talk to about it?

   Please tick all the people you would talk to

   Mum    Dad    Mum's partner    Dad's partner    Teacher    Friends    Another relative (Who?)
   1 ........ 2 .............. 3 .............. 4: .............. 5 .............. 6 .............. 7

25. Can you tell me how often you have a say in what the family does (such as what to watch on TV, what to do at weekends, where to go on family outings or holidays)?

   Always    Sometimes    Never
   1 .............. 2 .............. 3

That is the end of this part of the questionnaire. The interviewer will now give you another part to complete.

Thank you for all your help.
Appendix Q: Child on Mum Questionnaire
We would now like to ask you some questions about your mum!

1. Do you think your mum encourages you to do well at school?
   - Always
   - Sometimes
   - Never
   1  2  3

2. How well do you get on with your mum?
   - Very well
   - Fairly well
   - You and your mum do not get on
   1  2  3

3. Here are some things you might think about your mum. Please tick the answer that suits you best.

   a. Does your mum really expect you to follow family rules?
      - Always
      - Sometimes
      - Never
      1  2  3

   b. Does your mum like you to tell her when you are worried?
      - Always
      - Sometimes
      - Never
      1  2  3

   c. Does your mum usually praise you for doing well?
      - Always
      - Sometimes
      - Never
      1  2  3

   d. Does your mum really let you get away with things?
      - Always
      - Sometimes
      - Never
      1  2  3
e. Does your mum punish you if you do not behave yourself?
   Always   Sometimes   Never
   1 .......................... 2 .......................... 3

f. Can you count on your mum to help you out if you have a problem?
   Always   Sometimes   Never
   1 .......................... 2 .......................... 3

g. Does your mum point out ways you could do better?
   Always   Sometimes   Never
   1 .......................... 2 .......................... 3

h. Does your mum spend time just talking to you?
   Always   Sometimes   Never
   1 .......................... 2 .......................... 3

i. Does your mum let you know when you do something wrong?
   Always   Sometimes   Never
   1 .......................... 2 .......................... 3

j. Do you and your mum do things together that are just for fun?
   Always   Sometimes   Never
   1 .......................... 2 .......................... 3

4. When you are bold how often does your mum?
   a. Explain to you what you have done wrong ......................... 1 .......................... 2 .......................... 3
   b. Ignore you .................................................. 1 .......................... 2 .......................... 3
   c. Smack you ................................................... 1 .......................... 2 .......................... 3
   d. Shout at you .................................................. 1 .......................... 2 .......................... 3
   e. Send you out of the room or to your bedroom ..................... 1 .......................... 2 .......................... 3
   f. Stop your treats or pocket money ................................... 1 .......................... 2 .......................... 3
   g. Give out to you .................................................. 1 .......................... 2 .......................... 3
   h. Offer you treats to be good ...................................... 1 .......................... 2 .......................... 3
   i. Ground you ...................................................... 1 .......................... 2 .......................... 3
Appendix R: Child on Dad Questionnaire
We would now like to ask you some questions about your dad!

1. Do you think your dad encourages you to do well at school?
   Always  Sometimes  Never
   1  2  3

2. How well do you get on with your dad?
   Very well  Fairly well  You and your dad do not get on
   1  2  3

3. Here are some things you might think about your dad. Please tick the answer that suits you best.

a. Does your dad really expect you to follow family rules?
   Always  Sometimes  Never
   1  2  3

b. Does your dad like you to tell him when you are worried?
   Always  Sometimes  Never
   1  2  3

c. Does your dad usually praise you for doing well?
   Always  Sometimes  Never
   1  2  3

d. Does your dad really let you get away with things?
   Always  Sometimes  Never
   1  2  3
e. Does your dad punish you if you do not behave yourself?
   Always       Sometimes       Never
   1 ..................  2 ..................  3

f. Can you count on your dad to help you out if you have a problem?
   Always       Sometimes       Never
   1 ..................  2 ..................  3

g. Does your dad point out ways you could do better?
   Always       Sometimes       Never
   1 ..................  2 ..................  3

h. Does your dad spend time just talking to you?
   Always       Sometimes       Never
   1 ..................  2 ..................  3

i. Does your dad let you know when you do something wrong?
   Always       Sometimes       Never
   1 ..................  2 ..................  3

j. Do you and your dad do things together that are just for fun?
   Always       Sometimes       Never
   1 ..................  2 ..................  3

4. When you are bold how often does your dad?
   a. Explain to you what you have done wrong
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   b. Ignore you
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   c. Smack you
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   d. Shout at you
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   e. Send you out of the room
      or to your bedroom
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   f. Stop your treats or pocket money
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   g. Give out to you
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   h. Offer you treats to be good
      Always       Sometimes       Never
      1 ..................  2 ..................  3
   i. Ground you
      Always       Sometimes       Never
      1 ..................  2 ..................  3
Appendix S: Child on Mum’s Partner Questionnaire
We would now like to ask you some questions about your step dad or your mum's boyfriend who lives at home with you.

1. Do you think he encourages you to do well at school?
   - Always
   - Sometimes
   - Never

2. How well do you get on with him?
   - Very well
   - Fairly well
   - You and him do not get on

3. Here are some things you might think about him. Please tick the answer that suits you best.
   a. Does he really expect you to follow family rules?
      - Always
      - Sometimes
      - Never
   b. Does he like you to tell him when you are worried?
      - Always
      - Sometimes
      - Never
   c. Does he usually praise you for doing well?
      - Always
      - Sometimes
      - Never
   d. Does he really let you get away with things?
      - Always
      - Sometimes
      - Never
e. Does he punish you if you do not behave yourself?
   Always  Sometimes  Never
   1 ..........................  2 ..........................  3

f. Can you count on him to help you out if you have a problem?
   Always  Sometimes  Never
   1 ..........................  2 ..........................  3

g. Does he point out ways you could do better?
   Always  Sometimes  Never
   1 ..........................  2 ..........................  3

h. Does he spend time just talking to you?
   Always  Sometimes  Never
   1 ..........................  2 ..........................  3

i. Does he let you know when you do something wrong?
   Always  Sometimes  Never
   1 ..........................  2 ..........................  3

j. Do you and him do things together that are just for fun?
   Always  Sometimes  Never
   1 ..........................  2 ..........................  3

4. When you are bold how often does he?
   Always  Sometimes  Never
   a. Explain to you what you 
      have done wrong ..........................  1 ..........................  2 ..........................  3
   b. Ignore you ..........................  1 ..........................  2 ..........................  3
   c. Smack you ..........................  1 ..........................  2 ..........................  3
   d. Shout at you ..........................  1 ..........................  2 ..........................  3
   e. Send you out of the room
      or to your bedroom ..........................  1 ..........................  2 ..........................  3
   f. Stop your treats or pocket money ....  1 ..........................  2 ..........................  3
   g. Give out to you ..........................  1 ..........................  2 ..........................  3
   h. Offer you treats to be good ..........  1 ..........................  2 ..........................  3
   i. Ground you ..........................  1 ..........................  2 ..........................  3
Appendix T: Child on Dad’s Partner Questionnaire
We would now like to ask you some questions about your step mum or your dad’s girlfriend who lives at home with you!

1. Do you think she encourages you to do well at school?
   Always  Sometimes  Never
   1  2  3

2. How well do you get on with her?
   Very well  Fairly well  You and her do not get on
   1  2  3

3. Here are some things you might think about her. Please tick the answer that suits you best.
   a. Does she really expect you to follow family rules?
      Always  Sometimes  Never
      1  2  3

   b. Does she like you to tell her when you are worried?
      Always  Sometimes  Never
      1  2  3

   c. Does she usually praise you for doing well?
      Always  Sometimes  Never
      1  2  3

   d. Does she really let you get away with things?
      Always  Sometimes  Never
      1  2  3
e. Does she punish you if you do not behave yourself?
   Always   Sometimes   Never
   1           2           3

f. Can you count on her to help you out if you have a problem?
   Always   Sometimes   Never
   1           2           3

g. Does she point out ways you could do better?
   Always   Sometimes   Never
   1           2           3

h. Does she spend time just talking to you?
   Always   Sometimes   Never
   1           2           3

i. Does she let you know when you do something wrong?
   Always   Sometimes   Never
   1           2           3

j. Do you and her do things together that are just for fun?
   Always   Sometimes   Never
   1           2           3

4. When you are bold how often does she?
   Always   Sometimes   Never
   a. Explain to you what you have done wrong ............... 1  ............... 2  ............... 3
   b. Ignore you ........................................ 1  ............... 2  ............... 3
   c. Smack you ........................................ 1  ............... 2  ............... 3
   d. Shout at you ....................................... 1  ............... 2  ............... 3
   e. Send you out of the room
      or to your bedroom ................................ 1  ............... 2  ............... 3
   f. Stop your treats or pocket money .... 1  ............... 2  ............... 3
   g. Give out to you .................................... 1  ............... 2  ............... 3
   h. Offer you treats to be good ...................... 1  ............... 2  ............... 3
   i. Ground you ....................................... 1  ............... 2  ............... 3
Appendix U: Non-Resident Parent Questionnaire
Growing Up in Ireland – national study of children
Strictly Confidential

Non Resident Parent Questionnaire

Area Code   Household Code   Date ____ day ____month ____year

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 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 a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child? ________ days ________ weeks ________months

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

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

Q4. How long does a typical contact occasion last? ________ days or ________hours

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

Nowhere near enough   Not quite enough   About right   A little too much   Way too much

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments ..............................................
Commitments to other family/new partner...........
Physical distance between self and child ..........
Other parent is uncooperative ..............................
Court-imposed custody rules.............................
Other .................................................................
Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>At your home</td>
</tr>
<tr>
<td>2</td>
<td>At the other parent’s home</td>
</tr>
<tr>
<td>3</td>
<td>At another relative’s home (e.g. child’s grandparents)</td>
</tr>
<tr>
<td>4</td>
<td>Recreational/amenity area (e.g. park, swimming pool)</td>
</tr>
<tr>
<td>5</td>
<td>Shopping centre /cinema /McDonald’s etc</td>
</tr>
<tr>
<td>6</td>
<td>Specific events (e.g. football match)</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

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

- Court-imposed arrangements
- Formal, negotiated arrangements other than legal (e.g. counsellor)
- Mutual arrangement with no third party negotiator
- No regular arrangements

Q9. Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing my child love and affection
- Taking time to play with my child
- Taking care of my child financially
- Giving my child moral and ethical guidance
- Making sure my child is safe and protected
- Teaching my child and encouraging his or her curiosity
- Other (specify)

Q10. Do you use any of the following to communicate with the study child? Please tick all that apply

- Landline phone
- Mobile phone
- Internet chat-room
- MSN Messenger or similar
- Email
- Other

Q11. How many hours of communication, outside of personal visits, do you have with the study child in a typical month? (Your best estimate is fine) ________ number of hours

Q12. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where ‘1’ is “excellent” and ‘5’ is “very poor”.

Excellent 1 2 3 4 5 Very Poor

Q13. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

<table>
<thead>
<tr>
<th>Task</th>
<th>Every day</th>
<th>At least once a week</th>
<th>At least once a month</th>
<th>Several times a year</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a meal for the child at home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Put the child to bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help the child with his/her homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take the child to doctor /dentist /hairdresser etc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take the child to or from school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q14. Do you pay anything directly towards the rent or mortgage due on the child’s home (i.e. the house or apartment where the child resides with his or her mother, NOT your own home)?

Yes, I pay the full amount due ........................................... 
Yes, I pay a contribution ...............................................
No, I don’t pay towards the rent or mortgage directly ............ 
There is no rent or mortgage owing on the home ..............

Q15. If you pay all or part of the mortgage or rent, how much do you pay per month?

€ __________ Per month

Q16. Do you provide financial support to the child’s mother (other than a direct rent or mortgage payment)?

Never ...............................................
Yes .......... b REGULAR payment of €___________ per month (excluding direct rent/mortgage payment)
Yes .......... b an IRREGULAR payment, as required (e.g. back to school) to the approximate value of 
€ __________ per year

Q17. If you give a regular payment as in Q16 above, how did you decide on the amount/schedule? (Please tick one box only)

Your decision ...............................................
Mutual agreement with mother ......................... b
Legally imposed arrangement ................................

Q18. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never ...............................................
Yes, occasionally ......................................... b
Yes, frequently ........................................... b

Q19. What was the status of your relationship with the study child’s mother when she became pregnant with the study child? (Please tick one box only).

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

Q20. What age was the study child when you separated or split up with the study child’s mother for the first time?

AGE ________ years and ________ months  OR  Separated before birth ...............................................

Q21. Are you named on the study child’s birth certificate?

Yes ............................................... b
No ............................................... b
Not sure ...............................................

Q22. If you have never been married to the Study Child’s mother have you ever applied for guardianship of Study Child?

No ............................................... b
Yes, through mother only ........................................... b
Yes, through court ........................................... b

Q23. If yes, was this application successful?

Yes ............................................... b
No ............................................... b
Ongoing ...............................................

Q24. How often do you talk about the Study Child with the Study Child’s mother?

Every day ...............................................
Several times a week ...............................................
About once a week ...............................................
A few times a month ...............................................
Several times a year ...............................................
Not at all ...............................................

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Q25. How well do you get on with the Study Child’s mother? Would you say your relationship is . . .?

Very positive  Somewhat positive  Neutral  Somewhat negative  Very negative

Q26. Often parents have to make major decisions concerning the child, such as about education. Please indicate the degree of influence you feel you have in major decisions concerning the study child’s:

A lot of influence  Some influence  No influence

Discipline

Health care

Education

Values and attitudes

Finally, we just have a few questions about you.

Q27. What is your date of birth?

Day  Month  Year

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

Q29. How would you describe your current employment status?

Working for payment or profit  Retired from employment

Looking for first regular job  Unable to work due to permanent sickness or disability

Student or pupil  Other (please specify)

Looking after home/family

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

___________________________________________________________________________________________________

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

No formal education  Certificate

Primary  Diploma

Junior Cert. or equivalent  Degree

Leaving Cert. or equivalent  Postgraduate Degree

Trade Qualification

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

Single  Separated

First marriage (or cohabitation)  Divorced

Remarried (or cohabitating) following Widowed

Divorce  Remarried (or cohabitating) following Widowhood

Q33. Are you currently living with a partner?

Yes  No

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None  ______ by same parent as Study Child  ______ by a different partner(s)

Q36. What is your nationality?

___________________________________________________________________________________________________

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

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

Excellent  Very good  Good  Fair  Poor

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000
Appendix V: Centre-Based Carer Questionnaire
**GROWING UP IN IRELAND – national study of children**

**Strictly Confidential – CENTRE-BASED CARE**

Area Code [ ] [ ] [ ] Centre Code [ ] [ ] [ ] Date ___ day ___month ___year

**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 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 things about the study child in particular.

Q1. How long has the study child been attending this centre? _______ years _______ months _______ weeks

Q2. How many hours per week does the study child attend the centre? _______ hours

Q3. How many days per week does the study child attend the centre? _______ days

Q4. Compared with other children, do you think this child is . . . ?

- Much easier to get on with than average …………
- More difficult to get on with than average  ………
- Easier to get on with than average..……............................
- Much more difficult to get on with than average.. .
- About average ……………………………

Q5. We would like to know how the study child spends his or her time while in the centre’s care. There follows a list of activities that a 9 year-old might engage in. Please indicate how often he or she participates in each activity.

<table>
<thead>
<tr>
<th>Activity</th>
<th>All of the time</th>
<th>Frequently</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching television/videos/DVD's</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Using a computer</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Reading</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Doing homework</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Playing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q6. 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
- Her easy nor difficult
- Somewhat difficult
- Very difficult

We would also like some general information about the care centre.

Q7. Are you registered with the Health Service Executive?

- Yes ……………………
- No ……………………
- Not sure ………………

Q8. On a typical day, how many children are in the centre (excluding study child)? _______ no. of children

Q9. What ages are these children? (Please indicate the number of children in these age categories)

<table>
<thead>
<tr>
<th>Age Range</th>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 11 months</td>
<td></td>
</tr>
<tr>
<td>1- 3 years</td>
<td></td>
</tr>
<tr>
<td>4-6 years</td>
<td></td>
</tr>
<tr>
<td>7-9 years</td>
<td></td>
</tr>
<tr>
<td>10 - 12 years</td>
<td></td>
</tr>
<tr>
<td>12 years and over</td>
<td></td>
</tr>
</tbody>
</table>

Q10. 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 ……………………
- No ……………………
- Sometimes ………………

Q11. How many children in the centre (excluding the study child) are from a non-English speaking family background? _______ children

Q12. How many children in the centre (excluding the study child) have a mental or physical disability? _______ children

Q13. How many staff (whole-time equivalents) are employed in the centre to look after the children (do not include administrative or maintenance staff, etc)? _______ no. of staff

Q14. How many of these staff have a formal childcare qualification? _______ no. of staff
Q15. We would like you to think about the facilities that are available to the Study Child attending the centre. A list of suggestions is given below. Please tick all that are currently available to him/her.

- Supervised outdoor play
- Internet
- Sports equipment (footballs, trampolines, etc)
- Musical equipment
- Educational toys (e.g. meccano, etc)
- Pretend play items
- Television/video/DVD
- Other (please specify)

Q16. How many children’s books are available to children to read/look at? Do you estimate

- None
- Less than 10
- Between 10 and 20
- More than 30
- 21 – 30

Q17. Are parents allowed to leave sick children into the centre?

- Never
- Rarely
- Frequently
- Always

Q18. Are you (a) the Director of the centre (b) an employee of the centre

Q19. What is your date of birth?

Day   Month   Year

Q20. Are you?

- Male
- Female

Q21. What is your nationality?

____________________________

Q22. Which of the following best describes the type of care your centre provides?

- After-school supervision
- Study group/homework club
- Other (please specify)
- Youth centre
- Other

Q23. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori)?

- No formal qualification
- Certificate
- Diploma
- Degree
- Postgraduate Degree
- Special needs assistance
- Speech and language therapy
- Nursing
- Other

Q24. Please indicate the subject area in which the qualification was obtained:

- Childcare
- National school teaching
- Other education
- Child psychology/development
- Nutrition/Diet
- Sign language
- Special needs assistance
- Speech and language therapy
- First aid
- Other

Q25. When did you receive this qualification?

Year: ______

Q26. Have you undertaken any other training relevant to caring for children? Tick all that apply

- Childcare
- National school teaching
- Other education
- Child psychology/development
- Nutrition/Diet
- Sign language
- Special needs assistance
- Speech and language therapy
- Nursing
- Other
- First aid

Q27. Is caring for children your main occupation?

- Yes
- No

Q28. If no, please describe your main occupation as fully as possible

________________________________________________________________________________________

Q29. How many hours do you work each week in child care?

__________ hours

Q30. How long have you worked in this particular care centre?

_______ years _______ months

Q31. Overall, are you happy working in childcare?

Very Happy Happy Neither happy or Unhappy Unhappy Very unhappy

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
Pleased return the completed questionnaire in the enclosed pre-paid envelope.
Appendix W: Home-Based Carer Questionnaire
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 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?

Grandmother ……………………….□1
Grandfather ……………………...□2
Other relative ………………………□3
Friend of parent …………………□4
Neighbour ………………………□5
Nanny/au pair ………………….□6
Registered childminder ………..□7
Unregistered childminder ………□8

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child’s home)?

Yes …………….□1
No ……………..□2

Q3. Do you care for the study child in his / her own home, in your home or somewhere else?

Study Child’s home…………………….............................................□1
My own home …..............................................................□2
Somewhere else (please specify where) ______________________□3

Q4. How long have you been caring for the study child? __________ years _________ months ___________ weeks

Q5. How many hours per week do you care for the study child? ___________ hours

Q6. How many days per week do you care for the study child? ___________ days

Q7. We would like to know how the study child spends his or her time while in your care. There follows a list of activities that a 9 year-old might engage in. Please indicate how often he or she participates in each activity.

All the time Frequently Occasionally Rarely Never

Watching television/videos/DVD’s □1 □2 □3 □4 □5
Using a computer □1 □2 □3 □4 □5
Reading □1 □2 □3 □4 □5
Doing homework □1 □2 □3 □4 □5
Playing □1 □2 □3 □4 □5

Q8. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult

□1 □2 □3 □4 □5

Q9. On a typical day, how many children are in your care (excluding the study child, but including your own children)? ___________ children

Q10. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

0 – 11 months ……………………□1
1- 3 years ………………………□2
4-6 years ………………………□3
7-9 years ………………………□4
10 - 12 years …………………..□5
12 years and over …………..□6
Q11. When you are minding the Study Child how many children’s books are available to the study child to read/look at? Do you estimate….

None............................................................ □
Less than 10................................................ □
Between 10 and 20 ................................... □
21 – 30 ........................................................ □
More than 30 ............................................. □

Q12. Do you look after the study child when he or she is sick?

Never ................ □  Rarely ............... □  Frequently ................... □  Always ............... □

Finally, we would like to know some things about you.

Q13. What is your date of birth?

Day         Month                    Year

Q14. What is your gender?

Male ..................□  Female…………....□

Q15. What is your nationality?

________________________________________

Q16. Which of the following best describes your current employment status?

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

Q17. Is caring for children your main occupation?

Yes .............□  No .............□

Q18. If no, please tell us your main occupation using precise terms (e.g. ‘national school teacher’ instead of ‘teacher’).

__________________________________________________________________________________

Q19. What is the highest level of education that you have completed?

No formal education ................................. □  Certificate ........................................ □
Primary ............................................. □  Diploma ........................................... □
Junior Cert. or equivalent ..................... □  Degree ............................................. □
Leaving Cert. or equivalent .................. □  Postgraduate Degree ..................... □

Q20. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

No.......................................................... □
Yes, certificate level of less than one year’s duration .................................. □
Yes, certificate level or above of greater than one year’s duration .................. □

Q21. Have you undertaken any other training relevant to caring for children? Tick all that apply

Childcare ........................................... □  Special needs assistance ..................... □
National school teaching ........................ □  Speech and language therapy .................. □
Other education .................................. □  Nursing ........................................... □
Child psychology/development ............. □  Other ............................................. □
Nutrition/Diet ..................................... □  First aid ......................................... □
Sign language ...................................... □

Q22. How long have you worked in a childcare situation?  ___________ years  ___________ months

Q23. How many hours do you work each week in childcare? ________________ hours

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
Please return the completed questionnaire in the enclosed pre-paid envelope.
If you have any queries about this project please phone
The Growing Up in Ireland team at 01-8632000
Appendix X: Time-Use Diary
T1. Would you describe the diary day as: [Tick all that apply]

- An ordinary day
- A holiday or family celebration
- A school holiday
- A family member was away from home
- One of the Study Child’s parents was ill
- The Study Child was ill
- A parent took some time off work
- We had guests staying with us
- The family dealt with a crisis

T2. When did you fill in the diary? Please tick (✓) one box.

Now and then during the diary day......................
At the end of the diary day.............................
The day after the diary day............................
Later............................................................
T3. About how many days after? ________ days after

T4. Did you complete it with Study Child?  
Yes  ..........✓  
No ............□

PLEASE RETURN THIS COMPLETED TIMEUSE DIARY IN THE ENCLOSED PRE-PAID ENVELOPE TO THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE (ESRI).

THE ASSISTANCE OF YOU AND YOUR FAMILY IN THE GROWING UP IN IRELAND PROJECT IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST ALL CHILDREN IN IRELAND OVER THE COMING YEARS.

GROWING UP IN IRELAND – the national longitudinal study of children

Time Use Diary

STRICTLY CONFIDENTIAL

As part of the Growing Up in Ireland project we would like to record details on how 9-year old children in Ireland spend their time.

We would like you to complete the enclosed time-use diary with the Study Child as shown by the interviewer. Simply mark the booklet to indicate what the Study Child was doing for each quarter hour in the day. To do this draw an arrow through the relevant 15 minute slots to indicate what the Study Child was doing.

If a child was engaged in a number of activities in any given 15-minute time period we would like you to record their MAIN activity – for example if the child was watching TV and also eating a snack and you consider his/her main activity to be watching the TV at that time then record this in row 15 – Watching TV and Videos/DVDs rather than in row 4 on Eating/Drinking.

Once again we would like to assure you that all of the information provided will be treated in the strictest confidence and will not be released in any way which could be associated with your name or address.

Day on which we would like this diary to be completed:

DAY________________________ DATE______________
<table>
<thead>
<tr>
<th>Activity</th>
<th>am</th>
<th>pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>00.00 am</td>
<td>01.00 am</td>
</tr>
<tr>
<td></td>
<td>15 30 45</td>
<td>15 30 45</td>
</tr>
<tr>
<td>1. SLEEPING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. RESTING/RELAXING (doing nothing, &quot;time out&quot;)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. PERSONAL CARE (washing, dressing, toilet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. EATING/DINKING/HAVING A MEAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. TRAVELLING TO AND FROM SCHOOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. OTHER TRAVELLING (incl. leisure and domestic trips; drop to games, matches etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. AT SCHOOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. HOMEWORK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet, dance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. PLAYING BOARD GAMES, CARDS etc (card games, snakes &amp; ladders, Monopoly, Trivial Pursuit etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. GENERAL PLAY (with toys, dolls, cars etc; dressing up, playing house, imaginary or make believe games)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. COMPUTER/INTERNET /PLAY STATION / X-BOX etc. (playing on computer, with computer games)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. EMAIL / BEO / MSN / TEXTING / THE PHONE (contacting, messaging friends or others)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. WATCHING TV AND VIDEOS/DVDS etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. READING BOOKS, COMICS, MAGAZINES etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. HOUSEHOLDchores / HOUSEWORK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. VISITS TO A RELATIVE’S HOUSE FOR PURPOSES OTHER THAN PLAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. ON A FAMILY OUTING (a trip out as a family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. RELIGIOUS ACTIVITY (attending religious services, prayer etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. NOT SURE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>pm</th>
<th>am</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.00 noon</td>
<td>01.00 pm</td>
</tr>
<tr>
<td></td>
<td>15 30 45</td>
<td>15 30 45</td>
</tr>
<tr>
<td>1. SLEEPING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. RESTING/RELAXING (doing nothing, &quot;time out&quot;)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. PERSONAL CARE (washing, dressing, toilet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. EATING/DINKING/HAVING A MEAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. TRAVELLING TO AND FROM SCHOOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. OTHER TRAVELLING (incl. leisure and domestic trips; drop to games, matches etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. AT SCHOOL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. HOMEWORK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet, dance)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>11. GENERAL PLAY (with toys, dolls, cars etc; dressing up, playing house, imaginary or make believe games)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc)</td>
<td></td>
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</tr>
<tr>
<td>13. COMPUTER/INTERNET /PLAY STATION / X-BOX etc. (playing on computer, with computer games)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. EMAIL / BEO / MSN / TEXTING / THE PHONE (contacting, messaging friends or others)</td>
<td></td>
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</tr>
<tr>
<td>15. WATCHING TV AND VIDEOS/DVDS etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. READING BOOKS, COMICS, MAGAZINES etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. HOUSEHOLD chores / HOUSEWORK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. VISITS TO A RELATIVE’S HOUSE FOR PURPOSES OTHER THAN PLAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. ON A FAMILY OUTING (a trip out as a family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. RELIGIOUS ACTIVITY (attending religious services, prayer etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. NOT SURE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

/OVER
Appendix Y: Mother / Lone Father Questionnaire, Twin Module
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. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child’s school. You signed a consent form saying that you would be happy to participate in the study.

We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself.

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

A0. Person number of twin covered by this questionnaire (from household register – main survey) 

Respondent code of twin

A1. Are you the parent / guardian of the <Study Child's twin> who usually provides the most care to him / her.

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

A2. Int: Record gender of parent 1

Male ............. □1  Female ............. □2

A3. [Show Card A3] Which of the following best describes your relationship with <the Study Child’s twin>?

[Interviewer use codes only]

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

A4. Does <Study Child> go to the same school as twin?

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

If not, name and address of school this child attends:

________________________________________________________________________

________________________________________________________________________

A4. Are the twins:

Identical ................. □1  Fraternal ................. □2  Not sure ................. □3
Note: By identical we mean that both babies came from a single egg that separated after fertilisation (they would have identical DNA); by fraternal we mean that each baby came from different eggs that were fertilised at the same time (DNA would be similar but not identical).

A5. Can the following people usually tell the twins apart?

<table>
<thead>
<tr>
<th>Always/most of the time</th>
<th>Sometimes</th>
<th>Never/hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other people</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A6. At what age did you first start to notice differences, if any, between the twins in terms of . . .?

- **Height**
  - ____ years or ____ months
  - OR No difference
- **Weight**
  - ____ years or ____ months
  - OR No difference
- **Facial features**
  - ____ years or ____ months
  - OR No difference
- **Voice**
  - ____ years or ____ months
  - OR No difference
- **Personality**
  - ____ years or ____ months
  - OR No difference

A7. Which twin was born first? __________ (child’s first name only)

A8. Were the twins a result of fertility treatment?

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

A8a. If yes, please specify the type of fertility treatment ___________________________

A9. Are you personally a twin (or triplet)?

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

A10. Have you had any other multiple births?

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

A11. Have any of the following women in your family had multiple births? (Tick all that apply)

<table>
<thead>
<tr>
<th>Your mother</th>
<th>Twins’ father’s mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your maternal grandmother</td>
<td>Twins’ father’s maternal grandmother</td>
</tr>
<tr>
<td>Your paternal grandmother</td>
<td>Twins’ father’s paternal grandmother</td>
</tr>
<tr>
<td>Other close blood relative (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

A12. Compared to typical siblings of a similar age, would you say that the twins’ relationship is?

<table>
<thead>
<tr>
<th>Much closer</th>
<th>Somewhat closer</th>
<th>About the same</th>
<th>Somewhat more distant</th>
<th>Much more distant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A13. Please complete the following sentences:

a) The most challenging thing about parenting twins is: __________________________________________

b) The most rewarding thing about parenting twins is: __________________________________________
B. CHILD’S HEALTH

B1. How much did the <Study Child’s twin> weigh at birth? _____Pounds _____Ounces OR _____Kilos _____Grams Don’t know ☐

B2. [Show Card B2] Was the <Study Child’s twin> born late, on time or early?

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

B3. [Show Card B3] What was the mode of delivery? [Int. Use codes only]

A. Normal birth .................. ☑
B. Suction assisted birth .................. ☑
C. Forceps assisted birth .................. ☑
D. Elective Caesarean .................. ☑
E. Emergency Caesarean .................. ☑
F. Other [please specify] .................. ☑
Don’t Know .................. ☑

B4a. Did the <Study Child’s twin> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes .................. ☑
No .................. ☑
Don’t know .................. ☑

B4b. How old was Study Child when he/she came home from hospital (or special care)?

Less than 1 week .................. ☑
1-4 weeks .................. ☑
5-8 weeks .................. ☑
9-12 weeks .................. ☑
3-6 months .................. ☑
7-12 months .................. ☑
More than 12 months .................. ☑
Don’t Know .................. ☑

B5. Was the <Study Child’s twin> ever breastfed, even if only for a short time?

Yes .................. ☑
No .................. ☑
Don’t know .................. ☑

B6. For how many months was the Study Child breastfed? _______ monthsDK / Can’t Remember... ☑

B7. [Show Card B7] In general, how would you describe the <Study Child’s twin> health in the past year?

(a) In the past year

Very healthy, no problems .................. ☑
Healthy, but a few minor problems .................. ☑
Sometimes quite ill .................. ☑
Almost always unwell .................. ☑

(b) In the past year

Very healthy, no problems .................. ☑
Healthy, but a few minor problems .................. ☑
Sometimes quite ill .................. ☑
Almost always unwell .................. ☑

B8. Does the <Study Child’s twin> have any on-going chronic physical or mental health problem, illness or disability?

Yes .................. ☑
No .................. ☑

B9. What is the nature of this illness or disability? Please describe as fully as possible. [Int please record diagnosis, not symptoms of the problem]

_____________________________________________________________________________________
_____________________________________________________________________________________

B10. Since when has the <Study Child’s twin> had this illness or disability? ________ (mth) _____(year)

B11. Is the <Study Child’s twin> hampered in his/her daily activities by this physical or mental health problem?

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

B12. In addition to what we have just discussed has the <Study Child’s twin> ever at any time in the past had any chronic physical or mental health problem, illness or disability?

Yes .................. ☑
No .................. ☑

B13. What was the nature of this illness or disability? Please describe as fully as possible.

[Int please record diagnosis, not symptoms of the problem]
_____________________________________________________________________________________
_____________________________________________________________________________________

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B14. Most children have accidents at some time. Has the <Study Child’s twin> ever had an accident or injury that required hospital treatment or admission?

Yes ............

No ............

B15. How many separate accidents has the <Study Child’s twin> ever had that required hospital treatment or admission?

_____________ accidents

B16. How many of these accidents involved bone fractures or breaks?

_____________

C. CHILD’S USE OF HEALTH SERVICES

C1. About how many nights has the <Study Child’s twin> spent in hospital over his/her lifetime? [Int. if none, write none]

________ nights

C2. In the last 12 months how visits has <Study Child’s twin> made to the A&E (Accident and Emergence) department of a hospital?

________ visits

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the physical, emotional or mental health of the <Study Child’s twin>?

N times

None

Don’t know

Refused

A general practitioner (GP)

b)
The necessary medical care wasn’t available or accessible to you
c)
The child refused / fear of doctor
d)\Still on the waiting list

g)\Other (specify)

C4. Was there any time in the last 12 months when, in your opinion, the <Study Child’s twin> needed a medical examination or treatment for a health problem but he/she did not receive it?

Yes ............

No ............

Don’t know

Refused

C5. Why did the <Study Child’s twin> not get the medical care or treatment? Was this because

Yes

No

a)\You couldn’t afford to pay

b)\The necessary medical care wasn’t available or accessible to you
c)\You could not take time off work to visit the doctor
d)\Wanted to wait and see if the problem got better
e)\Child refused / fear of doctor

f)\Still on the waiting list
g)\Other (specify)

C6. Was there any time in the last 12 months when, in your opinion, the <Study Child’s twin> needed a dental examination or treatment but he/she did not receive it?

Yes ............

No ............

Don’t know

Refused

C7. Why did the <Study Child’s twin> not get the dental care or treatment? Was this because

Yes

No

a)\You couldn’t afford to pay

b)\The necessary dental care wasn’t available or accessible to you
c)\You could not take time off work to visit the dentist
d)\Wanted to wait and see if the problem got better
e)\Child refused / fear of dentist

f)\Still on the waiting list
g)\Other (specify)

C8. Does the <Study Child’s twin> brush his/her teeth at least once per day?

Yes ............

No ............
C9. Which of the following best describes how regularly the <Study Child’s twin> visits the dentist?

- At least once a year .............................................. [1]
- Only when there is a problem ............................................. [4]
- Once every two years ................................................. [2]
- Never/Almost never ..................................................... [5]

C10. Does the <Study Child’s twin> currently or at any time in the past have / had any sort of sight problem requiring correction?

- Yes, currently ......................................................... [1]
- Yes, in the past ......................................................... [2]
- No ................................................................. [3]

C11. [Show Card C11] Has the <Study Child’s twin> ever been given any treatment for the problem? If so, what?

[Int. Tick all that apply]

- Laser treatment ................................. [1]
- Glasses ........................................... [4]
- Surgical operation .......................... [2]
- Other, please specify ....................... [5]
- Patch ................................................. [3]
- No treatment ........................................... [6]

C12. Does the <Study Child’s twin> currently or at any time in the past have / had any sort of hearing problem requiring correction?

- Yes, currently ......................................................... [1]
- Yes, in the past ......................................................... [2]
- No ................................................................. [3]

C13 [Show Card C13] Has the <Study Child’s twin> ever been given any treatment for the problem? If so, what?

[Int. Tick all that apply]

- Hearing aid .................................................. [1]
- Grommets .................................................. [2]
- Cochlear implant ............................................ [3]
- Other, please specify ....................... [4]
- No treatment ................................................. [5]

C14. Do you have any concerns about how the <Study Child’s twin> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

- No ................................................................. [1]
- Yes, a little ................................................. [2]
- Yes, a lot ......................................................... [3]
- Don’t know .................................................. [4]

C15. [Show Card C15] In which areas does child have difficulties? What speech problems does the Study Child have? [Int. Tick all that apply. If child present use codes only]

- A. Reluctant to speak .................................................. [1]
- B. Speech not clear to the family ..................................... [2]
- C. Speech not clear to others .......................................... [3]
- D. Difficulty finding words ............................................ [4]
- E. Difficulty putting words together ................................ [5]
- F. Voice sounds unusual ............................................. [6]
- G. Stutters, stammers or lisps ........................................ [7]
- H. Lisps ............................................................. [8]
- I. Other ............................................................... [9]
- J. Don’t know ...................................................... [99]

C16. Does the <Study Child’s twin> usually require ongoing support to be able to move around?

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

C17. What supports does the <Study Child’s twin> require? [Int. Tick all that apply]

- Braces ......................................................... [1]
- Crutches ....................................................... [2]
- A stick .......................................................... [3]
- Wheelchair ..................................................... [4]

C18. Does the <Study Child’s twin> need the help of another person to get around in the wheelchair?

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

C19. Is <Study Child’s twin> right or left-handed? Right handed ............ [1]

Left handed ............ [2]
### D. CHILD’S DIET AND EXERCISE

**D1. [Show Card D1]** In the last 24 hours has the <Study Child’s twin> had the following foods and drinks once, more than once, or not at all?

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

**D2. If codes 19 or 20 are 1 or 2 ask: Approximately, how much milk did the <Study Child’s twin> drink in the last 24 hours?**

- Up to ½ pint: 1
- ½-1 pint: 2
- 1-1½ pints: 3
- More than 1½ pints: 4
- Don’t know: D
- K

**D3. Does the <Study Child’s twin> usually have something to eat before school?**

- Yes: 1
- No: 2

**D4. Which of the following does he/she usually eat?** [Int. Tick all that apply]

<table>
<thead>
<tr>
<th>Food Type</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toast / Bread</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Porridge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooked breakfast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yoghurt / Cheese</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D5. Does the <Study Child’s twin> usually have a meal in the evening during the week?**

- Yes: 1
- No: 2

**D6. Who would usually eat with the <Study Child’s twin> at that meal?** [Int. Tick all that apply]

- Father: 1
- Mother: 2
- Brothers / Sisters/ other children in the household: 3
- Other relatives: 4
- Other unrelated adults (childminder, nanny etc): 5
- Friend(s): 6
- Someone else (specify): 7
- No one / child eats alone: 8

**D7. Does the <Study Child’s twin> usually sit at a table for this meal?**

- Yes: 1
- No: 2

**D8. Is <Study Child’s twin> on any type of special diet e.g. vegetarian, vegan, coeliac etc.?**

- No: 1
- Yes, vegetarian: 2
- Yes, vegan: 3
- Yes, coeliac: 4
- Yes, other (specify): 5

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]
**D9. [Show Card D9] Do you think the <Study Child’s twin> is:**

<table>
<thead>
<tr>
<th>Underweight</th>
<th>Slightly underweight</th>
<th>About right weight</th>
<th>Slightly overweight</th>
<th>Moderately overweight</th>
<th>Very overweight</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

**D10. [Show Card D10] How many times in the past 14 days has the <Study Child’s twin> done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.**

<table>
<thead>
<tr>
<th>Exercise Days</th>
<th>None</th>
<th>1 to 2 days</th>
<th>3 to 5 days</th>
<th>6 to 8 days</th>
<th>9 or more days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**D11. [Show Card D11] How many times in the past 14 days has the <Study Child’s twin> done at least 20 minutes of light exercise that was not hard enough to make his / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.**

<table>
<thead>
<tr>
<th>Exercise Days</th>
<th>None</th>
<th>1 to 2 days</th>
<th>3 to 5 days</th>
<th>6 to 8 days</th>
<th>9 or more days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**D12. How far away is the school from the <Study Child’s twin>’s home (one-way distance)?**

<table>
<thead>
<tr>
<th>Distance</th>
<th>Less than ½mile (1km)</th>
<th>½ to 1 mile (1-2km)</th>
<th>1-5 miles (2-8km)</th>
<th>More than 5 miles away (8km)</th>
<th>Attends boarding school</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**D13. How does the <Study Child’s twin> usually (a) go to school and (b) come home from school?**

[Int tick one box in Col A and B]

<table>
<thead>
<tr>
<th>A. Going</th>
<th>B. Coming home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. He/she walks</td>
<td>1</td>
</tr>
<tr>
<td>2. By public transport</td>
<td>1</td>
</tr>
<tr>
<td>3. School bus/coach</td>
<td>1</td>
</tr>
<tr>
<td>4. By car</td>
<td>1</td>
</tr>
<tr>
<td>5. Rides a bicycle</td>
<td>1</td>
</tr>
<tr>
<td>6. Other (please describe)</td>
<td>1</td>
</tr>
</tbody>
</table>

**D14. How long does it usually take the <Study Child’s twin> (a) to go to school (b) to come home from school?**

[Int. tick one box on Col A and Col B]

<table>
<thead>
<tr>
<th>A. Going</th>
<th>B. Coming home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 mins</td>
<td>1</td>
</tr>
<tr>
<td>5-less 10 mins</td>
<td>2</td>
</tr>
<tr>
<td>10-less 20 mins</td>
<td>3</td>
</tr>
<tr>
<td>20-less 30 mins</td>
<td>4</td>
</tr>
<tr>
<td>30 mins or more</td>
<td>5</td>
</tr>
</tbody>
</table>
**G. CHILD’S ACTIVITIES**

**G1. [Show Card G1]** On a normal weekday during term time, how many hours does the <Study Child’s twin> spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Less than an hour</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>1 hour to less than 3 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>3 hours to less than 5 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>5 hours to less than 7 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>7 hours or more</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

**G2. [Show Card G2]** On a normal weekday during term time, about how many hours does the <Study Child’s twin> spend reading for pleasure? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Less than an hour</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>1 hour to less than 3 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>3 hours to less than 5 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>5 hours to less than 7 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>7 hours or more</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

**G3. [Show Card G3]** On a normal weekday, during term-time, about how much time does the <Study Child’s twin> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in class.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Less than an hour</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>1 hour to less than 3 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>3 hours to less than 5 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>5 hours to less than 7 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>7 hours or more</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

**G4. [Show Card G4]** On a normal weekday, during term-time, about how much time does the <Study Child’s twin> spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in class.

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>Less than an hour</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>1 hour to less than 3 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>3 hours to less than 5 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>5 hours to less than 7 hours</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>7 hours or more</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

**G5.** Does the <Study Child’s twin> have the following in his/her bedroom?

- Television
- Computer or laptop
- Video/DVD player
- Games console (playstation etc...)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

**G6.** On an average week how much money would you say you give the <Study Child’s twin> to spend him/herself? €

---

**H. CHILD’S EMOTIONAL HEALTH AND WELL-BEING**

**H1. [Show Card H1]** Looking at this card, has the <Study Child’s twin> ever experienced any of the following, at any time in their life? [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

A. Death of parent(s) .......................................................... ☐
B. Death of close family member (please specify) .................. ☐
C. Death of close friend ..................................................... ☐
D. Divorce/separation of parents ........................................ ☐
E. Moving house ............................................................. ☐
F. Moving country ........................................................... ☐
G. Stay in foster home/ residential care .............................. ☐
H. Serious illness/injury ................................................... ☐
I. Serious illness/injury of a family member .......................... ☐
J. Drug taking/alcoholism in immediate family ........................ ☐
K. Mental disorder in immediate family .............................. ☐
L. Conflict between parents ............................................. ☐
M. Parent in prison ......................................................... ☐
N. Other disturbing event (please specify) ........................... ☐
H2. [Show Card H2] I am going to read a number of statements which could be used to describe the child’s behaviour over the past six months. Please tell me whether or not you consider each to be ‘not true’, ‘somewhat true’ or ‘certainly true’. Use answers A, B, C and so on as on the card if you like.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Considerate of other people’s feelings</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Restless, overactive, cannot stay still for long</td>
<td></td>
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<tr>
<td>C. Often complains of headaches, stomach aches or sickness</td>
<td></td>
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<tr>
<td>D. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
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<tr>
<td>E. Often has temper tantrums or hot tempers</td>
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<tr>
<td>F. Rather solitary, tends to play alone</td>
<td></td>
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<td></td>
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<tr>
<td>G. Generally obedient, usually does what adults request</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Many worries, often seems worried</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Helpful if someone is hurt, upset or feeling ill</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>J. Constantly fidgeting or squirming</td>
<td></td>
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</tr>
<tr>
<td>K. Has at least one good friend</td>
<td></td>
<td></td>
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<tr>
<td>L. Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>M. Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>N. Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>O. Easily distracted, concentration wanders</td>
<td></td>
<td></td>
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<tr>
<td>P. Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
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<td></td>
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<tr>
<td>Q. Kind to younger children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. Often lies or cheats</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>S. Picked on or bullied by other children</td>
<td></td>
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<tr>
<td>T. Often volunteers to help others (parents, teachers, other children)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U. Thinks things out before acting</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>V. Steals from home, school or elsewhere</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>W. Gets on better with adults than with other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X. Many fears, easily scared</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Y. Sees tasks through to the end, good attention span</td>
<td></td>
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</tr>
</tbody>
</table>

H3. [Show Card H3] Thinking about the <Study Child’s twin’s> temperament, how characteristic of the <Study Child’s twin> are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>A. Child tends to be shy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Child cries easily</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>C. Child likes to be with people</td>
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<tr>
<td>D. Child is always on the go</td>
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<tr>
<td>E. Child prefers playing with others rather than alone</td>
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<tr>
<td>F. Child tends to be somewhat emotional</td>
<td></td>
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<tr>
<td>G. When child moves about, he usually moves slowly</td>
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<td></td>
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<tr>
<td>H. Child makes friends easily</td>
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<tr>
<td>I. Child is off and running as soon as he wakes up in the morning</td>
<td></td>
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</tr>
<tr>
<td>J. Child finds people more stimulating than anything else</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Child often fusses and cries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Child is very sociable</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>M. Child is very energetic</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>N. Child takes a long time to warm up to strangers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>O. Child gets upset easily</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>P. Child is something of a loner</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Q. Child prefers quiet, inactive games to more active ones</td>
<td></td>
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<td></td>
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<tr>
<td>R. When alone, child feels isolated</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>S. Child reacts intensely when upset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T. Child is very friendly with strangers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
J. CHILD’S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when <Study Child’s twin> was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naíonra etc?

Yes .................................................. □
No ................................................... □

J2. [Show Card J2] What is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the <Study Child’s twin>. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends? [Int: Tick 1 box only]

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child minded at home by me or resident partner</td>
<td>□</td>
</tr>
<tr>
<td>Looking after him/herself or cared for by a sibling</td>
<td>□</td>
</tr>
<tr>
<td>Child minded by non-resident partner</td>
<td>□</td>
</tr>
<tr>
<td>Unpaid relative (or family friend) in your own home</td>
<td>□</td>
</tr>
<tr>
<td>Unpaid relative (or family friend) in his/her own home</td>
<td>□</td>
</tr>
<tr>
<td>Paid relative (or family friend) in your own home</td>
<td>□</td>
</tr>
<tr>
<td>Paid relative (or family friend) in his/her own home</td>
<td>□</td>
</tr>
<tr>
<td>Paid childminder in your own home</td>
<td>□</td>
</tr>
<tr>
<td>Paid childminder in his/her own home</td>
<td>□</td>
</tr>
<tr>
<td>Looking after him/herself or cared for by a sibling</td>
<td>□</td>
</tr>
<tr>
<td>Au Pair / Nanny</td>
<td>□</td>
</tr>
<tr>
<td>Homework club</td>
<td>□</td>
</tr>
<tr>
<td>Paid after-school care in group setting</td>
<td>□</td>
</tr>
<tr>
<td>After-school activity-based facility</td>
<td>□</td>
</tr>
<tr>
<td>Special needs facility</td>
<td>□</td>
</tr>
<tr>
<td>Activity Camps (sport recreation arts/crafts etc.)</td>
<td>□</td>
</tr>
<tr>
<td>Other</td>
<td>□</td>
</tr>
</tbody>
</table>

J3. Approximately how many hours per week does the <Study Child’s twin> spend in this main form of childcare

_____ hours per week

Not relevant, at home with parent/guardian

J4. Approximately how many days per week does the <Study Child’s twin> spend in this main form of childcare

_____ days per week

Not relevant, at home with parent/guardian

J5. [Int: Ask if NOT codes 1-5 at J2] Approximately how much does this childcare for the <Study Child’s twin> typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ ________________ per Week □

Fortnight □

Month □

J6. [Show Card J6] During an average week does the <Study Child’s twin> participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Participate in activity?</th>
<th>Pay for activity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports/Fitness club (gym., GAA, soccer, hockey etc.)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Cultural activities (dance, ballet, music, arts, drama etc.)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Youth club</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Scouts/ Guides/ Boy’s Brigade / Girl’s Brigade</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Homework club</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the <Study Child’s twin’s> teacher?

Yes. □
No. □
J8. [Show Card J8] During the last school year, about how many days was <Study Child's twin> absent from school for any reason?

- 0 days ..................................................
- 1 - 3 days ...........................................
- 4 to 6 days ...........................................
- 7 to 10 days ...........................................
- 11 to 20 days ....................................... 
- More than 20 days ................................ 
- Not in school last year ............................

J9. [Show Card J9] What was the main reason for <Study Child's twin> being absent from school?

- Health reasons (illness or injuries) ...........
- A problem with the teacher ..........................
- Problems with transportation ........................
- A problem with children at school ................
- Problems with the weather ........................
- Difficulties with childcare arrangements ..........
- A family vacation ....................................
- Other ...................................................
- A fear of school (school phobia) ..............

J10. How often is the <Study Child's twin> given homework? [Card J10]

- Never...................................................
- Once a week ..........................................
- A few times a week ............................... 
- Daily ...................................................
- Don’t Know ..........................................

J11. On days when the <Study Child’s twin> is given homework, how much time does he or she usually spend doing homework? [Card J11]

- 0 to 15 minutes ....................................
- 16 to 30 minutes ...................................
- 31 minutes to less than one hour ............
- 1 to less than 1.5 hours .........................
- 1.5 to less than 2 hours .........................
- 2 to less than 3 hours ............................
- 3 to less than 4 hours ............................
- 4 hours or more ...................................

J12. How often do you or your spouse/partner provide help with the <Study Child’s twin’s> homework? [Card J12]

- Always/ Nearly Always ................................
- Regularly ............................................
- Now and Again .....................................
- Rarely ................................................
- Never ................................................
- Child rarely gets homework .................

J13. Based on your knowledge of the <Study Child’s twin’s> schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is: [Card J13/J14]

- Poor ...................................................
- Below average .....................................
- Average .............................................
- Above average ....................................
- Excellent .........................................

J14. Based on your knowledge of the <Study Child’s twin’s> schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age? [Still Card J13/J14]

- Poor ...................................................
- Below average .....................................
- Average .............................................
- Above average ....................................
- Excellent .........................................

J15. About how many days a week does the <Study Child’s twin> do things with friends outside of school hours?

- Never ...........................................
- 1 day a week .....................................
- 2-3 days a week .................................
- 4-5 days a week .................................
- 6-7 days a week ...................................

J16. About how many close friends does the <Study Child’s twin> have?

- None ..............................................
- 1 .................................................
- 2 or 3 .......................................... 
- 4 or 5 .......................................... 
- 6 or more .....................................

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J17. [Show Card J17] Taking everything into account, how far do you expect the <Study Child’s twin> will go in his/her education or training?

- Junior Certificate or equivalent ........................................... 1
- Leaving Certificate or equivalent ......................................... 2
- An apprenticeship or trade .................................................. 3
- Diploma/Certificate ................................................................ 4
- Degree .................................................................................. 5
- Postgraduate/higher degree .................................................. 6
- Don’t know ............................................................................ 8

J18. To your knowledge, has the <Study Child’s twin> been a victim of bullying in the last year?

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


- Physical bullying..................................................................... 1
- Written messages/notes etc.................................................... 5
- Verbal bullying........................................................................ 2
- Exclusion............................................................................... 6
- Electronic [phone messaging, emails, Bebo etc]......................... 3
- Other (specify)........................................................................ 7

J20. [Show Card J20] What was the reason for the bullying?

- Ethnicity.................................................................................. 1
- Physical appearance (clothes, glasses, weight etc) ..................... 3
- Physical/Learning disability...................................................... 2
- Gender role............................................................................. 8
- Religion .................................................................................... 3
- Teacher’s pet ........................................................................... 7
- Class performance ................................................................... 4
- Family background ............................................................... 9
- Other (specify) ....................................................................... 5

J21. Do you think the <Study Child’s twin> has a Specific Learning Difficulty, Communication or Coordination Disorder

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

J22. [Show Card J22] If yes, what is the nature of the difficulty or disorder?

- Dyslexia (incl. Dysgraphia, dyscalculia)................................. 1
- Speech & Language Difficulty............................................... 5
- ADHD ...................................................................................... 2
- Dyspraxia .............................................................................. 6
- Autism ..................................................................................... 3
- Slow progress (reasons unclear) .............................................. 7
- Aspergers Syndrome............................................................. 4

J23. Was it diagnosed by a professional?

Yes ............ 1
No ............... 2
Awaiting consultation ......................................................... 3

J24. How long ago was it diagnosed?

Last 6 months ................................................................. 1
1-2 years ............................................................................... 3
6-12 months ........................................................................... 2
Longer than 2 years.............................................................. 4

J25. About how many children’s books does <Study Child’s twin> have access to in your home now, including any library books? Would you estimate:

None................................................................. 1
21 to 30............................................................... 4
Less than 10......................................................... 2
More than 30....................................................... 5
10 to 20............................................................. 3

J26. Do you use the Public Library for the <Study Child’s twin>? Yes ........... 1
No ..................... 2
K1. Do you feel you have fun with the <Study Child's twin > every day?  Yes □, No □

K2. [Show Card K2] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Not really sure</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely Applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I share an affectionate, warm relationship with my child.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. My child and I always seem to be struggling with each other.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. If upset, my child will seek comfort from me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D. My child is uncomfortable with physical affection or touch from me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E. My child values his/her relationship with me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F. My child appears hurt or embarrassed when I correct him/her.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G. My child does not want to accept help when he/she needs it.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>H. When I praise my child, he/she beams with pride.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I. My child reacts strongly to separation from me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>J. My child spontaneously shares information about himself/ herself.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>K. My child is overly dependent on me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>L. My child easily becomes angry at me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>M. My child tries to please me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>N. My child feels that I treat him/her unfairly.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>O. My child asks for my help when he/she really does not need help.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>P. It is easy to be in tune with what my child is feeling.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Q. My child sees me as a source of punishment and criticism.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>R. My child expresses hurt or jealousy when I spend time with other children.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>S. My child remains angry or is resistant after being disciplined.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

- T. When my child is misbehaving, he/she responds to my look or tone of voice. □ □ □ □ □
- U. Dealing with my child drains my energy. □ □ □ □ □
- V. I've noticed my child copying my behaviour or ways of doing things. □ □ □ □ □
- W. When my child is in a bad mood, I know we're in for a long and difficult day. □ □ □ □ □
- X. My child's feelings toward me can be unpredictable or can change suddenly. □ □ □ □ □
- Y. Despite my best efforts, I'm uncomfortable with how my child and I get along. □ □ □ □ □
- Z. I often think about my child when at work. □ □ □ □ □

- AA. My child whines or cries when he/she wants something from me. □ □ □ □ □
- AB. My child is sneaky or manipulative with me. □ □ □ □ □
- AC. My child openly shares his/her feelings and experiences with me. □ □ □ □ □
- AD. My interactions with my child make me feel effective and confident as a parent. □ □ □ □ □
**K3. [Show Card K3]** How often do you do the following when the <Study Child’s twin> misbehaves

<table>
<thead>
<tr>
<th>A. Discuss/Explain why behaviour was wrong</th>
<th>Never</th>
<th>Rarely</th>
<th>Now and again</th>
<th>Regularly</th>
<th>Always</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Ignore him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Smack him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Shout or yell at him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Send him/her out of the room or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Take away treats/pocket money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Tell him/her off</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Bribe him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Ground him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**K4. [Show Card K4]** Now, I’d like to ask you about the time the <Study Child’s twin> spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day / 7 days per week</th>
<th>3 to 6 days per week</th>
<th>1 to 2 days per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sit down to eat together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Play sports, cards or games together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Talk about things together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Do household activities together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(e.g., gardening, cooking, cleaning, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Go on an outing together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**K5. [Show Card K5]** How often does the <Study Child’s twin> get together with, see or spend time with the following people (excluding those living in your home)

<table>
<thead>
<tr>
<th>Person</th>
<th>Quite a lot</th>
<th>Now and again</th>
<th>Rarely</th>
<th>Don’t have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncles/Aunts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cousins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**K8. Does the <Study Child’s twin> belong to any religious denomination**

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

**K9. [Show Card K9]** If yes, which one

- Christian – no denomination ........................................ [ ]
- Roman Catholic ................................................................ [ ]
- Anglican/Church of Ireland/Episcopalian ......................... [ ]
- Other Protestant ................................................................ [ ]
- Jewish ........................................................................... [ ]
- Muslim ............................................................................ [ ]
- Other (specify) .................................................................. [ ]
- Refuse/no answer ......................................................... [ ]

**K10. How regularly does the <Study Child’s twin> attend religious service?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Less Often</th>
<th>Special Occasions</th>
<th>Never</th>
<th>Refused</th>
<th>N/a to their religion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**K11. How fair or unfair would you say the household tasks are distributed between you and your partner?**

- Very unfairly ........................................ [ ]
- Quite unfairly ...................................... [ ]
- Fairly ............................................... [ ]
- Don’t have partner ................................ [ ]
L1. Does the <Study Child’s twin> have his/her own bedroom?  
Yes ........  
No......  

L2. How many others does the Study Child share a bedroom with?  
__________________________

L3. And is <Study Child’s twin> a citizen of Ireland?  
Yes ..........  
No...............  
DK ........  

L4. What citizenship does he / she hold?  
_______________________________  
Don’t know ......

L5. Was the <Study Child’s twin> born in Ireland?  
Yes .........
No...........

L6. In which country was he/she born?  
_______________________________  
Don’t know ......

L7. How long ago did he/she first come to live in Ireland?  
Within the last year  
1-5 years ago  
6-10 years ago  
Don’t Know

L8. Does anyone other than yourself and/ or your spouse / partner provide care to the <Study Child’s twin> on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder’s home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.  

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

L9. Is this care provided in:  
the child’s home ........................................  
a relative’s home .......................................  
home of carer – non-relative ......................  
centre – crèche, after-school etc.)..............  

L10. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?  
Yes ..............................................................  
No, does not wish regular carer to be interviewed ......  
No, does not have contact details for regular carer .......

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

Time Interview Ended  
(24 hour clock)
Appendix Z: Father / Partner Questionnaire, Twin Module
**GROWING UP IN IRELAND – the national longitudinal study of children**

**STRICTLY CONFIDENTIAL**

**FATHER QUESTIONNAIRE – TWIN MODULE**

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

Interviewer Name ___________________________  Interviewer Number _______________________

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

---

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. It is being undertaken by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. I have an information leaflet here about the study. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>’s twin.

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.

A0. Person number of twin covered by this questionnaire (from household register – main survey)  

Respondent code of twin ______

---

**D: FAMILY CONTEXT**

**D1.** Do you feel you have fun with the <Study Child’s twin>every day?  

Yes ……[ ]  No …… [ ]

**D2. [Show Card D2] Here are some statements about the relationship between you and the <Study Child’s twin>. Please describe the degree to which each of the statements currently applies.**

<table>
<thead>
<tr>
<th>I share an affectionate, warm relationship with my child.</th>
<th>Definitely does not apply [ ]</th>
<th>Not really [ ]</th>
<th>Neutral, not sure [ ]</th>
<th>Applies somewhat [ ]</th>
<th>Definitely applies [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>My child and I always seem to be struggling with each other.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If upset, my child will seek comfort from me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is uncomfortable with physical affection or touch from me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child values his/her relationship with me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child appears hurt or embarrassed when I correct him/her.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child does not want to accept help when he/she needs it.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When I praise my child, he/she beams with pride.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child reacts strongly to separation from me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child spontaneously shares information about himself/herself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child is overly dependent on me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child easily becomes angry at me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child tries to please me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child feels that I treat him/her unfairly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child asks for my help when he/she really does not need help.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

140
<table>
<thead>
<tr>
<th></th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to be in tune with what my child is feeling.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My child sees me as a source of punishment and criticism.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My child expresses hurt or jealousy when I spend time with other children.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My child remains angry or is resistant after being disciplined.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>When my child is misbehaving, he/she responds to my look or tone of voice.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Dealing with my child drains my energy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've noticed my child copying my behaviour or ways of doing things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>When my child is in a bad mood, I know we're in for a long and difficult day.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My child's feelings toward me can be unpredictable or can change suddenly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Despite my best efforts, I'm uncomfortable with how my child and I get along.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I often think about my child when at work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My child whines or cries when he/she wants something from me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My child is sneaky or manipulative with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My child openly shares his/her feelings and experiences with me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>My interactions with my child make me feel effective and confident as a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Time Section Ended (24 hour clock)
Appendix AA: Work Assignment Sheet
**NLSCI MAIN 9 year old cohort**

**INTERVIEWER** 0 Mr James Williams

**Area** 42

**Household** 38

**Child's Name:** Michael Mouse  
**Date of Birth:** 04-Jun-98

**Mother’s name:** Minnie Mouse  
**Father’s name:** Mr Mouse

**Address:** 4 Burlington Road, Dublin 4

**Parent phone numbers** 000-999999

---

### SECTION A

<table>
<thead>
<tr>
<th>Who lives in household?</th>
<th>If yes, Interview Completed?</th>
<th>If no, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/Lone Father</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Father/Partner</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Twin of Study Child</td>
<td>Y N Y N</td>
<td></td>
</tr>
</tbody>
</table>

---

### SECTION B

**Child questionnaire (Yellow Card)**

<table>
<thead>
<tr>
<th>Which applies?</th>
<th>Which completed?</th>
<th>If no, why not?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Sensitive CORE</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Child Sensitive MUM (M)</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Child Sensitive DAD (D)</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Child Sensitive Mum's Partner (MP)</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Child Sensitive Dad's Partner (DP)</td>
<td>Y N Y N</td>
<td></td>
</tr>
<tr>
<td>Don't know/refused</td>
<td>Y N Y N</td>
<td></td>
</tr>
</tbody>
</table>

---

### SECTION C

<table>
<thead>
<tr>
<th>Is there a NON RESIDENT PARENT?</th>
<th>Y N</th>
</tr>
</thead>
<tbody>
<tr>
<td>If so, name, address and phone number of non-resident parent:</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

---

### SECTION D

**Is there a REGULAR CHILD MINDER?** Home based...☐1  Centre based ☐2  None. ☐3

- Name of carer/centre
- Address of carer/centre
- Phone

---

### SECTION E

<table>
<thead>
<tr>
<th>HEIGHT in cms</th>
<th>WEIGHT in Kgs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother/lone father</td>
<td></td>
</tr>
<tr>
<td>Father/partner</td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
</tr>
</tbody>
</table>

**Piers Harris required?**  YES

**Completed?** YES ☐ NO ☐

**INTERVIEWER** – YOU MUST COMPLETE SECTIONS A, B, C, D and E
Drumcondra Primary Reading Test - Revised

GROWING UP IN IRELAND

National Longitudinal Study of Children in Ireland, Spring 2007

LEVEL 3 FORM A

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Appendix AC– Drumcondra Maths. Test Level 4