Questionnaires and Instrumentation used in the Pre-piloting, Piloting and Dress Rehearsal Phases of the 9-year cohort of

*Growing Up in Ireland*
Report on Pre-Piloting, Piloting and Dress Rehearsal phases of the 9-year cohort

*Growing Up in Ireland*

Appendix A

School-based instruments used in Pilot 1

A1. School Record Sheet (blue)
A2. Principal Questionnaire (white)
A3. Teacher-on-Self Questionnaire (yellow)
A4. Teacher-on-Pupil Questionnaire (green)
A1. School Record Sheet (blue)
Growing Up in Ireland – the national longitudinal study

STRICTLY CONFIDENTIAL

SCHOOL RECORD SHEET

School ID

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.

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, the Department of Education & Science and the Central Statistics Office. 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 this form we would like you to record the details of all students in your school


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 10 as relevant to your school. The Teacher ID referred to 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.

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If you have more than 40 pupils aged 9 years or more in your school use the table below to decide which ones to exclude from the sample.

Read down the appropriate column to identify which students to exclude form 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 1, 5, 11, 13, 16, 21, 31, 36, 46.

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<td>47</td>
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<td>55</td>
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<td>61</td>
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<td>64</td>
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<tr>
<td>62</td>
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<tr>
<td>64</td>
</tr>
</tbody>
</table>
A2. Principal Questionnaire (white)
Growing Up in Ireland – the national longitudinal study
Strictly Confidential

Principal’s Questionnaire

School ID ____________________________ Interviewer Number ____________________________

Time Started _______ (24 hour clock) ____________________________________ Date __________

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, the Department of Education & Science and the Central Statistics Office. 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.

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 to 29 ______ 30-39 ______ 40-49 ______ 50-59 ______ 60 or older ______

3. For how many years have you been Principal?
   (a) in this school? ________ Years
   (b) in other National Schools? ________ Years

4. Which of the following best describes your school?
   Gaelscoil ________ Other National School ________
   Special school ________ Private/fee-paying primary school ________

5. Is the school included in the School Support Programme (under the DEIS plan)? Yes ______ No ______

6. How many students are enrolled in this school? Number of students ______

7. In addition to your duties as principal, do you have a teaching class assigned to you?
   Yes ______ No ______

8. How many full-time and part-time teachers work in this school?

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Part-time</th>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

9. 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]

10. Approximately how many staff does your school currently have in the following capacities? Please indicate the total number employed as well as the breakdown between full-time and part-time status.

<table>
<thead>
<tr>
<th>Total</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning support/remedial teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special needs assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other teaching assistants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. How many classrooms in total are there in the school? ______ classrooms

12. How many portable classrooms (prefabs) are there in the school? ______ portable classrooms
13. How many classes (across all year-groups) are there in the school? ______ classes

14. Approximately how many pupils is the school designed for? ______ children

15. When was the school built? Year__________

16. Compared to other National 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>
<td></td>
</tr>
<tr>
<td>b. Number of classrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. General teaching aids</td>
<td></td>
<td></td>
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<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>
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<tr>
<td>f. Sports facilities</td>
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<tr>
<td>g. Music facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Playground</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Library/media centre</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Cafeteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Toilet facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Special education/Teaching assistants</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>m. After-school facilities (e.g. homework clubs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>n. Administrative support</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>o. Condition of the school building, classrooms etc...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Does the school provide

a) a so-called ‘breakfast club’ Yes, every day _______ No _______

b) school meals at lunchtime Yes, every day _______ No _______

18. Approximately how many computers in total does the school have? ______ computers

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

20. Does the school have a dedicated computer room for students? Yes _______ No _______

21. 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>
<td></td>
<td></td>
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<tr>
<td>b. Religion</td>
<td></td>
<td></td>
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<tr>
<td>c. Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Drama</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>e. Involvement with the community</td>
<td></td>
<td></td>
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<tr>
<td>f. Involvement with parents/guardians</td>
<td></td>
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<td></td>
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<tr>
<td>g. Social justice/concern for disadvantaged</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>h. Environmental awareness</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

22. 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?

<table>
<thead>
<tr>
<th>Time</th>
<th>Yes _______</th>
<th>No _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) evenings during the week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) at weekends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) out of term time</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Approximately how many of each of the following groups of students 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 students ___________________________ (Number)______

Students from families from the Travelling Community ___________________________ (Number)______

Students with emotional/behavioural problems ___________________________ (Number)______

Students with physical disabilities/special needs ___________________________ (Number)______

Students with learning disabilities ___________________________ (Number)______

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

_______% Average Daily Attendance OR ______ Average number attending daily

25. What percentage of students missed 20 days or more in the 2006/2007 academic year (as per the NEWB figures)

_______ %
26. Approximately what proportion 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?

___ %

27. To what extent would you say that children with learning or physical disabilities are catered for in this school?

To a great Extent | To some Extent | Not at All
---|---|---
a. Learning disabilities
b. Physical disabilities

28. Do children with (a) learning disabilities and (b) physical disabilities typically spend most of their time in separate classes or in regular classes?

| Children with learning disabilities | Separate Classes | regular classes | Other (specify) |
---|---|---|---|
| typically spend most of their day in |  |  |  |

| Children with physical disabilities | Separate Classes | regular classes | Other (specify) |
---|---|---|---|
| typically spend most of their day in |  |  |  |

29. Please indicate which of the following get involved in supporting children with behavioural problems in your school. [Please tick all that apply]

- Principal
- Classroom Teacher
- Learning support/resource teacher
- Other staff member
- External assistance [specify]

30. In your assessment, approximately what proportion of students in the school would have such literacy, numeracy, behaviour or language difficulties as to adversely impact on their educational development or classroom discipline? Please tick one box on each line to indicate approximate percentage.

Approximate percentage of children with each problem

- None
- <10%
- 10-25%
- Over 25%

| a) Literacy Problems |  |  |  |
| b) Numeracy Problems |  |  |  |
| c) Behaviour problems |  |  |  |
| d) Language Difficulties |  |  |  |

(i.e. where native language is other than English/ Irish)

31. Does the school have a Home-School-Community Liaison Teacher?  Yes __ No __

32. Over the past five years, has the number of pupils coming to this school:

- Increased __
- Decreased __
- Remained fairly stable __

33. Are all of the pupils who apply to this school generally accepted?  Yes __ No __

34. In your opinion, is the school oversubscribed (i.e. generally do more pupils apply to come to this school than there are places available)?  Yes __ No __

35. Are there any other local schools to which pupils in your school might go?  Yes __ No __

36. What criteria are used to admit students [Please tick all that apply]?

Proximity to the school

<table>
<thead>
<tr>
<th>Other siblings in the school</th>
<th>Other Parents attended the school</th>
<th>Performance on tests</th>
<th>Date of application</th>
<th>Other (Please specify below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

37. On what basis are students in the school allocated to classes?

Randomly/alphabetically __ Performance on tests __ Other [please specify] __

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

39. Approximately what proportion of parents attend parent-teacher meetings? __ per cent

40a. How important is each of the following in the school as curricular activities?

a. Sport __

b. Music __

c. Speech and Drama __

d. Environmental Awareness __

e. Awareness of Social Justice __
40b. And how important is each of the following in the school as extra-curricular activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very important</th>
<th>Fairly important</th>
<th>Not important</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Speech and Drama</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Environmental Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Awareness of Social Justice</td>
<td></td>
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</tbody>
</table>

41. To what extent are the following forms of discipline used in your school:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Suspension</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>b. Expulsion/permanent exclusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Extra classwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>d. Extra homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Writing of ‘lines’</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>f. Detention</td>
<td></td>
<td></td>
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<tr>
<td>g. Exclusion from sports or other popular activities</td>
<td></td>
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<tr>
<td>h. Verbal (phone or otherwise) report to parents</td>
<td></td>
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<tr>
<td>i. Written report to parents</td>
<td></td>
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<tr>
<td>j. Waming card system</td>
<td></td>
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<tr>
<td>k. Other (specify)</td>
<td></td>
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</tbody>
</table>

42. Does the school have a written discipline policy? Yes □  No □

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

<table>
<thead>
<tr>
<th>Role</th>
<th>To a great extent</th>
<th>To some extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Pupils</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Board of Management</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- A major problem □
- A minor problem □
- No problem at all □

45. Does your school have an explicit anti-bullying strategy? Yes □
   No □

46. Does your school have a written policy on bullying? Yes □
   No □

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

<table>
<thead>
<tr>
<th>Statement</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Teachers get a lot of help and support from colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Teachers are open to new developments and challenges</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Teachers are eager to take part in in-service training</td>
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</tbody>
</table>

48. a) Compared with other National 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>Scale</th>
<th>Yes □</th>
<th>Fairly □</th>
<th>Not Very □</th>
<th>Not at All □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much greater than in other schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly greater than in other schools</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>About the same as in other schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slightly less than in other schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much less than in other schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

48 b) What makes you say that? [Please describe as fully as possible]

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

<table>
<thead>
<tr>
<th>Happier</th>
<th>Yes □</th>
<th>As happy □</th>
<th>Less happy □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

50. 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>Level</th>
<th>Very □</th>
<th>Fairly □</th>
<th>Not Very □</th>
<th>Not At All □</th>
</tr>
</thead>
<tbody>
<tr>
<td>How stressed by your job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How satisfied by your job</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

51. Would it be possible for your school to provide a list of 9-year-olds to the ESRI as a computer file – say as a spreadsheet in Excel or in some other computerized format? Yes □  No □

Time ended □□□□□□□□ (24 hour clock)

THANK YOU VERY MUCH FOR HAVING COMPLETED THIS PART OF GROWING UP IN IRELAND
A3. Teacher-on-Self Questionnaire (yellow)
Growing Up in Ireland – the national longitudinal study
STRICTLY CONFIDENTIAL

TEACHER’S QUESTIONNAIRE

School ID □□□□□□ Interviewer Number □□□□□□

Teacher ID within School □□ Date: ______________________

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Your school has been 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.

Growing Up in Ireland has the support of the INTO – see attached extract from November issue of In Touch

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

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

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 national school qualification □
A primary degree in education (B.Ed) □
A primary degree in another subject □
A postgraduate diploma in education □
A qualification in learning support, special education or resource teaching □
A higher degree in education (PhD, Masters etc.) □
A higher degree in another subject (PhD, Masters etc.) □
No qualification □
Other [please specify] □

6. Which of the following best describes the way your class(es) at this school is/are organised? [Tick 1 box]

Self-contained class - i.e. you teach multiple subjects to the same class of children all or most of the day □

Shared/Team-based teaching i.e. you collaborate with one or more teachers in teaching multiple subjects to the same class of children □

Subject teaching (e.g., language, art, mathematics, science) to several classes of different children all or most of the day □

"Withdrawal" group teaching i.e. you provide instruction (e.g. learning support reading) to certain students who are released from their regular classes □
7. At your school, how much influence do you think teachers have over school policy in areas such as

<table>
<thead>
<tr>
<th></th>
<th>No influence</th>
<th>Only slight influence</th>
<th>Some Influence</th>
<th>Moderate Influence</th>
<th>A great deal of influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>discipline policy</td>
<td></td>
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<tr>
<td>deciding how some school funds will be spent</td>
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<td></td>
</tr>
<tr>
<td>assigning children to classes</td>
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</tbody>
</table>

8. In general, how much influence do you feel you personally have in your classroom over the way the class is organised and run.

<table>
<thead>
<tr>
<th></th>
<th>No influence</th>
<th>Only slight influence</th>
<th>Some Influence</th>
<th>Moderate Influence</th>
<th>A great deal of influence</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

9. The following are some statements about pupils in this school. Please indicate if you feel they are true of nearly all, more than half, less than half or only a few pupils.

<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>Enjoy being at school</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Are well-behaved in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Show respect for their teachers</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Are rewarding to work with</td>
<td></td>
<td></td>
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<tr>
<td>Are well behaved in the playground/school yard</td>
<td></td>
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</tr>
</tbody>
</table>

10. Do you enjoy your work? [Please tick one only]

Always ............□️
Usually ............□️
Sometimes............□️
Never ............□️

11. All other things being equal, would you prefer to work in another school or would you prefer to stay at this school?

Prefer to work at another school ............□️
Prefer to stay at this school ............□️

12. In general, what proportion of parents attend
   a) parent teacher meetings
   b) other meetings organised by the school?

<table>
<thead>
<tr>
<th></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>Parent-teacher meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other meetings organised by the school</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   (a) Students
   Happier
   As happy
   Less happy

   (b) Teachers
   □️
   □️

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

   a. How stressed do you feel by your job

   b. How satisfied do you feel by your job

Thank you very much for having completed this part of Growing Up In Ireland
We would now like you to complete a questionnaire in respect of each Study Child from your class who has been selected for inclusion in the project
A4. Teacher-on-Pupil Questionnaire (green)
Growing Up in Ireland – the national longitudinal study

TEACHER’S QUESTIONNAIRE ON PUPIL

School ID ____________________________ Teacher ID within school __________

Study Child’s ID within School _______ Roll Number of Study Child __________

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.

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, the Department of Education & Science and the Central Statistics Office. 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.

The parents / guardians of the children who are participating in the survey (as well as the children themselves) have all agreed to participate in the study.

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

The term ‘Study Child’ used throughout this questionnaire refers to the specific child in respect of whom the questionnaire is being completed.

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

2. Study Child’s gender Male ________ Female ________

3. What school year is the study child in? ____________ class

4a. How many children are enrolled in the Study Child’s class?
Total pupils ________ of whom: ________ boys ________ girls

4b. How many year groups are in the Study Child’s classroom?
One only _______ Two _______ Three _______ Four _______

5. 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)

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

1. have a limited knowledge of the main language of instruction ________ children
2. an emotional or behavioural problem ________ children
3. have a learning disability ________ children
4. have a physical disability ________ children

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

Yes _______ No _______

8. For approximately how many hours per week? ____________ hours per week
9. (a) Please tick ‘Yes’ or ‘No’ on each line below to indicate whether or not the Study Child takes the following subjects during school hours and (b) if the subject is taken, please record the approximate number of hours spent on it per week.

<table>
<thead>
<tr>
<th>Subject</th>
<th>A. Child does subject during school hours?</th>
<th>B. If child takes subject during school (Yes at Col A:) How many hours per week does he/she spend on it during school hours?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drama</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Visual arts</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Physical Education (PE)</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Social Political Health Education (SPHE)</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

10. How often does the Study Child use a computer in the school?

<table>
<thead>
<tr>
<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>Three or four times a week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 6</td>
</tr>
</tbody>
</table>

11. Does the Study Child use a computer for access to the internet? Yes........ ☐ 1 No........ ☐ 2

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

_____ nights

13. 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 10mins...... ☐ 2 20mins...... ☐ 3 30mins...... ☐ 4 More than 30 mins .... ☐ 5

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

Never, - homework always or almost always completed............. ☐ 1
Occasionally not completed.......................................................... ☐ 2
Regularly not completed.............................................................. ☐ 3
Not applicable, Study Child never/rarely gets homework............. ☐ 4

15. In your opinion, how involved is (are) the parent(s) or guardian(s) in the Study Child’s education?

Very involved ... ☐ 1 Somewhat involved ... ☐ 2 Not involved..... ☐ 3 Don’t know/no opinion ... ☐ 4

16. How many days of school has the Study Child missed since the beginning of the current school year?

_____ days

17. What was the single most important reason for the Study Child being absent from school? Please tick one box only.

Health reasons (illness or injuries)............................................. ☐ 1
Family reasons................................................................................. ☐ 2
Truancy.............................................................................................. ☐ 3
Bullying............................................................................................. ☐ 4
A fear of school (school phobia).................................................... ☐ 5
Other [please specify]......................................................................... ☐ 6
Don’t know the reason........................................................................ ☐ 7
Not applicable, Study Child not absent in current year.................... ☐ 8

18. Since the beginning of the academic year, in your opinion how often has the Study Child arrived:

a. inadequately dressed for the weather conditions? ........... ☐ 1 ....... ☐ 2 ....... ☐ 3 ....... ☐ 4 ....... ☐ 5
b. too tired to participate as he/she should in class? ............. ☐ 1 ....... ☐ 2 ....... ☐ 3 ....... ☐ 4 ....... ☐ 5
c. without a lunch/snacks?......................................................... ☐ 1 ....... ☐ 2 ....... ☐ 3 ....... ☐ 4 ....... ☐ 5
d. hungry?....................................................................................... ☐ 1 ....... ☐ 2 ....... ☐ 3 ....... ☐ 4 ....... ☐ 5
e. general lack of cleanliness?.................................................... ☐ 1 ....... ☐ 2 ....... ☐ 3 ....... ☐ 4 ....... ☐ 5
f. late? ............................................................................................ ☐ 1 ....... ☐ 2 ....... ☐ 3 ....... ☐ 4 ....... ☐ 5
19. 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>
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<tr>
<td>d. Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)</td>
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<tr>
<td>e. Home environment/problems at home</td>
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<tr>
<td>f. Have a limited knowledge of the main language of instruction</td>
<td></td>
<td></td>
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<tr>
<td>g. Discipline problems</td>
<td></td>
<td></td>
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<tr>
<td>h. Poor attendance</td>
<td></td>
<td></td>
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<tr>
<td>i. Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. If 'yes' to any: 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>Speech therapy</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>Behavioural management programmes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other [please specify]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. 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></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological assessment</td>
<td></td>
<td></td>
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<tr>
<td>Learning support/resource teaching</td>
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<tr>
<td>Behavioural management programmes</td>
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<tr>
<td>Other [please specify]</td>
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</tbody>
</table>

22. Listed below is a set of statements which could be used to describe the Study Child's behaviour over the last 6 months. For each item, please tick one box on each line to indicate which you feel best describes the Study Child's behaviour over the last few months.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
<th>Can't Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Considerate of other people's feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B Cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Often complains of headaches, stomach aches or sickness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E Often has temper tantrums or hot tempers</td>
<td></td>
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<tr>
<td>F Rather solitary, tends to play alone</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>G Generally obedient, usually does what adults request</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H Many worries, often seems worried</td>
<td></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>
<td></td>
</tr>
<tr>
<td>J Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K Has at least one good friend</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q Kind to younger children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R Often argumentative with adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T Often volunteers to help others (parents, teachers, other children)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U Can stop and think things out before acting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Can be spiteful to others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W Gets on better with adults than with other children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X Many fears, easily scared</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y Sees tasks through to the end, good attention span</td>
<td></td>
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</tr>
</tbody>
</table>
23. 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>Relative to children of his/her age group</th>
<th>Poor</th>
<th>Below average</th>
<th>Average</th>
<th>Above average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reading</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Writing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Comprehension</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Numeracy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Imagination/ Creativity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

24. As far as you are aware, has the Study Child ever been either the victim or perpetrator of bullying since the beginning of the current academic year. Please complete both sections to indicate whether or not the the Study Child has been a victim and/or a perpetrator.

Victim ........................................... 1
Perpetrator ................................... 2
Neither ........................................ 3

25. What form did the bullying take?
- Physical bullying ........................................... 1
- Verbal bullying ........................................... 2
- Electronic [phone messaging, emails, Bebo etc] ........................................... 3
- Written messages/notes etc ........................................... 4
- Exclusion ........................................... 5
- Other [please specify if possible] ........................................... 6

26. What was the reason for the bullying?
- Ethnicity/Race ........................................... 1
- Physical/Learning disability ........................................... 2
- Religious orientation ........................................... 3
- Class performance ........................................... 4
- Physical appearance (clothes, glasses, weight etc) ........................................... 5
- Gender role ........................................... 6
- Teacher’s pet ........................................... 7
- Family background ........................................... 8
- Other [please specify] ........................................... 9

27. Was any action taken by the school in response to the bullying?
Yes ........................................... 1
No ........................................... 2

28. What was the outcome?
- Bullying was resolved ........................................... 1
- Bullying abated ........................................... 2
- Bullying got worse ........................................... 3
- No change ........................................... 4
- Other [please specify] ........................................... 5

29. What form did the bullying take?
- Physical bullying ........................................... 1
- Verbal bullying ........................................... 2
- Electronic [phone messaging, emails, Bebo etc] ........................................... 3
- Written messages/notes etc ........................................... 4
- Exclusion ........................................... 5
- Other [please specify if possible] ........................................... 6

30. What was the reason for the bullying?
- Ethnicity/Race ........................................... 1
- Physical/Learning disability ........................................... 2
- Religious orientation ........................................... 3
- Class performance ........................................... 4
- Physical appearance (clothes, glasses, weight etc) ........................................... 5
- Gender role ........................................... 6
- Teacher’s pet ........................................... 7
- Family background ........................................... 8
- Other [please specify] ........................................... 9

31. What was the outcome?
- Bullying was resolved ........................................... 1
- Bullying abated ........................................... 2
- Bullying got worse ........................................... 3
- No change ........................................... 4
- Other [please specify] ........................................... 5

THANK YOU VERY MUCH FOR HAVING COMPLETED THIS PART OF GROWING UP IN IRELAND
Report on Pilot and Dress Rehearsal

Growing Up in Ireland

Appendix B

Home-based instruments used in Pilot 1

B1. Mother / Lone Father questionnaire (white)
B2. Mother / Lone Father questionnaire – supplementary (white)
B3. Father / Partner questionnaire (green)
B4. Father / Partner questionnaire – supplementary (green)
B5. Main child questionnaire (multi-coloured)
B6. Child questionnaire – supplementary – Mum & Dad (M+D) (multi-coloured)
B7. Child questionnaire – supplementary – Mum only (M) (multi-coloured)
B8. Child questionnaire – supplementary – Dad only (D) (multi-coloured)
B9. Non-resident parent (white)
B10. Non-cohort caregiver – home-based (white)
B11. Non-cohort caregiver – centre-based (white)
B12. Time-use survey (blue)
B1. Mother / Lone Father questionnaire (white)
Hello, I’m from the Economic and Social Research Institute in Dublin. I am contacting you about the National Longitudinal Study of Children in Ireland. This is a major new government survey being undertaken by the Economic and Social Research Institute and Trinity College Dublin about children in Ireland. 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 the parents of 9-year-old child, and also the child him / herself. The whole interview with the mother, father and child will take about 90 minutes to complete.

All the information you provide will be treated in the strictest confidence and will not be released to anyone in any way which would allow your family’s information to be identified with you or your family.

First could I ask the first name of the 9-year-old ____________________

A. INTRODUCTION

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

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

A2. Int: Record gender of parent 1

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

A3. Which of the following best describes your relationship with the Study Child? [Card A1 – Interviewer use codes only]

A. Biological parent (mother/ father) ........[ ]  E. Grand parent .................[ ]
B. Adoptive parent (mother/ father) ........[ ]  F. Aunt/uncle .........................[ ]
C. Step-parent (mother/ father) ............[ ]  G. Other relative/ in law ............[ ]
D. Foster parent (mother/ father) ..........[ ]  H. Unrelated guardian..............[ ]
### 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:
   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 and the child?  
   e) tick on box to best describe their current economic status

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Age last birthday</th>
<th>Person No.</th>
<th>R’SHIP TO: Mother</th>
<th>R’SHIP TO: Study Child</th>
<th>Pre-school</th>
<th>School/Education</th>
<th>At Work / Training</th>
<th>Unemployed</th>
<th>Retired</th>
<th>Home Duties</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
</tbody>
</table>

Line No. of Mother Carer (should be line 1)  

Line No. of Study Child (should be line 2)

Time Section Ended [Time] (24 hour clock)

### B. CHILD’S HEALTH

B1. How much did the Study Child weigh at birth?  

______ Pounds _______ Ounces or  

______ Kilos _______ Grams

B2. Was the Study Child born late, on time or early? [Card B1]

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. What was the mode of delivery? [Card B2 codes only]

A. Vaginal unassisted ………………………………… [ ]
B. Vaginal suction cup ………………………………… [ ]
C. Vaginal Forceps ………………………………… [ ]
D. Elective Caesarean ………………………………… [ ]
E. Emergency Caesarean……………………………… [ ]
F. Other [please specify]………………………………… [ ]
B4. Did the Study Child have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?
Yes..............square 1  No.............square 2  Don't know ....square 3

B5. How old was the Study Child when he/she came home from hospital (or special care)?
Less than 1 week............................................square 1
1-4 weeks ....................................................square 2
5-8 weeks ....................................................square 3
9-12 weeks ....................................................square 4
3-6 months ....................................................square 5
7-12 months ....................................................square 6
More than 12 months.............................................square 7

B6. Did you smoke when you were pregnant with the Study Child?
Never ...............square 1  Occasionally ....square 2  Daily ........square 3

B7. About how many did you smoke per day?
1-5 /day.....square 1  6-10 /day........square 2  11-25/day..........square 3  25 or more/day ........square 4

B8. Did you consume alcohol regularly during your pregnancy with the Study Child?
Never ..........square 1  Occasionally .......square 2  Weekly ..........square 3  Daily ...........square 4

B9. Was child ever breastfed, even if only for a short time?
Yes...............square 1  No...............square 2  Don't know ....square 3

B10. How many months did you breastfeed the Study Child for? ______ months  Cant Remember...........square 9

B11. In general, how would you describe the Study Child's health? [Card B3]
(a) In the past month  (b) In the past year
Very healthy, no problems........................................square 1  square 1
Healthy, but a few minor problems..............................square 2  square 2
Sometimes quite ill..............................................square 3  square 3
Almost always unwell..........................................square 4  square 4

B12. Does the Study Child currently have any chronic, physical or mental health problem, illness or disability?
Yes ...............square 1  No.........................square 2

B13. What is the nature of this illness or disability? Please describe as fully as possible.

B14. Since when has the Study Child had this illness or disability? _______ (mth) _______ (year)

B15. Is the Study Child hampered in his/her daily activities by this physical or mental health problem?
Yes, severely ..........square 1  Yes, to some extent ......square 2  No........square 3

B16. 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 ...............square 1  No.........................square 2

B17. What was the nature of this illness or disability? Please describe as fully as possible.

B18. What age was the Study Child when he/she had this illness or disability? From ______ yrs to ______ yrs

B19. When the Study Child had this illness/disability was he/she hampered in his/her daily activities by it?
Yes, severely .................square 1  Yes, to some extent ....square 2  No........square 3
B20. 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.............□

B21. How many separate accidents has the Study Child ever had that required hospital treatment or admission?

____________________ accidents

B22. How many of these accidents were bone fractures or breaks?

____________________

Time Section Ended ________________________ (24 hour clock)

C. CHILD’S HEALTH CARE UTILISATION

C1. Has the Study Child been admitted to a hospital as an in-patient over the past three years?

Yes ............□ No.........................□

C2. About how many nights did the Study Child spend in hospital during the last three years?

____________________ nights

C3. In the past year, 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?

<table>
<thead>
<tr>
<th>N times</th>
<th>None</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>A general practitioner (GP)</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Another medical doctor e.g. in a hospital</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

C4. Was there any time in the last 12 months when, in your opinion, the Study Child needed a medical examination or treatment for a health problem but they did not receive it?

Yes.............□ No.............□ Don’t know............□ Refused.............□

C5. Why did the Study Child not get all the medical care that [he/she] needed? Was this because [please tick yes / no in respect of all]:

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. Does the Study Child have his/her own a tooth-brush?

Yes ....... □ No...... □

C7. Does the Study Child usually visit the dentist at least once a year?

Yes ....... □ No....... □

C8. When was the last time the Study Child was examined by a dentist?

_______ month _______ year

C9. Was there any time in the last 12 months when, in your opinion, the Study Child needed a dental examination or treatment but they did not receive it?

Yes.............□ No.............□ Don’t know............□ Refused.............□

C10. Why did the Study Child not get all the dental care that [he/she] needed? [Tick yes or no in respect of each]

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 dentist

f) Still on the waiting list

g) Other (specify).....
C11. Do you feel that the Study Child has received all relevant immunisations at this stage in his / her life?
Yes..............[ ] No................[ ] Don’t know........[ ]

C12. Does the Study Child currently or at any time in the past have / had any sort of sight problem requiring correction?
Yes, currently ............[ ] Yes, in the past ..............[ ] No ..........[ ]

C13. Has the Study Child ever been given any treatment for the problem? If so, what? [Card C1] (Tick all that apply)
- No treatment.............[ ]
- Laser treatment...........[ ]
- Operation..................[ ]
- Patch........................[ ]
- Glasses.....................[ ]
- Other, please specify......[ ]

C14. Does the Study Child currently or at any time in the past have / had any sort of hearing problem requiring correction?
Yes, currently ............[ ] Yes, in the past ..............[ ] No ..........[ ]

C15 Has the Study Child ever been given any treatment for the problem? If so, what? [Card C2] (Tick all that apply)
- No treatment.............[ ]
- Hearing aid................[ ]
- Grommets..................[ ]
- Cochlear implant...........[ ]
- Other, please specify......[ ]

C16. Do you have any concerns about how Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?
No ..............[ ] Yes, a little ...........[ ] Yes, a lot................[ ] Don’t know ........[ ]

C17. In which areas does child have difficulties? What speech problems does the Study Child have? [Card C3] [Tick all that apply.]
- Reluctant to speak...................[ ]
- Speech not clear to the family........[ ]
- Speech not clear to others...........[ ]
- Difficulty finding words...............[ ]
- Difficulty putting words together....[ ]
- Voice sounds unusual................[ ]
- Stutters, stammers or lisps...........[ ]
- Other ..................................[ ]
- Don’t know ...........................[ ]

C18. Does the Study Child usually require ongoing support to be able to move around?
Yes..............[ ] No ................[ ]

C19. What supports does the Study Child require? Tick all that apply
- Braces .....................[ ]
- Crutches ................[ ]
- A stick.................[ ]
- Wheelchair............[ ]

C20. Does the Study Child need the help of another person to get around in the wheelchair?
Yes..........[ ] No ........[ ]

Time Section Ended .......... (24 hour clock)
D. CHILD’S DIET AND EXERCISE

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Once</th>
<th>More than Once</th>
<th>Not At All</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruit</td>
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<td></td>
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<tr>
<td>Fruit juice</td>
<td></td>
<td></td>
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<tr>
<td>Cooked vegetables</td>
<td></td>
<td></td>
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<tr>
<td>Raw vegetables or salad</td>
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<tr>
<td>Meat pie, hamburger, hot dog, sausage or sausage roll</td>
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<tr>
<td>Hot chips or French fries</td>
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<tr>
<td>Crisps or savoury snacks</td>
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<tr>
<td>Biscuits, doughnuts, cake, pie or chocolate</td>
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<tr>
<td>Cheese/yoghurt/fromage frais</td>
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<tr>
<td>Low fat Cheese/low fat yoghurt</td>
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<td>Water</td>
<td></td>
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<tr>
<td>Soft drinks or cordial (not diet)</td>
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<td>Fizzy drinks/diet drinks</td>
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<tr>
<td>Full cream milk or full cream milk products</td>
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<td>Skimmed milk or skimmed milk products</td>
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<tr>
<td>Fortified milk</td>
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</table>

D2. If codes 14, 15 or 16 are 1 or 2 above, ask: Approximately, how much milk did the Study Child drink in the last 24 hours?

- Up to ½ pint
- ½-1 pint
- 1-½ pints
- More than 1½ pints

D3. Does the Study Child usually have something to eat before going to school?  Yes ☐  No ☐

D4. Which of the following does he/she usually eat? [Int. Tick all that apply]

- Cereal ☐
- Cooked breakfast ☐
- Toast / Bread ☐
- Yoghurt / Cheese ☐
- Fruit ☐
- Eggs ☐
- Porridge ☐

D5. Does the Study Child usually have a meal in the evening during the week?

Yes ☐  No ☐

D6. Who would usually eat with the Study Child at that meal [Int. Tick all that apply]

- Father ☐
- Other unrelated adults (childminder, nanny etc) ☐
- Mother ☐
- Friend(s) ☐
- Brothers / Sisters/ other children in the household ☐
- Someone else (specify) ☐
- Other relatives ☐
- No one / eats alone ☐

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

D8. Is the Study Child currently a vegetarian?  Yes ☐  No ☐

D9. Is the Study Child currently a vegan (i.e. does not eat meat, poultry, fish, eggs, butter milk or cheese)?

Yes ☐  No ☐

D10a. Is the Study Child currently on any other special diet?  Yes ☐  No ☐

D10b. If yes, please describe the nature of diet below:
D11. Do you think the Study Child is? [Card C4]

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

D12. How many times in the past 14 days has the Study Child done at least 20 minutes of exercise hard enough to make them breathe heavily and make their heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling. Include time in physical education class. [Card C4]

- none
- 1 to 2 days
- 3 to 5 days
- 6 to 8 days
- 9 or more days

D13. 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 them breathe heavily and make their heart beat fast? (Light exercise includes, walking or slow cycling. Include time in physical education class. [Card C5]

- none
- 1 to 2 days
- 3 to 5 days
- 6 to 8 days
- 9 or more days

D14. How does the Study Child usually get to and from school?

- He/she walks
- By public transport
- School bus/coach
- By car
- Rides a bicycle
- Other (please describe)

D15. How far away is the school from the Study Child’s home (one-way distance)?

- Less than ½mile (1km)
- ½ to 1 mile (1-2km)
- 1-5 miles (2-8km)
- more than 5 miles away (8km)
- Attends boarding school

D16. How long does it usually take the Study Child to get to or from school – one way journey?

- Less than 5 mins
- 5-10 mins
- 10-20 mins
- 20-30 mins
- 30 mins or more

Time Section Ended: [ ]

HEALTH OF PRIMARY CARER

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

- Very Good
- Good
- Fair
- Bad
- Very Bad
E2. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

Yes [ ]   No [ ]

E3 Was this:
- Before the Study Child was born [ ]
- In first year of Study Child’s life [ ]
- When Study Child was 1 – 5 yr old [ ]
- When Study Child was 5-9 yrs old [ ]
- Ongoing [ ]

E4. Do you have any chronic, physical or mental health problem, illness or disability?

Yes [ ]   No [ ]

E5. What is the nature of this illness or disability? Please describe as fully as possible.

E6. Since when have you had this illness or disability? _________(mth) _______(year)

E7. Are you hampered in your daily activities by this physical or mental health problem?

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

E8. 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 [ ]   Currently [ ]   No [ ]

E9. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child?

Yes [ ]   No [ ]

E10. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent [ ]   Brother / Sister [ ]   Other relative [ ]   Non relative [ ]

E11. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card [ ]   Yes, doctor only card [ ]   Not covered [ ]

E12. Does the family have private medical insurance?

Yes, in full [ ]   Yes, partially [ ]   No [ ]   Don’t Know [ ]

E13. Does that insurance include the cost of GP visits?

Yes, in full [ ]   Yes, partially [ ]   No [ ]   Don’t Know [ ]

Time Section Ended [ ] (24 hour clock)
F. LIFESTYLE OF PRIMARY CARER (Usually mother)

F1. Do you smoke? Yes........ No........ Don’t know ........

F2. About how many cigarettes or cigars do you smoke per day? [Card F1]

- Less than daily ......................................................... □ 1
- 1 a day ........................................................................ □ 2
- 2-10 a day ................................................................. □ 3
- 11-25 a day ............................................................. □ 4
- 26-50 a day ............................................................. □ 5
- More than 50 a day ................................................ □ 6

F3. Does anyone smoke in the same room as the Study Child when the Study Child is present

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

F4. Which of the following best describes how often you usually drink alcohol? [Card F2]

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

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

F5. And on an average week, how many units do you drink (half pint of beer, glass of wine, measure of spirit)?

________________________ units

F6. Do you think that you are: [Card F3]

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

F7. What is your height without shoes? _______ feet and _______ inches OR Centimetres ____________

F8. What is your weight without clothes and shoes? Pounds and ounces _____ OR ______ Kilos and grams

F9. How often do you?  

<table>
<thead>
<tr>
<th></th>
<th>Very Often</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>…think about your own weight or shape?</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>…try to lose weight through dieting?</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)
G. CHILD’S ACTIVITIES

G1. On a normal week day 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. [Card G1]

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..............................
3 hours to less than 5 hours..............

G2. On a normal weekday during term time, about how many hours does the Study Child 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. [Card G2]

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. 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 class. [Card G3]

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..............................
3 hours to less than 5 hours..............

G4 Does the Study Child have the following in his/her bedroom?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td>Computer or laptop</td>
</tr>
<tr>
<td>Video/DVD player</td>
<td>Games console (playstation etc...)</td>
</tr>
</tbody>
</table>

G5. Do you have any rules about what computer games the child is allowed to play or what programmes they are permitted to watch on television? [Tick all that apply]

Yes, rules about what programmes they can watch............................................................................
Yes, rules about what computer games they can play...........................................................................
No rules............................................................................................................................................... 

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

Time Section Ended  (24 hour clock)

H. CHILD’S EMOTIONAL HEALTH AND WELL-BEING

H1. Would you describe the Study Child as being usually: [Card H1 – CODES ONLY IF CHILD IS PRESENT]

A. Happy and interested in life?..............................................
B. Somewhat happy?..................................................................
C. Somewhat unhappy?.........................................................
D. Unhappy with little interest in life?.................................

H2. Has the Study Child ever experienced any of the following: [Card H2 – CODES ONLY IF CHILD IS PRESENT]

A. Death of parent(s) ............................................................
B. Death in family (other than parents) ............................... 
C. Divorce/separation of parents...........................................
D. Moving house ....................................................................
E. Moving country ................................................................
F. Stay in hospital ............................................................... 
G. Stay in foster home .........................................................
H. Other separation from parents ...........................................
I. Serious illness/injury .........................................................
J. Serious illness/injury of a family member ..........................
K. Physical abuse/fear of abuse ............................................
L. Alcoholism or mental health disorder in family ............... 
M. Conflict between parents ............................................... 
N. Parent in prison ..............................................................
O. Other disturbing event (please specify) ............................
H3. 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’, ‘certainly true’ or ‘can’t say’.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Not True</th>
<th>Somewhat True</th>
<th>Certainly True</th>
<th>Can’t Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerate of other people’s feelings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often complains of headaches, stomach aches or sickness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
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</tbody>
</table>

H4. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people? [Card H3]

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>No</th>
<th>Yes, minor difficulties</th>
<th>Yes, definite difficulties</th>
<th>Yes, severe difficulties</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Considerate of other people’s feelings</td>
<td></td>
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<tr>
<td>Cannot stay still for long</td>
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<tr>
<td>Often complains of headaches, stomach aches or sickness</td>
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<tr>
<td>Shares readily with other children (treats, toys, pencils etc.)</td>
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<tr>
<td>Often has temper tantrums or hot tempers</td>
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</tbody>
</table>

H5. How long have these difficulties been present?

<table>
<thead>
<tr>
<th>Duration</th>
<th>No</th>
<th>Yes, minor difficulties</th>
<th>Yes, definite difficulties</th>
<th>Yes, severe difficulties</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a month</td>
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<td>1-5 months</td>
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<td>6-12 months</td>
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<td>Over a year</td>
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<tr>
<td>Can’t say</td>
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</tbody>
</table>

H6. Do the difficulties upset or distress your child?

<table>
<thead>
<tr>
<th>Distress Level</th>
<th>Not at All</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous or clingy in new situations</td>
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</tbody>
</table>

H7. Do the difficulties interfere with your child’s everyday life in the following areas? [Card H4]

<table>
<thead>
<tr>
<th>Area</th>
<th>Not at All</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home life</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Learning</td>
<td></td>
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<tr>
<td>Friendships</td>
<td></td>
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<tr>
<td>Leisure activities</td>
<td></td>
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</tbody>
</table>

H8. Do the difficulties put a burden on you or the family as a whole?

<table>
<thead>
<tr>
<th>Burden Level</th>
<th>Not at All</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
<th>Can’t say</th>
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<tr>
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</table>
H9. Thinking about the child’s temperament, how characteristic of the Study Child are the following descriptions? [Card H5]

<table>
<thead>
<tr>
<th>Characteristic</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>Child tends to be shy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child cries easily</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child likes to be with people</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child is always on the go</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child prefers playing with others rather than alone</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child tends to be somewhat emotional</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>When child moves about, he usually moves slowly</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child makes friends easily</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child is off and running as soon as he wakes up in the morning</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child finds people more stimulating than anything else</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child often fusses and cries</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child is very sociable</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child is very energetic</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child takes a long time to warm up to strangers</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child gets upset easily</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child is something of a loner</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child prefers quiet, inactive games to more active ones</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>When alone, child feels isolated</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child reacts intensely when upset</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Child is very friendly with strangers</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Time Section Ended                  

(24 hour clock)

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 a period of time, or times when he/she was minded by someone else, other than you or your partner, on a regular basis by any of the following and, if so, over approximately what period? [Card J1]

<table>
<thead>
<tr>
<th>Ever minded regular basis?</th>
<th>How long did arrangement last?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>A relative in your home</td>
<td>□</td>
</tr>
<tr>
<td>Someone else in your home</td>
<td>□</td>
</tr>
<tr>
<td>In another relative’s home</td>
<td>□</td>
</tr>
<tr>
<td>In someone else’s home</td>
<td>□</td>
</tr>
<tr>
<td>Nanny</td>
<td>□</td>
</tr>
<tr>
<td>In a crèche/day nursery</td>
<td>□</td>
</tr>
<tr>
<td>In Montessori or preschool</td>
<td>□</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>□</td>
</tr>
</tbody>
</table>

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

- [ ] Child minded at home by me or resident partner
- [ ] Paid childminder in his/her own home
- [ ] Au Pair / Nanny
- [ ] Unpaid relative (or family friend) in your own home
- [ ] Paid after-school care in group setting
- [ ] Unpaid relative (or family friend) in his/her own home
- [ ] Homework club
- [ ] Paid relative (or family friend) in your own home
- [ ] After-school activity-based facility
- [ ] Paid relative (or family friend) in his/her own home
- [ ] Special needs facility
- [ ] Paid childminder in your own home
- [ ] Activity Camps (Sports recreation arts/crafts etc)
- [ ] Other

J3. Approximately how many hours per week does the Study Child spend in your 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 spend in your main form of childcare _______ days per week. Not relevant, at home with parent/guardian ___________.

J5. [Int. Ask if NOT codes 1-4 at J2: Approximately how much does childcare for 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 _______ □, Fortnight _______ □, Month _______ □.

J6. Can I just check – does this amount refer only to the Study Child? Yes _____ □, No _____ □. [Int. If No., revise for Study Child only]

J7. During an average week does the Study Child participate in any clubs or organisations outside of school hours, how often they attend, and whether they have to be paid for. [Card J2]

<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, music, arts, drama etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework club</td>
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<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J8. At what level do you think the Study Child was when he/she commenced school? [Card J3]

Emotionally __________________________ □, Socially __________________________ □, Academically __________________________ □.

J9. Thinking of the last academic year, did you attend a formal meeting with the Study Child’s teacher? Yes _____ □, No _____ □.

J10. During the previous school year, about how many days was Study Child absent from school for any reason? [Card J4]

0 days __________________________ □

1 to 3 days __________________________ □, 11 to 20 days __________________________ □, More than 20 days __________________________ □,

4 to 6 days __________________________ □, 7 to 10 days __________________________ □, Not in school last year __________________________ □.

J11. What was the main reason for Study Child being absent from school? [Card J5]

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) __________________________ □.

J12. How often is the Study Child given homework? [Card J6]

Never __________________________ □, Once a week __________________________ □,

Less than once a month __________________________ □, A few times a week __________________________ □,

Once a month __________________________ □, Daily __________________________ □,

A few times a month __________________________ □.

J13. On days when the Study Child is given homework, how much time does he or she usually spend doing homework? [Card J7]

0 to 15 minutes __________________________ □, 1.5 to less than 2 hours __________________________ □,

16 to 30 minutes __________________________ □, 2 to less than 3 hours __________________________ □,

31 minutes to less than one hour __________________________ □, 3 to less than 4 hours __________________________ □,

1 to less than 1.5 hours __________________________ □, 4 hours or more __________________________ □.
- Never or rarely ........................................  □
- Less than once a month ..........................  □
- Once a month ...........................................  □
- A few times a month ..............................  □
- Once a week ..........................................  □
- A few times a week ...............................  □
- Daily ..................................................  □
- Does not apply, child does not need/ask for help ......  □

J15. How often do you provide help with the Study Child’s homework? [Card J9]
- Never or rarely ........................................  □
- Less than once a month ..........................  □
- Once a month ...........................................  □
- A few times a month ..............................  □
- Once a week ..........................................  □
- A few times a week ...............................  □
- Daily ..................................................  □
- Does not apply, child does not need/ask for help ......  □

J16. Based on your knowledge of child’s schoolwork, including his/her report cards, we want to know how well in general you think he/she is doing in mathematics in relation to other children of their age? Do you think he/she is:
- Poor ...................................................  □
- Below average ....................................  □
- Average ...............................................  □
- Above average ....................................  □
- Excellent ..........................................  □

J17. Based on your knowledge of child’s schoolwork, including his/her report cards, we want to know how well in general you think he/she is doing in reading in relation to other children of his/her age? [Card J10]
Do you think he/she is:
- Poor ...................................................  □
- Below average ....................................  □
- Average ...............................................  □
- Above average ....................................  □
- Excellent ..........................................  □

J18. About how many days a week does the Study Child 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 .............................  □

J19. About how many close friends does the Study Child have?
- None ..................................................  □
- 1 ...........................................  □
- 2 or 3 ............................................  □
- 4 or 5 ..........................................  □
- 6 or more ........................................  □

J20. Taking everything into account, how far do you expect the Study Child will go in his/her education or training? [Card J11]
- Junior Certificate or equivalent ..................  □
- Leaving Certificate or equivalent ...............  □
- An apprenticeship or trade ........................  □
- Diploma/Certificate ................................  □
- Degree ................................................  □
- Postgraduate/higher degree .......................  □
- Don’t know ...........................................  □

J21. Parents often has hopes for their child’s future. Below is a list of outcomes that a parent might consider important for a child. Please rank the top three outcomes in order of importance, giving a rank of 1 to the outcome you consider most important for the Study Child, a rank of ‘2’ to the next most important and a rank of ‘3’ to the third most important. [Card J12]

- Be an academic success ........................................  □
- Get a good job ..........................................  □
- Own a house or apartment of his or her own .......  □
- Be happy with his or her life ............................  □
- Be part of a stable, long-term relationship.............  □
- Have good health and fitness ...........................  □
- Be wealthy ...........................................  □
- Have children of his/her own ............................  □
J22. To your knowledge, has your child been a victim of bullying in the last year?

Yes □ No □

J23. What form did the bullying take? [Card J13]

<table>
<thead>
<tr>
<th>Physical bullying</th>
<th>Written messages/notes etc.</th>
<th>Verbal bullying</th>
<th>Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Electronic bullying</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ phone messaging, emails, texts etc.</td>
<td>□</td>
</tr>
</tbody>
</table>

J24. What was the reason for the bullying? [Card J14]

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Physical appearance (clothes, glasses, weight etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical/Learning disability</th>
<th>Gender role</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religion</th>
<th>Teacher's pet</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Class performance</th>
<th>Family background</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Other (specify) □

J25. Has your child been identified with a Specific Learning Difficulty, Communication or Co-ordination Disorder?

Yes □ No □

J26. If yes, what is the nature of the difficulty or disorder? (can be more than one due to co-morbidity)

<table>
<thead>
<tr>
<th>Dyslexia (incl. Dysgraphia, dyscalculia)</th>
<th>Speech &amp; Language Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADHD</th>
<th>Dyspraxia</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Autism</th>
<th>Slow progress (reasons unclear)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Aspergers Syndrome □

J27. Who identified this difficulty?

<table>
<thead>
<tr>
<th>Psychologist</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychiatrist</th>
<th>Family member</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Professional</th>
<th>Carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching Professional</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

J28. How long ago was it identified?

<table>
<thead>
<tr>
<th>Last 6 months</th>
<th>1-2 years</th>
<th>longer than 2 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6-12 months</th>
<th>□</th>
<th>21 to 30</th>
<th>□</th>
<th>More than 30</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td></td>
<td>□</td>
<td></td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

J29. About how many children's books does child have in your home now, including any library books? Would you estimate

None □ 21 to 30 □

Less than 10 □ More than 30 □

10 to 20 □

J30. Do you use the Public Library for your child? Yes □ No □

Time Section Ended     (24 hour clock)
K: FAMILY CONTEXT

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

K2. I am going to read out some statements about the relationship between you and your child. Please list to each statement and describe the degree to which each of the following statements currently applies. [Card K1]

<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>I share an affectionate, warm relationship with my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My child and I always seem to be struggling with each other.</td>
<td></td>
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</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>
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</tr>
<tr>
<td>My child values his/her relationship with me.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My child appears hurt or embarrassed when I correct him/her.</td>
<td></td>
<td></td>
<td></td>
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<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>
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<td></td>
</tr>
<tr>
<td>My child reacts strongly to separation from me.</td>
<td></td>
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<tr>
<td>My child is overly dependent on me.</td>
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<tr>
<td>My child easily becomes angry at me.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My child tries to please me.</td>
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</tr>
<tr>
<td>My child feels that I treat him/her unfairly.</td>
<td></td>
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</tr>
<tr>
<td>My child asks for my help when he/she really does not need help.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>It is easy to be in tune with what my child is feeling.</td>
<td></td>
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<tr>
<td>My child sees me as a source of punishment and criticism.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My child expresses hurt or jealousy when I spend time with other children.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My child remains angry or is resistant after being disciplined.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>Dealing with my child drains my energy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>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>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>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>I often think about my child when at work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>My child is sneaky or manipulative with me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>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>
<tr>
<td>My interactions with my child are a source of great pleasure for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being a parent is more of a worry than a pleasure for me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K3. I would just like to ask some questions about the Study Child’s behaviour over the last 12 months and if you could tell me whether the following statements are true or false for him/her.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Often starts fights or bullies, threatens or intimidates others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has been physically cruel to other people or animals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deliberately destroys or damages property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often lies to obtain goods or favours (i.e., ‘cons’ others)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often truants from school</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K4. Has the Study Child ever come to the notice of the authorities – Social Workers, the Gardai etc. ?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K5. How often do you do the following when the Study Child misbehaves [Card K2]

<table>
<thead>
<tr>
<th>Action</th>
<th>Never</th>
<th>Rarely</th>
<th>Once a month</th>
<th>Daily</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss/Explain why behaviour was wrong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ignore him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smack him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shout or yell at him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Send him/her out of the room or to their bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take away treats/pocket money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tell him/her off</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bribe him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ground him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K12 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: [Card K3]

<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>sit down to eat together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>play sports, cards or games together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>talk about things together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>do household activities together (e.g., gardening, cooking, cleaning, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>go on an outing together (including going shopping or doing)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K13. How often does the Study Child get together with, see or spend time with the following people (excluding those living in your home) [Card K4]

<table>
<thead>
<tr>
<th>Relationship</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>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Uncles/Aunts</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Cousins</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other family members</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
**K14.** Would you like your partner to spend more time, less time or the same amount of time with you and your family rather than at work? [Card K5]

- Much less time
- Less time
- About the same
- Somewhat more time
- Much more time

**K15. Please tell me how strongly you agree or disagree with the following. Because of your job**

A. you are missing out on home or family activities that you would have like to have taken part in .............
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

B. our family time is less enjoyable and more pressured ...
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

C. the time you spend with your family is more enjoyable ...
- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

**Time Section Ended**

(24 hour clock)

**K16.** Listed on this card are 20 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. [Card K6]

<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>You were bothered by things that usually don’t bother you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You did not feel like eating; your appetite was poor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You felt you could not shake off the blues even with help from your friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You felt that you was just as good as other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>you had trouble keeping your mind on what you was doing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You felt depressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You felt that everything you did was an effort</td>
<td></td>
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<tr>
<td>You felt hopeful about the future</td>
<td></td>
<td></td>
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<tr>
<td>You thought your life had been a failure</td>
<td></td>
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<tr>
<td>You felt fearful</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Your sleep was restless</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>You were happy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>You talked less than usual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You felt lonely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People were unfriendly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You enjoyed life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You had crying spells</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You felt sad</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You felt that people disliked you</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You could not get ‘going’</td>
<td></td>
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</tbody>
</table>
K17. Now we have a further set of questions about the Study Child and the family. I am going to read out a list of questions and would like you to answer Yes or No to each.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the family have a fairly regular &amp; predictable daily schedule for the Study Child (meals, child-minding, bedtime, how much TV, homework)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you sometimes yield to the Study Child's fears or rituals (allow night light, accompanies the Study Child to new experiences etc.)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the Study Child been praised at least twice during the past week for doing something?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the family require the Study Child to carry out certain so-called 'self-care' routines e.g. makes bed, cleaning room, cleaning up after spills etc.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the family require the Study Child to keep the living and play area reasonably clean and tidy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the Study Child put his/her own outdoor clothes, dirty clothes, night clothes in a special place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you (the parents) set limits for the Study Child and generally enforce them?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you consistent in establishing or applying family rules?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you lost your temper with the Study Child more than once in the last week?</td>
<td></td>
<td></td>
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<tr>
<td>Have you physically punished the Study Child more than once in the last month?</td>
<td></td>
<td></td>
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<tr>
<td>Can the Study Child express negative feelings towards his/her parents without harsh reprisals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you cried or been visibly upset in front of the Study Child more than once in the past week?</td>
<td></td>
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</tr>
<tr>
<td>Does the Study Child have a special place to keep his/her possessions?</td>
<td></td>
<td></td>
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<tr>
<td>Do you buy and read a newspaper every day?</td>
<td></td>
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<tr>
<td>Does the family have a dictionary and encourage the Study Child to use it?</td>
<td></td>
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<tr>
<td>Has the Study Child been visited by a friend by him/herself in the past week?</td>
<td></td>
<td></td>
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<tr>
<td>Does the Study Child have free access to tapes, CD, or record player or radio?</td>
<td></td>
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<tr>
<td>Does the Study Child have access at home to any musical instruments (piano, drum, ukulele, guitar etc.)?</td>
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<tr>
<td>Does the Study Child have access to at least 10 books appropriate to his/her age?</td>
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<tr>
<td>Does the Study Child have access to a desk or other suitable place for reading or studying?</td>
<td></td>
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<tr>
<td>Does the family have a TV which you use judiciously, not left on all the time?</td>
<td></td>
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<tr>
<td>Does the family encourage the Study Child to develop and sustain hobbies?</td>
<td></td>
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<tr>
<td>Is the Study Child regularly included in the family's recreational hobby?</td>
<td></td>
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<tr>
<td>Does the family provide lessons or membership of groups to support the Study Child's talents (eg membership of a youth club, gym. lessons, art centre etc.)</td>
<td></td>
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<tr>
<td>Does the Study Child have ready access to at least two pieces of playground equipment in the immediate vicinity of your home?</td>
<td></td>
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<tr>
<td>Does the Study Child have access to a library card and family arranges to go to library once a month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a family member taken the Study Child to (or arranged for the Study Child to visit) a scientific, historical or art museum within the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a family member taken the Study Child on (or arranged for child to take) a plane, train, or bus trip within the past year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the family visit or receive visits from relatives or friends at least twice a month?</td>
<td></td>
<td></td>
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<tr>
<td>Has the Study Child accompanied a parent on a family shopping trip of any kind 3-4 times within the past year (to a clothes shop, household goods repair shop, garage etc.)</td>
<td></td>
<td></td>
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<tr>
<td>Has a family member taken the Study Child (or arranged for the Study Child to attend) some type of live musical or theatre performance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a family member taken the Study Child (or arranged for the Study Child to take) a trip of more than 50 miles from home (one way distance)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you (the parents) discuss TV programs with the Study Child?</td>
<td></td>
<td></td>
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<tr>
<td>Do you (the parents) help the Study Child to achieve advanced motor skills – ride a bike, roller skate, ice skate, play ball etc.?</td>
<td></td>
<td></td>
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<tr>
<td>Does the Study Child's father or father figure regularly engage in outdoor recreation with the Study Child?</td>
<td></td>
<td></td>
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<tr>
<td>Does the Study Child spend some time with his/her father 4 days a week?</td>
<td></td>
<td></td>
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<tr>
<td>Does the Study Child eat at least 1 meal per day, on most days, with his/her mother and father?</td>
<td></td>
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<tr>
<td>Has the Study Child lived with this family all his/her life apart from 2-3 week holidays, visits to grandparents etc?</td>
<td></td>
<td></td>
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<tr>
<td>Does the Study Child's room have a picture or wall decoration which is appealing to children</td>
<td></td>
<td></td>
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</tbody>
</table>
K20. Does the Study Child belong to any religious denomination  Yes ...... □  No ...... □

K21. If yes, which one [Card K7]
Christian – no denomination .................................................. □
Roman Catholic .................................................................. □
Anglican/Church of Ireland/Episcopalian ................................. □
Other Protestant ..................................................................... □
Other (specify) ........................................................................ □
Refuse/no answer......................................................................... □

K22. How regularly does the Study Child attend religious service?

Daily □ Weekly □ Monthly □ Less Often □ Special Occasions □ Never □ Refused □

K23. In general, would you describe yourself as a religious or spiritual person?
Not at all ...... □ A little........ □ Quite........ □ Very much so .......... □ Extremely .... □

Time Section Ended □ □ □ □ (24 hour clock)

M: SOCIO-DEMOGRAPHICS

L1. I would now like to ask you questions about whether or not the HOUSEHOLD possesses certain items. It does not matter whether the item is owned or rented. Please tell me whether or not the household possesses the following

Possess? Yes □ No □

TV for personal use ......................................................... □
Television .......................................................................... □
Video recorder / DVD player ........................................... □
Stereo ................................................................................ □
Computer ............................................................................. □
Dishwasher .......................................................................... □

L2a. 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?

In the last 12 months has your household paid for a week’s holiday away from home? Yes □ No, Cannot Afford □ No, other reason □

Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) every second day? □

Does your household have a roast joint (or its equivalent) once a week? □

Do household members buy new rather than second-hand clothes? □

Does each household member possess a warm waterproof coat? □

Does each household member possess two pairs of strong shoes? □

Does the household replace any worn out furniture? □

Does the household keep the home adequately warm? □

Does the household have family or friends for a drink or meal once a month? □

Does the household buy presents for family or friends at least once a year? □

Do the household members have hobbies or leisure activities? □
L2b. Does the Study Child have........

- Would like to have, but cannot afford at the moment
- Does not need at the moment

A hobby or leisure activity
Friends round for tea or a snack once a fortnight
Enough bedrooms for every child over 10 of different sex to have
his or her own bedroom
Celebrations on special occasions such as birthdays, Christmas or other religious festivals
Going on a school trip at least once a term for school-aged children

L3. Can your household afford an unexpected expense of €1,000 without borrowing?
[INT: If the payment was made on credit then the account should be debited within 1 month.]

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

L4. 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? [Card L1]

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

L5. During the last fortnight was there ever a day (i.e. from getting up to going to bed) when you did not have a substantial meal due to lack of money?

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

L6. 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

L7. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

L8. Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet? [Card L1]

<table>
<thead>
<tr>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly Easily</th>
<th>Easily</th>
<th>Very Easily</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
L16. Which of these descriptions BEST describes your usual situation in regard to work? [Card L3]

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

L17. 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

L18. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible

L19. Do you supervise or manage any personnel in your job?

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

L20. How many?

L21. How many employees (if any) do you have?

Employees ................. [ ]
Not applicable .................... [ ]

L22. Apart for holiday or casual work, have you ever had a job?

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

L23. In what year did you last work? ___________

L24. When you last worked were you?

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

L25. From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home?

I prefer 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 cannot earn 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) ....................................................................................................... [ ]

L9. I would now like to ask you some questions about your accommodation: Is this accommodation a:

- House ................................................................................................................................ [ ]
- Apartment / Flat / Bedsit .................................................................................................. [ ]
- Other (specify) ................................................................................................................ [ ]

L10. From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation? [Card L2]

- Owner occupied ............................................................................................................... [ ]
- Being purchased from a Local Authority under a Tenant Purchase Scheme ..................... [ ]
- Rented from a Local Authority ......................................................................................... [ ]
- Rented from a Voluntary Body .......................................................................................... [ ]
- Rented from a Private Landlord ....................................................................................... [ ]
- Occupied free of rent from your or your partner’s job (caretaker, company official etc.) .... [ ]
- Living free of rent with your (or your partner’s) parent(s) ................................................... [ ]
- Living with and paying rent to your (or your partner’s) parent(s) ...................................... [ ]
L11. How many separate bedrooms are in the accommodation? _______________ bedrooms

L12. Does the Study Child have his/her own bedroom? Yes ...........□₁ No........□₂

L13. How many others does the Study Child share a bedroom with? _______________

L14. Whom does the Study Child share a bedroom with?

Parent(s) .................................................□₁ Other male relative ........................□₄
Brother ..................................................□₂ Other female relative ..................□₅
Sister .....................................................□₃ Other (specify) ..............................□₆

L15. Do your dwelling have access to a garden?

Yes, sole use ................□₁ Yes, shared use ................□₂ No ............□₃

L26. Would you describe the place where your household is situated as being.....?

In open country ....................□₄ In a city ........................................□₅
In a village ................................□₂ In Dublin City or County...............□₃
In a town (1,500+) ................□₃

Time Section Ended (24 hour clock)

HOUSEHOLD INCOME

L27. Which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own income. [INT. Tick ‘Yes’ or ‘No’ for each in Col. A]

L28. And of these sources of income which is the largest source of income at present? [INT Tick 1 box, Col. B] [Card L4]

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>A Receive?</th>
<th>B Largest Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages or Salaries</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>Income from Self-Employment</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>Income from Farming</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>Social Welfare Income (incl. Child Benefit)</td>
<td>□₁</td>
<td>□₁</td>
</tr>
<tr>
<td>Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)</td>
<td>□₁</td>
<td>□₁</td>
</tr>
</tbody>
</table>

L29a. If you added up all the income sources from ALL household members what would be the HOUSEHOLD total NET income, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above and from all household members.

€ ________________ per Week.......□₁ Month.......□₂ Year ...........□₃
L29b. [INT: IF CANNOT GIVE EXACT FIGURE]
I know that it is difficult to give an exact figure for household income but here is a scale of incomes, and we would like to know in what group your HOUSEHOLD total NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above.

[Int: Show Card] Looking at this card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Card L5]

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €120</td>
<td>Under €500</td>
<td>Under €6,000</td>
<td>A</td>
</tr>
<tr>
<td>€120 to under €180</td>
<td>€500 to under €750</td>
<td>€6,000 to under €9,500</td>
<td>B</td>
</tr>
<tr>
<td>€180 to under €230</td>
<td>€780 to under €1,000</td>
<td>€9,500 to under €12,000</td>
<td>C</td>
</tr>
<tr>
<td>€230 to under €350</td>
<td>€1,000 to under €1,500</td>
<td>€12,000 to under €18,000</td>
<td>D</td>
</tr>
<tr>
<td>€350 to under €460</td>
<td>€1,500 to under €2,000</td>
<td>€18,000 to under €24,000</td>
<td>E</td>
</tr>
<tr>
<td>€460 to under €580</td>
<td>€2,000 to under €2,500</td>
<td>€24,000 to under €30,000</td>
<td>F</td>
</tr>
<tr>
<td>€580 to under €690</td>
<td>€2,500 to under €3,000</td>
<td>€30,000 to under €36,000</td>
<td>G</td>
</tr>
<tr>
<td>€690 to under €1,150</td>
<td>€3,000 to under €5,000</td>
<td>€36,000 to under €60,000</td>
<td>H</td>
</tr>
<tr>
<td>€1,150 to under €1,730</td>
<td>€5,000 to under €7,500</td>
<td>€60,000 to under €90,000</td>
<td>J</td>
</tr>
<tr>
<td>€1,730 to under €2,310</td>
<td>€7,500 to under €10,000</td>
<td>€90,000 to under €120,000</td>
<td>K</td>
</tr>
<tr>
<td>€2,310 to under €3,000</td>
<td>€10,000 to under €13,500</td>
<td>€120,000 to under €160,000</td>
<td>L</td>
</tr>
<tr>
<td>€3,000 or more</td>
<td>€13,500 or more</td>
<td>€160,000 or more</td>
<td>M</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
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</tbody>
</table>

Don't Know .........................................................................................  

COPPLE INCOME

L30. 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 L31a  Other households members...........☐Go to L32

L31a. No I would like you to think ONLY OF THE INCOME WHICH YOUR AND YOUR PARTNER / SPOUSE RECEIVE

L31b. If you added up all the income sources from 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.

€________________________ per Week.......☐  Month...........☐  Year ...........☐
L31c [INT: IF RESP. CANNOT GIVE EXACT FIGURE] I know that it is difficult to give an exact figure for the income of you and your spouse/partner but here is a scale of incomes, and we would like to know in what group the TOTAL NET OF YOU AND YOUR SPOUSE/PARTNER falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above received by you and your partner/spouse. Include income from employment as an employee, from self-employment, from Social Welfare payments and from other sources such as maintenance payments, investments, savings, dividends, private pensions, property.

[INT: Show Card] So, looking at this card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Card L5]

**NET INCOME OF RESPONDENT AND SPOUSE/Partner AFTER DEDUCTIONS OF TAX AND PRSI**

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €120</td>
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<td>€460 to under €580</td>
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</tr>
<tr>
<td>€1,150 to under €1,730</td>
<td>€5,000 to under €7,500</td>
<td>€60,000 to under €90,000</td>
<td>J</td>
</tr>
<tr>
<td>€1,730 to under €2,310</td>
<td>€7,500 to under €10,000</td>
<td>€90,000 to under €120,000</td>
<td>K</td>
</tr>
<tr>
<td>€2,310 to under €3,000</td>
<td>€10,000 to under €13,500</td>
<td>€120,000 to under €160,000</td>
<td>L</td>
</tr>
<tr>
<td>€3,000 or more</td>
<td>€13,500 or more</td>
<td>€160,000 or more</td>
<td>M</td>
</tr>
<tr>
<td>Refused</td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td>O</td>
</tr>
</tbody>
</table>

L32. Do you or your partner receive any Social Welfare payments? Yes ...... [ ] No ........ [ ]

L33. Now I’d like to get information on any Social Welfare payments YOU OR YOUR PARTNER are receiving. Looking at this card could you tell me whether or not you or your partner currently receive any of these Social Welfare and if so how much you receive each week? [INT Tick payments which either partner receives]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RETIRED PERSONS’ PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Retirement Pension</td>
<td>Old Age (Non-Contributory) Pension</td>
</tr>
<tr>
<td>Old Age (Contributory) Pension</td>
<td>Pre-Retirement Allowance</td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Widow’s or Widower’s (Contributory) Pension</td>
<td>Deserted Wife’s Allowance</td>
</tr>
<tr>
<td>Deserted Wife’s Benefit</td>
<td>Prisoner’s Wife’s Allowance</td>
</tr>
<tr>
<td>Widowed Parent Grant</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Widow’s or Widower’s (Non-Contributory) Pension</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Health &amp; Safety Benefit</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>Orphan’s (Contributory) Allowance</td>
</tr>
<tr>
<td></td>
<td>Orphan’s (Non-Contributory) Pension</td>
</tr>
<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Disability Benefit</td>
<td>Injury Benefit</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>Unemployability Supplement</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>Disablement Benefit</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Medical Care Scheme</td>
</tr>
<tr>
<td>Carer’s Benefit</td>
<td>Constant Attendance Allowance</td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>Death Benefits (Survivor's Benefits)</td>
</tr>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Unemployment Benefit</td>
<td>Unemployment Assistance</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td></td>
</tr>
<tr>
<td>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td></td>
</tr>
</tbody>
</table>
L34. Do you or your partner currently receive child benefit? Yes □, No □.

L35. Do you or your partner currently receive rent or mortgage supplement? Yes □, No □.

L36. How much do you receive per week in rent or mortgage supplement? €______

L36. What is the usual NET or TAKE-HOME pay which you and your spouse/partner receive, including usual overtime, bonuses and commissions after deductions for tax and PRSI only?

€_______________ per Week... □, Month... □, Year... □.

L37. Ask if receive income from self-employment/farming.
I would like you to think about pre-tax profit from your or your spouse’s/partner’s business or farm for the most recent 12 month period for which information is available. By pre-tax profit I mean total revenue from the business after deducting all expenses and wages paid to staff, but before deducting income tax. Profits include money drawn out for private use by you, your spouse/partner or your household. If it would help, perhaps you could consult your most recent accounts.

PRE-TAX PROFIT €_______________ Broke even/ No profit or loss... □, Don’t know... □.

IF DON'T KNOW ASK:
I know that it is difficult for self-employed people to give an exact figure for their income but perhaps you could indicate the scale of profits. Looking at the ranges on this card could you tell me which comes closest to what you estimate your profit was. [Card L6]

Under €6,000.................................................. □, €30,000 to under €36,000 ................. □;

€6,000 to under €9,500.................. □, €36,000 to under €60,000 ................. □;

€9,500 to under €12,000................. □, €60,000 to under €90,000 ................. □;

€12,000 to under €18,000.............. □, €90,000 to under €120,000 ................. □;

€18,000 to under €24,000............. □, €120,000 to under €160,000 ................. □;

€24,000 to under €30,000............ □, €160,000 or more........................... □.

L38. Could I ask for your Personal Public Service Number (PPS No)

L39. What is the highest level of education you have completed to date? [Card L7]

Primary or less........................................... □, Intermediate/junior/Group Certificate or equivalent □;

Leaving Certificate or equivalent............. □, Diploma/Certificate ......................... □;

Primary degree ..................................... □, Postgraduate/Higher degree .......... □;

Refusal .............................................. □.

L40. What language or languages do you speak most often at home?

English................................................. □, Irish................................. □;

Arabic................................................. □, French............................... □;

Polish.................................................. □, Russian......................... □;

Czech................................................. □, Latvian......................... □;

Portuguese........................................... □, Spanish......................... □;

Chinese.............................................. □, Lithuanian................. □;

Romanian.......................................... □, Other (specify)........... □.

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 storybook?

Yes □, No □.

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

Yes □, No □.

[Int: Ask L43 and L44 only if any language other than Irish or English is usually spoken at home see L40 above]
L43. You mentioned that you spoke <language> [Int See L40 above] at home, can I just check, can you read aloud to a child from a children’s storybook written in English?

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

L44. Can you usually read and fill out forms you might have to deal with in English?

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

L45. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

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

L46. Are you a citizen of Ireland?  Yes.........[□]  No...........[□]  Don’t know ........[□]

L47. What citizenship do you hold? ____________________________________ Don’t know ..................[□]


L49. In which country were you born? ____________________________________ Don’t know ..................[□]

L51. How long ago did you first come to live in Ireland?

Within the last year [□]  1-5 years ago [□]  6-10 years ago [□]  11-20 years ago [□]  More than 20 years ago [□]  Don’t know [□]

L52. And what about the Study, Child. Is he / she a citizen of Ireland? Yes.........[□]  No.........[□]  DK [□]

L53. What citizenship does he / she hold? ____________________________________ Don’t know ........[□]

L54. Was the Study Child born in Ireland?  Yes.........[□]  No...........[□]

L55. In which country was he/she born? ____________________________________ Don’t know [□]

L56. How long ago did the Study Child first come to live in Ireland?

Within the last year [□]  1-5 years ago [□]  6-10 years ago [□]  11-20 years ago [□]  More than 20 years ago [□]  Don’t know [□]

L57. What is your ethnic or cultural background? [Card L8]

<table>
<thead>
<tr>
<th>White</th>
<th>Black or Black Irish</th>
<th>Asian or Asian Irish</th>
<th>Other – incl. mixed background</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irish</td>
<td>[□]</td>
<td>[□]</td>
<td>[□]</td>
</tr>
<tr>
<td>Irish Traveller</td>
<td>[□]</td>
<td>[□]</td>
<td>[□]</td>
</tr>
<tr>
<td>Any other White background</td>
<td>[□]</td>
<td>[□]</td>
<td>[□]</td>
</tr>
</tbody>
</table>
M82. I would like you to look at the following set of words. From the 6 words on the right I would like you to select the one which is closest in meaning to the one on the left in capital letters. [Card L9]

<p>| | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. TOMATO</td>
<td>fly</td>
<td>Wood</td>
<td>Fruit</td>
<td>lock</td>
<td>dunce</td>
<td>step</td>
<td></td>
</tr>
<tr>
<td>2. TOSS</td>
<td>throw</td>
<td>Hide</td>
<td>Dive</td>
<td>catch</td>
<td>roll</td>
<td>pull</td>
<td></td>
</tr>
<tr>
<td>3. DAMP</td>
<td>light</td>
<td>Sweet</td>
<td>Wet</td>
<td>bag</td>
<td>letter</td>
<td>flag</td>
<td></td>
</tr>
<tr>
<td>4. REST</td>
<td>cry</td>
<td>go away</td>
<td>run up</td>
<td>sing</td>
<td>taste</td>
<td>lie down</td>
<td></td>
</tr>
<tr>
<td>5. CRUEL</td>
<td>clean</td>
<td>Pretty</td>
<td>water</td>
<td>green</td>
<td>found</td>
<td>unkind</td>
<td></td>
</tr>
<tr>
<td>6. RECEIVE</td>
<td>walk</td>
<td>Believe</td>
<td>money</td>
<td>accept</td>
<td>empty</td>
<td>drive</td>
<td></td>
</tr>
<tr>
<td>7. BATTLE</td>
<td>stroll</td>
<td>Snow</td>
<td>bowl</td>
<td>light</td>
<td>fight</td>
<td>last</td>
<td></td>
</tr>
<tr>
<td>8. PATCH</td>
<td>mend</td>
<td>Hand</td>
<td>switch</td>
<td>watch</td>
<td>bang</td>
<td>cook</td>
<td></td>
</tr>
<tr>
<td>9. DISTURB</td>
<td>transfer</td>
<td>Lick</td>
<td>doubt</td>
<td>skip</td>
<td>upset</td>
<td>fire</td>
<td></td>
</tr>
<tr>
<td>10. BLAZE</td>
<td>kitchen</td>
<td>Grass</td>
<td>flare</td>
<td>coat</td>
<td>roof</td>
<td>side</td>
<td></td>
</tr>
<tr>
<td>11. MALARIA</td>
<td>basement</td>
<td>Theatre</td>
<td>ocean</td>
<td>fever</td>
<td>fruit</td>
<td>tune</td>
<td></td>
</tr>
<tr>
<td>12. FASCINATED</td>
<td>ill-treated</td>
<td>poisoned</td>
<td>frightened</td>
<td>modelled</td>
<td>charmed</td>
<td>copied</td>
<td></td>
</tr>
<tr>
<td>13. LIBERTY</td>
<td>freedom</td>
<td>Rich</td>
<td>forest</td>
<td>worry</td>
<td>serviette</td>
<td>cheerful</td>
<td></td>
</tr>
<tr>
<td>14. STUBBORN</td>
<td>steady</td>
<td>obstinate</td>
<td>orderly</td>
<td>hopeful</td>
<td>hollow</td>
<td>slack</td>
<td></td>
</tr>
<tr>
<td>15. PRECISE</td>
<td>natural</td>
<td>Faulty</td>
<td>stupid</td>
<td>exact</td>
<td>grand</td>
<td>small</td>
<td></td>
</tr>
<tr>
<td>RESEMBLANCE</td>
<td>memory</td>
<td>assemble</td>
<td>attendance</td>
<td>fondness</td>
<td>repose</td>
<td>likeness</td>
<td></td>
</tr>
<tr>
<td>ANONYMOUS</td>
<td>applicable</td>
<td>Insulting</td>
<td>nameless</td>
<td>magnificent</td>
<td>fictitious</td>
<td>untrue</td>
<td></td>
</tr>
<tr>
<td>18. ELEVATE</td>
<td>raise</td>
<td>Revolve</td>
<td>waver</td>
<td>move</td>
<td>work</td>
<td>disperse</td>
<td></td>
</tr>
<tr>
<td>19. TASK</td>
<td>horn</td>
<td>Trap</td>
<td>problem</td>
<td>game</td>
<td>jail</td>
<td>job</td>
<td></td>
</tr>
<tr>
<td>COURTEOUS</td>
<td>dreadful</td>
<td>Polite</td>
<td>courtsey</td>
<td>proud</td>
<td>short</td>
<td>truthful</td>
<td></td>
</tr>
<tr>
<td>21. PROSPER</td>
<td>imagine</td>
<td>Succeed</td>
<td>punish</td>
<td>propose</td>
<td>beseech</td>
<td>trespass</td>
<td></td>
</tr>
<tr>
<td>22. LAVISH</td>
<td>unaccountable</td>
<td>Romantic</td>
<td>extravagant</td>
<td>selfish</td>
<td>lawful</td>
<td>praise</td>
<td></td>
</tr>
<tr>
<td>23. IMMERSE</td>
<td>frequent</td>
<td>Reverse</td>
<td>rise</td>
<td>hug</td>
<td>dip</td>
<td>show</td>
<td></td>
</tr>
<tr>
<td>24. CONCILIATE</td>
<td>congregate</td>
<td>Pacify</td>
<td>compress</td>
<td>reverse</td>
<td>radiate</td>
<td>strengthen</td>
<td></td>
</tr>
<tr>
<td>25. ENVISAGE</td>
<td>effeble</td>
<td>surround</td>
<td>activate</td>
<td>contemplate</td>
<td>estrange</td>
<td>regress</td>
<td></td>
</tr>
<tr>
<td>26. AMULET</td>
<td>cameo</td>
<td>Flirtation</td>
<td>charm</td>
<td>jacket</td>
<td>crest</td>
<td>savoury</td>
<td></td>
</tr>
<tr>
<td>27. GARRULOUS</td>
<td>talkative</td>
<td>Massive</td>
<td>ridiculous</td>
<td>daring</td>
<td>ugly</td>
<td>fast</td>
<td></td>
</tr>
<tr>
<td>28. LIBERTINE</td>
<td>profligate</td>
<td>Farrago</td>
<td>regicide</td>
<td>rescuer</td>
<td>canard</td>
<td>missionary</td>
<td></td>
</tr>
<tr>
<td>29. BOMBASTIC</td>
<td>democratic</td>
<td>bickering</td>
<td>destructive</td>
<td>anxious</td>
<td>cautious</td>
<td>pompous</td>
<td></td>
</tr>
<tr>
<td>30. LEVITY</td>
<td>parsimony</td>
<td>Salutary</td>
<td>Alacrity</td>
<td>frivolity</td>
<td>velicity</td>
<td>tariff</td>
<td></td>
</tr>
<tr>
<td>31. WHIM</td>
<td>complain</td>
<td>Tonic</td>
<td>Wind</td>
<td>noise</td>
<td>fancy</td>
<td>rush</td>
<td></td>
</tr>
<tr>
<td>32. RUSE</td>
<td>limb</td>
<td>Trick</td>
<td>Colour</td>
<td>paste</td>
<td>burn</td>
<td>rude</td>
<td></td>
</tr>
<tr>
<td>33. RECUMBENT</td>
<td>fugitive</td>
<td>unwieldy</td>
<td>Penitent</td>
<td>cumbersome</td>
<td>repelling</td>
<td>reclining</td>
<td></td>
</tr>
</tbody>
</table>
N. FOR THE INTERVIEWER

N1. **Home Questionnaire.** INTERVIEWER – please complete the following questions as soon after you have left the household as possible. Tick ‘Yes’ or ‘No’ in respect of each.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the parent(s) encourage the child to the conversation during your visit?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent(s) show some positive emotional response to praise of the child by the interviewer?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent respond to the child’s questions during your visit?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent(s) use complete sentence structures and some long words in conversing with the interviewer?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>When speaking of or to the child did the parent voice convey positive feelings?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent(s) initiate verbal interchanges with the interviewer, ask questions, make spontaneous comments?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent(s) introduce the interviewer to the child?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent violate the rules of common courtesy during the visit?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent talk to the child during your visit (beyond correction and introduction)?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent use some term of endearment or some diminutive for the child’s name when talking about the child at least twice during your visit?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the parent express overt annoyance with or hostility towards the child (complains, describes child as ‘bad’, says child won’t ‘mind’ etc.)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Has the house at least two pictures or other types of art work on the walls?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Was the interior of the house or apartment dark or perpetually monotonous?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>In terms of available floorspace were the rooms overcrowded with furniture?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Were all visible rooms of the house reasonably clean and minimally cluttered?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Were there at least 100 square feet of living space per person in the house?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Was the house overtly noisy – TV, shouts of children, radio etc.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Has the building any potentially dangerous structural or health defects (e.g. plaster coming down from ceiling, stairway boards missing, rodents etc.?)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Does the child have an outside play area?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Did the child’s outside play area appear safe and free of hazards?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

N2. **Did the respondent ask for clarification on any questions?**

Never  □   Almost never □   Now and then □   Often □   Very often □   Don’t know □

N3. **Did you feel that the respondent was reluctant to answer any questions?**

Never  □   Almost never □   Now and then □   Often □   Very often □   Don’t know □

N4. **Did you feel that the respondent tried to answer the questions to the best of his or her ability?**

Never  □   Almost never □   Now and then □   Often □   Very often □   Don’t know □

N5. **Overall, did you feel that the respondent understood the questions?**

Never  □   Almost never □   Now and then □   Often □   Very often □   Don’t know □

N6. **Was anyone else present at the interview?**

Yes □   No □

N7. **Who was this?** Tick all that apply.

- Spouse/partner □
- Study Child □
- Other child □
- Other adult □
B2. Mother / Lone Father questionnaire – supplementary (white)
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
STRICTLY CONFIDENTIAL
MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

AREA   HOUSEHOLD   RESPONDENT

Time Section Started   (24 hour clock)

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

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

S1. Are you the biological parent of the Study Child?
   Yes..................□  → Go to S12  No..................□  → Go to S2

S2. Are you the adoptive parent of the Study Child?
   Yes..................□  → Go to S7
   No..................□   → Go to S2

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

S4. Was this a within family adoption?
   Yes ........□  No ........□

S5. From which country?
   __________________________

S6. What age was the Study Child when you adopted him/her? ________ years
   NOW PLEASE GO TO S12

S7. Are you the foster parent of the Study Child?
   Yes..................□  → Go to S12
   No..................□   → Go to S2

S8. How long has the Study Child been with your family? ________ yrs ________ mths ________ days

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

S10. How many previous foster placements has the Study Child been in? ________ previous placements DK□

S11. Immediately before coming to live with you was the Study Child living with another foster family,
his/her family or in institutional care?
   Another foster family........□  Own family ........□  Institutional care ........□
   NOW PLEASE GO TO S12

S12. Because the issue of family life is so important, one of the areas of interest to us is the effect of family
changes on both parents and children. We would now like to ask some questions about your family
and marital history.
   Have there been any period(s) of 3 months or longer when the Study Child didn’t live with you?
   Yes..................□  No..................□

S13. How many periods of 3 months or longer when the Study Child didn’t live with you?
   One ........□  Two ........□  Three ........□  Four or more ........□
S14. Looking at this card, could you tell me which of these codes best describes your current legal marital status? [Card S1]

- Married
- Separated
- Divorced
- Widowed
- Never Married

S15. Are you currently living with your husband/wife?

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

S16. Are you currently living with another partner?

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

S17. Are you currently living with a partner?  Yes...  No...

S18. Interviewer: Is respondent living with a spouse/partner(S15/S16/S17)?  Yes...  No...

S19. Since when have you and your spouse or partner been living together?   (mth)   (year)

S20. Could you indicate which of these codes best describes spouse’s / partner’s relationship with the Study Child? (Card S2)

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

S21. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? (Card S3)

Most days ........................................ Go to S22
At least once a week.......................... Go to S22
Less than once a week........................ Go to S22

S22. How often would you argue about the child(ren)? (Still Card S3)

Most days ........................................ Go to S23
At least once a week.......................... Go to S23
Less than once a week........................ Go to S23

S23. When you and your partner argue, how often do you ............... (Card S4)

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

Almost never/ Never  | Not very often  | Sometimes  | Often  | Almost always/ always

S24. And to end an argument, how often would you [Still Card S4]

- 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

Almost never/ Never  | Not very often  | Sometimes  | Often  | Almost always/ always

S25. Here is a scale from 1-7 where ‘1’ means that you are very unhappy and ‘7’ means that you are very happy in your relationship. Please tick the box to indicate which best describes how happy or unhappy you are with your relationship, all things considered. (Card S5)

Very Unhappy  | Very Happy

1  2  3  4  5  6  7

S26. Who usually makes the major decisions about how to bring up the Study Child?  Tick one box only

- Mostly me
- Mostly my spouse/partner
- Sometimes me/sometimes my spouse/partner
- We decide/decided together
- Someone else
- Does not apply
Interviewer: If respondent is not currently living with biological father of Study Child ask: S27, otherwise go to S31

S27. Were you ever married to or did you ever live with the Study Child’s father?

Yes, married to .............................. 1  
Yes, lived with .............................. 2  
No ........................................... 3  
Adoptive/Foster parent .................. 4

S28. When did you separate or split up with the Study Child’s father?

Spouse / Partner died .............................................. 1  
Go to S31  
Longer than 10 years ago .............................................. 4  
Go to S29  
In the last 4 years .............................................. 1  
Go to S29  
Before child was born .............................................. 3  
Go to S29  
Longer than 4 years ago but less than 10 ................................. 2  
Go to S29  
We were never a couple .............................................. 5  
Go to S29

Interviewer: If code 1, go to S31.

S29. Do you have a formal or informal custody arrangement regarding the Study Child and where he/she lives?

Formal .............................................. 1  
Informal .............................................. 2

S30. Briefly describe that arrangement

S31. 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 S33

S32. How many?

One ..................... 1  
Two ...................... 3  
Three or more .............. 4

S33. Thinking back over the last year how often have you taken any of the following? (Show Card S6)

<table>
<thead>
<tr>
<th>A. Sleeping pills</th>
<th>Never</th>
<th>Now and again</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<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>

S34. Have you ever been in trouble with the Gardaí (other than for traffic offences) since the Study Child was born?

Yes ................... 1  
No ................... 2  
Go to S36

S35. Have you ever been to prison?

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

S36. Again, can we just check, does the other parent of the Study Child live here with you or elsewhere?

Lives here ................... 1  
Deceased ................... 2  
Go to S32  
Lives elsewhere ................... 3  
Go to S37

S37. When did (the non-resident) father / mother stop living with you and the Study Child?

Month ......... 1  
Year .......... 2  
Never lived together .......... 3

S38. How far does the Study Child’s non-resident father/ mother live from here?

Within ½ hours drive from here ...................................... 1  
Between ½ and 1 hours drive from here ............................. 2  
More than 1 hours drive from here .................................. 3  
Outside the country .................................................. 4

S39. Do you and the Study Child non-resident father/ mother have shared parenting of the Study Child on a regular basis?

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

S40. Please describe the nature of this shared parenting


S41. How often does the Study Child see his non-resident father/ mother?

- Daily ........................................................................... 1
- Monthly ...................................................................... 4
- Once or twice a week ................................................... 2
- Less than once a month .............................................. 5
- Weekly .......................................................................... 3
- Less than once a year .................................................... 6

S42. How did you arrive at the current arrangement for the non-resident father’s / mother’s time spent with the Study Child?

- Formal court arrangement ........................................... 1
- Formal negotiated arrangement, other than legal (eg counsellor) ................................................... 2
- Mutual arrangements with no third party negotiator ......................................................................... 3
- No regular arrangements ............................................ 4

S43. Does the Study Child’s non-resident father/ mother pay anything directly to the RENT OR MORTGAGE of your home?

- Yes, he pays the full amount of the rent or mortgage ......................................................................... 1
- Yes, he pays a contribution of the rent or mortgage .............................................................................. 2
- No, he does not contribute to the rent or mortgage ............................................................................... 3
- There is no rent or mortgage due on the accommodation ........................................................................ 4

S44. How much does he pay per month? **€ __________________ per MONTH**

S45. Does the Study Child’s non-resident father/ mother pay any financial support directly to you other than the rent or mortgage?

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

S46. How much does he/she pay per week / fortnight/ month?

- **€ __________________ per Week.......................... 1**
- **€ __________________ per Month.......................... 2**
- **€ __________________ per Year.............................. 3**

S47. About how much per year?

- **€ __________________ per year**

S48. Who decided on these amounts?

- Your decision........................................................................................................................................... 1
- Father’s decision...................................................................................................................................... 2
- Mutual agreement.................................................................................................................................... 3
- Court decision ........................................................................................................................................... 4

S49. How often do you talk to the Study Child’s non-resident parent about the Study Child?

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

S50. How well do you get on with the Study Child’s non-resident parent? Would you say your relationship is

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

S51. We would like to send a short questionnaire to the Study Child’s other biological parent. 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 other biological parent?

- Yes .................................................................................... 1
- No, does not wish other parent to be interviewed ............................................................................. 2
- No, does not have contact details for other parent .............................................................................. 3

S52. What is your date of birth? ______ day ______ month ______ year

S53. Int: Is respondent male or female?

- Male........................................................................... 1
- Female ......................................................................... 2

S54. Time Section Ended ____________ (24 hour clock)

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.

YOUR ASSISTANCE IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST IN DEVELOPING POLICIES TO SUPPORT CHILDREN AND THEIR FAMILIES IN IRELAND.
B3. Father / Partner questionnaire (green)
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
STRICTLY CONFIDENTIAL
FATHER QUESTIONNAIRE

AREA [ ] HOUSEHOLD [ ] RESPONDENT [ ]

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

Hello, I'm from the Economic and Social Research Institute in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview the parents <name of 9-year-old Study Child> 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. Which of the following best describes your relationship with the Study Child? [Card A1 – Interviewer use codes only]

A. Biological parent (mother/ father) ....... [ ]
B. Adoptive parent (mother/ father) ........ [ ]
C. Step-parent (mother/ father) .......... [ ]
D. Foster parent (mother/ father) .......... [ ]

E. Grand parent .................. [ ]
F. Aunt/uncle ..................... [ ]
G. Other relative/ in law ............ [ ]
H. Unrelated guardian............. [ ]

B: RESPONDENT’S HEALTH

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

Excellent ........................................ [ ]
Very Good ....................................... [ ]
Good ............................................. [ ]
Fair ................................................ [ ]
Poor .............................................. [ ]

B2. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

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

B3 Was this: 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 .......... [ ]
Ongoing ............................................ [ ]
B4. Do you have any chronic physical or mental health problem, illness or disability?

Yes [ ]

No [ ]

B5. What is the nature of this illness or disability? Please describe as fully as possible.

________________________________________________________________________

________________________________________________________________________

B6. Since when have you had this illness or disability? _________(mth) ________ (year)

B7. Are you hampered in your daily activities by this physical or mental health problem?

Yes, severely [ ]

Yes, to some extent [ ]

No [ ]

B8. 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 [ ]

Currently [ ]

No [ ]

Time Section Ended [ ] (24 hour clock)

C: RESPONDENT'S LIFESTYLE

C1. Do you smoke?

Yes [ ]

No [ ]

Don't know [ ]

C2. About how many cigarettes or cigars do you smoke per day? [Card C1]

Less than daily [ ]

1 a day [ ]

2-10 a day [ ]

11-25 a day [ ]

26-50 a day [ ]

More than 50 a day [ ]

C3. Does anyone smoke in the same room as the Study Child when the Study Child is present?

Yes, on a regular basis [ ]

Yes, on occasional basis [ ]

Never [ ]

C4. Which of the following best describes how often you usually drink alcohol? [Card C2]

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:

C5. And on 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 [ ]

C6. Do you think that you are: [Card C3]

Very underweight [ ]

Slightly overweight [ ]

Moderately underweight [ ]

Moderately overweight [ ]

Slightly overweight [ ]

Very overweight [ ]

About the right weight [ ]

Don't know [ ]

C7. What is your height without shoes? ______ feet ______ inches OR Centimetres _________

C8. What is your weight without clothes and shoes? ________ stones ______ lbs OR ______ Kilograms

C9. How often do you?

Very Often [ ]

Often [ ]

Sometimes [ ]

Rarely [ ]

Never [ ]

…Think about your own weight or shape?

…Try to lose weight through dieting?

Time Section Ended [ ] (24 hour clock)
D: FAMILY CONTEXT

D1. Do you feel you have fun with the Study Child every day? Yes □ No □

D2. 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. [Card D1]

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely does not apply</th>
<th>Not really applies</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
<tbody>
<tr>
<td>I share an affectionate, warm relationship with my child.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<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>
<tr>
<td>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>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>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>My child remains angry or is resistant after being disciplined.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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>Dealing with my child drains my energy.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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>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>My child’s feelings toward me can be unpredictable or may change suddenly.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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>I often think about my child when at work.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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>My child is sneaky or manipulative with me.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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>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>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. You are missing out on home or family activities that you would have liked to have taken part in.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. Your family time is less enjoyable and more pressured</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. The time you spend with your family is more enjoyable.</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
D4. Listed on this card are 20 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. [Card D2]

<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. You were bothered by things that usually don’t bother you .............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. You did not feel like eating; your appetite was poor ....................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. You felt you could not shake off the blues even with help from your family or friends ..........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. You felt that you were just as good as other people .....................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. You had trouble keeping your mind on what you were doing ...............</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. You felt depressed ......................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. You felt that everything you did was an effort ................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. You felt hopeful about the future ...........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. You thought your life had been a failure ...................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. You felt fearful ......................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Your sleep was restless ................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. You were happy ........................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. You talked less than usual ....................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. You felt lonely ........................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. People were unfriendly ..................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. You enjoyed life .......................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. You had crying spells ..................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. You felt sad ............................................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. You felt that people disliked you ..........................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. You could not get 'going' .....................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

D5. 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

D6. Who is most likely to do the following household tasks in your household? (Card D3)

- Cooking for the family .............. 1 2 3 4 5 6 7
- Ironing ..................................... 1 2 3 4 5 6 7
- Washing clothes ...................... 1 2 3 4 5 6 7
- Cutting the grass ...................... 1 2 3 4 5 6 7
- Looking after the car .................. 1 2 3 4 5 6 7
- Helping child(ren) with their school work ........................................... 1 2 3 4 5 6 7
- Taking child(ren) to GP / hospital ..................................................... 1 2 3 4 5 6 7
- Washing the dishes ..................... 1 2 3 4 5 6 7
- Painting ...................................... 1 2 3 4 5 6 7
- Vacuuming / cleaning .................. 1 2 3 4 5 6 7
- Taking the bins out .................... 1 2 3 4 5 6 7
- School Runs ............................... 1 2 3 4 5 6 7
- Runs to sport, music, friends houses etc ........................................... 1 2 3 4 5 6 7

Time Section Ended                              (24 hour clock)
E: SOCIO-DEMOGRAPHICS

E1. Which of these descriptions BEST describes your usual situation in regard to work? [Card E1]

- 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

E2. 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

E3. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible

E4. Do you supervise or manage any personnel in your job?

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

E5. How many?

E6. How many employees (if any) do you have?

__________________________ employees  Not Applicable ................................ 9

E7. Apart for holiday or casual work, have you ever had a job?

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

E8. In what year did you last work?

_______ year  Never Worked ........................................ 8

E9. When you last worked were you?

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

E10. From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. Card E2 and tick one only]

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

E11. What is the highest level of education you have completed to date? [Card E3]

- Primary or less .......................................................................................... 1
- Intermediate/ Junior/ Group Certificate or equivalent ............................................ 2
- Leaving Certificate or equivalent ........................................................................... 3
- Diploma/ Certificate ............................................................................................... 4
- Primary degree ..................................................................................................... 5
- Postgraduate/ Higher degree .................................................................................. 6
- Refusal ................................................................................................................... 7

E12. What language or languages do you speak most often at home?

- English .................................................................................................................. 1
- Arabic ..................................................................................................................... 2
- Irish ......................................................................................................................... 2
- Polish ........................................................................................................................ 3
- French ..................................................................................................................... 4
- Russian ................................................................................................................... 5
- Latvian .................................................................................................................... 6
- Spanish .................................................................................................................... 7
- Lithuanian ............................................................................................................... 8
- Romanian ................................................................................................................ 9
- Other (specify) ..................................................................................................... 10

E13. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook?

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

E14. Can you usually read and fill out forms you might have to deal with in your own language?

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

5
E15. You mentioned that you spoke <language> [Int See E12 above] at home, can I just check, can you read aloud to a child from a children’s storybook written in English?

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

E16. Can you usually read and fill out forms you might have to deal with in English?

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

E17. 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  Don’t know ........... □ 3

E18. Are you a citizen of Ireland?

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

E19. What citizenship do you hold?

Don’t know ........... □ 3

E20. Were you born in Ireland?

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

E21. In which country were you born?

Don’t know ........... □ 3

E22. 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

E23. What is your ethnic or cultural background? [Card E4]

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

E24. What is your date of birth?

Day  ____ month ___ year __________

E25. Int: Is respondent male or female?

Male ........... □ 1  Female ........... □ 2
N. FOR THE INTERVIEWER

N1 Did the respondent ask for clarification on any questions?

Never □1  Almost never □2  Now and then □3  Often □4  Very often □5  Don’t know □6

N2 Did you feel that the respondent was reluctant to answer any questions?

Never □1  Almost never □2  Now and then □3  Often □4  Very often □5  Don’t know □6

N3 Did you feel that the respondent tried to answer the questions to the best of his or her ability?

Never □1  Almost never □2  Now and then □3  Often □4  Very often □5  Don’t know □6

N4 Overall, did you feel that the respondent understood the questions?

Never □1  Almost never □2  Now and then □3  Often □4  Very often □5  Don’t know □6

N5. Was anyone else present at the interview?

Yes □1  No □2

N6. Who was this? Tick all that apply.

Spouse/partner □1  Study Child □2  Other child □3  Other adult □5
B4. Father / Partner questionnaire – supplementary (green)
We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

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

S1 Looking at this card, could you tell me which of these codes best describes your current legal marital status? [Card S1]
- Married
- Separated
- Divorced
- Widowed
- Never Married

S2 Are you currently living with your husband/wife
- Yes
- No

S3 Are you currently living with another partner?
- Yes
- No

S4 Are you currently living with a partner? Yes
- No

S5. Interviewer: Is respondent living with a spouse/partner(S2/S3/S4)? Yes
- No. Go to S13

S6. Since when have you and your spouse or partner been living together? (mth) (year)

S7. Could you indicate which of these codes best describes spouse's / partner's relationship with the Study Child? (Card S2)
- A. Biological parent (mother/father)
- B. Adoptive parent (mother/father)
- C. Step-parent (mother/father)
- D. Foster parent (mother/father)
- E. Grandparent (mother/father)
- F. Aunt/uncle
- G. Other relative/in law
- H. Unrelated guardian

S8. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? (Card S3)
- Most days
- At least once a week
- Less than once a week

S9. How often would you argue about the child(ren)? (Card S3)
- Most days
- At least once a week
- Less than once a week

S10. When you and your partner argue, how often do you

Almost never/never
- Not very often
- Sometimes
- Often
- Almost always/always
S11. And to end an argument, how often would you [Still Card S4]

<table>
<thead>
<tr>
<th></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>Compromise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>

S12. Here is a scale from 1-7 where ‘1’ means that you are very unhappy and ‘7’ means that you are very happy in your relationship. Please tick the box to indicate which best describes how happy or unhappy you are with your relationship, all things considered. (Card S5)

Very Unhappy  | Very Happy  | D.K.
---           | ---         | ---
1             | 2           | 3
4             | 5           | 6
7             |             | 8

S13. Who usually makes the major decisions about how to bring up your children? *Tick one box only*

Mostly me ................................................. 1
Mostly my spouse/partner ................................ 2
Sometimes me/sometimes my spouse/partner ............ 3
We decide/decided together ................................ 4
Someone else .............................................. 5
Does not apply ........................................... 6

S14. 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

S15. How many?

One ........... 1
Two ........... 2
Three or more ...... 3

S16. Thinking back over the last year how often have you taken any of the following? (Show Card S6)

<table>
<thead>
<tr>
<th>Category</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. Tranquilisers</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>

S17. Have you ever been in trouble with the Gardaí (other than for traffic offences) since the Study Child was born?

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

S18. Have you ever been to prison?

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

S19. What is your date of birth? ________ day ________ month ________ year

S20. Int: Is respondent male or female?

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

S21. Time Section Ended 12:00 00 (24 hour clock)

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
YOUR ASSISTANCE IS GREATLY APPRECIATED
B5: Main Child Questionnaire (Multi-Coloured)
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.

There are a number of questions and we would like you to fill in your answers on the answer booklet. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you do not want to answer any of the questions, you can just skip them.

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 or want to stop or take a break at any time, 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?
   - You like it
   - You like it sometimes
   - You do not like it
   1               2               3

2. How well do you think you are doing in your school work?
   - Well
   - Average/Ok
   - Poorly
   - Don’t Know
   1               2               3               4

3. Do you like the following subjects?
   - Yes
   - No
   - Sometimes
   a. Maths
      1               2               3
   b. Reading
      1               2               3
   c. Irish
      1               2               3

4. How often do you get homework?
   - Never
   - 1-2 times a week
   - 3-4 times a week
   - Almost every day
   1               2               3               4

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes) than:
   a. Most of your classmates
      - Yes
      - No
      - Don’t Know
      1               2               3
   b. Most of your neighbours
      - Yes
      - No
      - Don’t Know
      1               2               3
   c. Other families in Ireland
      - Yes
      - No
      - Don’t Know
      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>Food Description</th>
<th>No</th>
<th>One Portion</th>
<th>More than one portion</th>
<th>Do not 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. Cooked vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</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>
<td>4</td>
</tr>
<tr>
<td>d. Chips or French fries</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Crisps or savoury snacks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Biscuits, doughnuts, cake, pie or chocolate (any of these)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Cheese or yoghurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Fizzy drinks or diet drinks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Bread, Pasta, Rice, Cereal (any of these)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Section C: Activities**

7. Which of the following have done *with your parents* within the last week

<table>
<thead>
<tr>
<th>Activity</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

9. Do you use it? Yes 1 No 2 Sometimes 3

10. What do you use it for? 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 on your own, 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. Please tick the 3 things you like to do the most
Hanging out with my friends ............................................................... 1
Chatting to friends on phone or computer ....................................... 2
Playing sport .................................................................................. 3
Watching TV .................................................................................. 4
Playing computer games ................................................................. 5
Reading .......................................................................................... 6
Playing games outside .................................................................... 7
Listening to music ........................................................................... 8
Talking to your family ................................................................. 9
Something else (Please write it down)............................................... 10

13. How often do you play sport?
   Never 1 1-2 times a week 1 2 3-4 times a week 1 2 3 4

If you answered “never” go to Question 14., otherwise go to Q15.
14. If do not play sport, please tell us what is your MAIN reason for not playing sport? [Please tick one box only]
   a. You do not like team games ................................................. 1
   b. You are no good at games..................................................... 2
   c. You have no opportunities to play........................................ 3
   d. You feel people laugh at you because of your size. ................... 4
   e. You have a disability which prevents you from playing.............. 5
   f. You prefer to watch sports on TV .......................................... 6
   g. You do not fit in with the sporty crowd................................. 7
   h. You do not like to get dirty or sweaty................................. 8
   i. You are not competitive....................................................... 9
   j. You prefer to play computer games..................................... 10

15. How often do you read for fun (not for school)? Please tick one
   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

16. Do you have your own mobile phone? Yes 1 No 2

17. Below is a list of things that people do. Can you tell me which ones you would generally be expected to do for yourself? Yes No
   a. Shower or bath................................................................. 1 2
   b. Make breakfast.............................................................. 1 2
   c. Get yourself up in the morning......................................... 1 2
   d. Make a packed lunch ..................................................... 1 2
   e. Make dinner .................................................................... 1 2
   f. Tidy your bedroom.......................................................... 1 2
   g. Make your bed............................................................... 1 2
18. Do you do any of these chores at home?  

<table>
<thead>
<tr>
<th>Chore</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 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>

19. How would you describe yourself?  

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very skinny</td>
<td>1</td>
</tr>
<tr>
<td>A bit skinny</td>
<td>2</td>
</tr>
<tr>
<td>Just the right size</td>
<td>3</td>
</tr>
<tr>
<td>A bit overweight</td>
<td>4</td>
</tr>
<tr>
<td>Very overweight</td>
<td>5</td>
</tr>
</tbody>
</table>

We want to know about things you like and want to do!

Section D: Likes and Dislikes

20. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.
21. 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......................................................................... 7
A politician .................................................................................... 8
A footballer’s wife.......................................................................... 9
Someone else (please write down who) __________________________ 10

22. 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

23. 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. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you do have a pet please answer two more questions

24. What pets do you have?

Cat         Dog         Goldfish       Rabbit  Other (Please write down)
1           2           3             4            5 ________________________
25. What do you like best about your pet(s)?
   (Tick as many as you like)
   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 all the questions. Thank you very much for helping us.
   Please put the questionnaire in the envelope and give it back to the interviewer.

Time Section Ended [ ] [ ] [ ] (24 hour clock)
B6. Child questionnaire – supplementary – Mum & Dad (M+D) (multi-coloured)
Growing up in Ireland
National Longitudinal Study of Children in Ireland

Audio /Self-Complete Answer Booklet for 9 year olds (M& D)

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 will ask you a number of questions and we would like you to fill in your answers on the answer booklet. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you do not want to answer any of the questions, you can just skip them.

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 or want to stop or take a break at any time, just pause the CD and 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 1 No 2
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>

Now think about school

Section B: School

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Do you look forward to going to school?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Do you think your teacher treats you fairly?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
18. Would you say you are happy in school?
   Yes 1  No 2  Sometimes 3

19. Do you like your teacher?
   Yes 1  No 2  Sometimes 3

20. If you have problems at school, are your mum and dad ready to help you?
   Yes 1  No 2  Sometimes 3

21. Do you think your mum and dad encourage you to do well at school?
   Yes 1  No 2  Sometimes 3

22. 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 wait for Question 24)

23. How did you pick on them?
   Yes 1  No 2
   a. By shoving, pushing, hitting
   b. Name calling, slagging .........................................................
   c. Text messaging, emails, be-bo etc............................................
   d. Written messages/notes etc.....................................................
   e. Leaving other children out of games/chats ..............................
   f. In other ways [please write it down]___________________________

24. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?
   Yes 1  No 2
25. A. How did they pick on you?  
<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. By shoving, pushing, hitting</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Name calling, slagging</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. Text messaging, emails, be-bo etc.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Written messages/notes etc.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. By children leaving you out of games/chats</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Other ways [please write it down]</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

B. If you where picked on, did this upset you?  
<table>
<thead>
<tr>
<th>Severity</th>
<th>A lot</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Think about your family......first your mum!

Section C: Family

26. How well do you get on with your mum?  
<table>
<thead>
<tr>
<th>Quality</th>
<th>Very well</th>
<th>Fairly well</th>
<th>You do not get on with your mum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

b. Does your mum like you to tell her when you are worried?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

c. Does your mum usually praise you for doing well?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

d. Does your mum really let you get away with things?  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
e. Does your mum punish you if you do not behave yourself?  
   | Yes | No | Sometimes |  
   | 1   | 2  | 3         |

f. Can you count on your mum to help you out if you have a problem?  
   | Yes | No | Sometimes |  
   | 1   | 2  | 3         |

g. Does your mum point out ways you could do better?  
   | Yes | No | Sometimes |  
   | 1   | 2  | 3         |

h. Does your mum spend time just talking to you?  
   | Yes | No | Sometimes |  
   | 1   | 2  | 3         |

i. Does your mum let you know when you do something wrong?  
   | Yes | No | Sometimes |  
   | 1   | 2  | 3         |

j. Do you and your mum do things together that are just for fun?  
   | Yes | No | Sometimes |  
   | 1   | 2  | 3         |

Now think about your dad

27. How well do you get on with your dad?  
   | Very well | Fairly well | You and your Dad do not get on |  
   | 1         | 2           | 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?
   
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

b. Does your dad like you to tell him when you are worried?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

c. Does your dad usually praise you for doing well?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

d. Does your dad really let you get away with things?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

e. Does your dad punish you if you do not behave yourself?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

f. Can you count on your dad to help you out if you have a problem?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

g. Does your dad point out ways you could do better?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

h. Does your dad spend time just talking to you?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
i. Does your dad let you know when you do something wrong?
   Yes  No  Sometimes
   1    2    3

j. Do you and your dad do things together that are just for fun?
   Yes  No  Sometimes
   1    2    3

28. Do you have brothers or sisters?  Yes 1  No 2

29. Do you get on with them?
   Yes  No  Sometimes
   1    2    3

30. If you have a problem who would you talk to about it? Please tick all the people you would talk to

   Your mum  Your dad  Your teacher  Your friends  Some other relative (Who?)
   1         2         3         4         5

31. Can you tell me how often your parents allow 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)?
   All the time  Some of the time  Never
   1            2            3
32. When you are bold how often does your mum or dad?

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>have done wrong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Ignore you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Smack you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Shout at you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Send you out of</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>the room or to your</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bedroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Stop your treats</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>or pocket money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Give out to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Offer you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>treats to be good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Ground you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Section D: Smoking and Drinking

33. a. Have you ever tried a cigarette?  
     Yes   1   No   2

b. Have you ever had a drink of alcohol?  
     Yes   1   No   2

If you have answered no to both of these, you are now finished the questionnaire.
Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you have answered yes, please wait for the next questions.

34. How old were you when you first smoked?  ________ years

35. Do you still smoke?  
     Yes   1   No   2
36. Tick how many cigarettes you smoke?
   a. Smoke now and again but not regularly ........................................ 1
   b. Smoke about 1 cigarette a week .................................................. 2
   c. Smoke about 2 to 5 cigarettes a week ......................................... 3
   d. Smoke about 1 cigarette a day ..................................................... 4
   e. Smoke more than 1 cigarette a day ............................................. 5

37. Do your parents know you smoke?  Yes 1  No 2

38. If you have had a drink of alcohol, did you take?
   Only had a few sips ......................................................... 1
   At least one drink ......................................................... 2
   Or
   You drink regularly ....................................................... 3

39. How old were you when you first had a drink of alcohol?
   ________ years

40. Who were you with when you had your first drink of alcohol?
   With your parents....................... 1
   With your friends....................... 2
   On your own......................... 3

41. Did your parents know you had alcohol? Yes 1  No 2
   Please remember that it is very dangerous for children to drink alcohol and smoke

   That is the end of all the questions.
   Thank you very much for helping us.

Time Section Ended   [ ] [ ] [ ] (24 hour clock)
B7. Child questionnaire – supplementary –
Mum only (M) (multi-coloured)
Growing up in Ireland
National Longitudinal Study of Children in Ireland

Audio/Self-complete Answer Booklet
for 9 year olds (M)

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.

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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 or want to stop or take a break at any time, just pause the CD and 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 1  No 2
Section A: Where you live

1. Do you like living around here? ............ 1 2
2. Do you have plenty of friends to play with around here? 1 2
3. Are there good places to play near your house? 1 2
4. Do you think there is too much traffic near where you live? 1 2
5. Is there a green area for you to play near where you live? 1 2
6. Are the streets dirty around where you live? 1 2
7. Are there youth clubs near where you live? 1 2
8. Is there a playground near where you live? 1 2
9. Do you think there is a lot of graffiti near where you live? 1 2
10. Is there public transport to school (like a bus or train)? 1 2
11. Are there activities to do after school around here? 1 2
12. Are there places for children to play safely near your house? 1 2
13. Are adults living around here usually nice to you? 1 2
14. Do you feel safe living around here?... 1 2
15. Are adults around here generally nice to children? 1 2

Section B: School

16. Do you look forward to going to school?
   Yes 1
   No 2
   Sometimes 3

17. Do you think your teacher treats you fairly?
   Yes 1
   No 2
   Sometimes 3
18. Would you say you are happy in school?
   Yes  No  Sometimes
   1    2    3

19. Do you like your teacher?
   Yes  No  Sometimes
   1    2    3

20. If you have problems at school, is your mum ready to help you?
   Yes  No  Sometimes
   1    2    3

21. Do you think your mum encourages you to do well at school?
   Yes  No  Sometimes
   1    2    3

22. 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 wait for Question 24)

23. How did you pick on them?
   Yes  No
   a. By shoving, pushing, hitting  1  2
   b. Name calling, slagging ..................  1  2
   C. Text messaging, emails, be-bo etc..................  1  2
   d. Written messages/notes etc..................  1  2
   e. Leaving other children out of games/chats ..............  1  2
   f. In other ways [please write it down]____________________  1  2

24. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?
   Yes  1  No  2
25. A. How did they pick on you?  
- By shoving, pushing, hitting  
- Name calling, slagging  
- Text messaging, emails, be-bo etc.  
- Written messages/notes etc.  
- By children leaving you out of games/chats  
- Other ways [please write it down]  

B. If you where picked on, did this upset you?  
- A lot  
- A little  
- Not at all  

Think about your family...first your mum  

Section C: Family  

26. How well do you get on with your mum?  
- Very well  
- Fairly well  
- You do not get on with your mum  

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?  
   - Yes  
   - No  
   - Sometimes  

b. Does your mum like you to tell her when you are worried?  
   - Yes  
   - No  
   - Sometimes  

c. Does your mum usually praise you for doing well?  
   - Yes  
   - No  
   - Sometimes  

d. Does your mum really let you get away with things?  
   - Yes  
   - No  
   - Sometimes
e. Does your mum punish you if you do not behave yourself?
   Yes  No  Sometimes
   1  2  3

f. Can you count on your mum to help you out if you have a problem?
   Yes  No  Sometimes
   1  2  3

g. Does your mum point out ways you could do better?
   Yes  No  Sometimes
   1  2  3

h. Does your mum spend time just talking to you?
   Yes  No  Sometimes
   1  2  3

i. Does your mum let you know when you do something wrong?
   Yes  No  Sometimes
   1  2  3

j. Do you and your mum do things together that are just for fun?
   Yes  No  Sometimes
   1  2  3
28. Do you have brothers or sisters? Yes 1 No 2

29. Do you get on with them? Yes 1 No 2 Sometimes 3

30. If you have a problem who would you talk to about it? Please tick all the people you would talk to
Your mum 1 Your dad 2 Your teacher 3 Your friends 4 Some other relative (Who?) 5

31. Can you tell me how often you are allowed to 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)?
All the time 1 Some of the time 2 Never 3
32. When you are bold how often does your mum?

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain to you what you have done wrong</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Ignore you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Smack you</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Send you out of the room or to your bedroom</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Stop your treats or pocket money</td>
<td>1</td>
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<td>3</td>
</tr>
<tr>
<td>g. Give out to you</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>h. Offer you treats to be good</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Ground you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Section D: Smoking and Drinking

33. a. Have you ever tried a cigarette? Yes 1  No 2
   b. Have you ever had a drink of alcohol? Yes 1  No 2

If you have answered no to both of these, you are now finished the questionnaire. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you have answered yes, please wait for the next questions.

34. How old were you when you first smoked? _______ years

35. Do you still smoke? Yes 1  No 2
36. Tick how many cigarettes you smoke?
   a. Smoke now and again but not regularly ........................................ 1
   b. Smoke about 1 cigarette a week .................................................. 2
   c. Smoke about 2 to 5 cigarettes a week ....................................... 3
   d. Smoke about 1 cigarette a day .................................................... 4
   e. Smoke more than 1 cigarette a day ............................................. 5

37. Do your parents know you smoke?  Yes 1  No 2

38. If you have had a drink of alcohol, did you take?
   Only had a few sips ......................................................... 1
   At least one drink .......................................................... 2
   Or
   You drink regularly ......................................................... 3

39. How old were you when you first had a drink of alcohol?
    _______ years

40. Who were you with when you had your first drink of alcohol?
   With your parents................................. 1
   With your friends................................. 2
   On your own................................. 3

41. Did your parents know you had alcohol? Yes 1  No 2

   Please remember that it is very dangerous for children to drink alcohol and smoke

   That is the end of all the questions. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

   Time Section Ended [ ] [ ] (24 hour clock)
B8. Child questionnaire – supplementary –
   Dad only (D) (multi-coloured)
Growing up in Ireland
National Longitudinal Study of Children in Ireland

Audio/Self-Complete Answer Booklet
for 9 year olds (D)

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 will ask you a number of questions and we would like you to fill in your answers on the answer booklet. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you do not want to answer any of the questions, you can just skip them.

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 or want to stop or take a break at any time, just pause the CD and 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 1  No 2
Section A: Where you live

1. Do you like living around here? .............
2. Do you have plenty of friends to play with around here?
3. Are there good places to play near your house?
4. Do you think there is too much traffic near where you live?
5. Is there a green area for you to play near where you live?
6. Are the streets dirty around where you live?
7. Are there youth clubs near where you live?
8. Is there a playground near where you live?
9. Do you think there is a lot of graffiti near where you live?
10. Is there public transport to school (like a bus or train)?
11. Are there activities to do after school around here?
12. Are there places for children to play safely near your house?
13. Are adults living around here usually nice to you?
14. Do you feel safe living around here?...
15. Are adults around here generally nice to children?

Section B: School

16. Do you look forward to going to school?
   Yes    No    Sometimes
   1       2      3

17. Do you think your teacher treats you fairly?
   Yes    No    Sometimes
   1       2      3
18. Would you say you are happy in school?
   Yes  No  Sometimes
   1  2  3

19. Do you like your teacher?
   Yes  No  Sometimes
   1  2  3

20. If you have problems at school, is your dad ready to help you?
   Yes  No  Sometimes
   1  2  3

21. Do you think your dad encourages you to do well at school?
   Yes  No  Sometimes
   1  2  3

22. 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 wait for Question 24)

23. How did you pick on them?
   Yes  No
   a. By shoving, pushing, hitting  1  2
   b. Name calling, slamming ..............................  1  2
   C. Text messaging, emails, be-bo etc....................  1  2
   d. Written messages/notes etc............................  1  2
   e. Leaving other children out of games/chats...........  1  2
   f. In other ways [please write it down]__________________  1  2

24. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?
   Yes  1  No  2
25. A. How did they pick on you?  
   a. By shoving, pushing, hitting  ........................................... 1 2  
   b. Name calling, slagging .................................................. 1 2  
   C. Text messaging, emails, be-bo etc................................ 1 2  
   d. Written messages/notes etc............................................ 1 2  
   e. By children leaving you out of games/chats................... 1 2  
   f. Other ways [please write it down]_________________________ 1 2  

B. If you where picked on, did this upset you?  
A lot  A little  Not at all  
1 2 3  

TURN TO NEXT PAGE
Section C: Family

Now think about your dad

27. How well do you get on with your dad?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Fairly well</th>
<th>You and your Dad do not get on</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
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?
   - Yes
   - No
   - Sometimes
   
   1  2  3

b. Does your dad like you to tell him when you are worried?
   - Yes
   - No
   - Sometimes
   
   1  2  3

c. Does your dad usually praise you for doing well?
   - Yes
   - No
   - Sometimes
   
   1  2  3

d. Does your dad really let you get away with things?
   - Yes
   - No
   - Sometimes
   
   1  2  3

e. Does your dad punish you if you do not behave yourself?
   - Yes
   - No
   - Sometimes
   
   1  2  3

f. Can you count on your dad to help you out if you have a problem?
   - Yes
   - No
   - Sometimes
   
   1  2  3

g. Does your dad point out ways you could do better?
   - Yes
   - No
   - Sometimes
   
   1  2  3

h. Does your dad spend time just talking to you?
   - Yes
   - No
   - Sometimes
   
   1  2  3
i. Does your dad let you know when you do something wrong?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
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</tbody>
</table>

j. Do you and your dad do things together that are just for fun?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. Do you have brothers or sisters? Yes 1 No 2

29. Do you get on with them?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. If you have a problem who would you talk to about it? Please tick all the people you would talk to

Your mum Your dad Your teacher Your friends Some other relative (Who?)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
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<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Can you tell me how often you are allowed to 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)?

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Some of the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
32. When you are bold how often does your dad?

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain to you what you have done wrong</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>b. Ignore you</td>
<td>1</td>
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<td>3</td>
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</tr>
</tbody>
</table>

Section D: Smoking and Drinking

33. a. Have you ever tried a cigarette? Yes 1 No 2
b. Have you ever had a drink of alcohol? Yes 1 No 2

If you have answered no to both of these, you are now finished the questionnaire. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you have answered yes, please wait for the next questions.

34. How old were you when you first smoked? _______ years

35. Do you still smoke? Yes 1 No 2
36. Tick how many cigarettes you smoke?

a. Smoke now and again but not regularly ........................................... 1
b. Smoke about 1 cigarette a week ....................................................... 2
c. Smoke about 2 to 5 cigarettes a week .............................................. 3
d. Smoke about 1 cigarette a day ......................................................... 4
e. Smoke more than 1 cigarette a day ............................................... 5

37. Do your parents know you smoke? Yes 1 No 2

38. If you have had a drink of alcohol, did you take?

Only had a few sips ......................................................... 1
At least one drink .......................................................... 2
Or
You drink regularly ......................................................... 3

39. How old were you when you first had a drink of alcohol?

_______ years

40. Who were you with when you had your first drink of alcohol?

With your parents ......................................................... 1
With your friends ............................................................ 2
On your own ................................................................. 3

41. Did your parents know you had alcohol? Yes 1 No 2

Please remember that it is very dangerous for children to drink alcohol and smoke

That is the end of all the questions. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

Time Section Ended ________ ________ (24 hour clock)
B9. Non-resident parent (white)
Growing Up in Ireland – national study of children
Strictly Confidential
Non Resident Parent Questionnaire

Area Code __________ Household Code __________ Date _______day _______month

Please Read This First
This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 8632000.

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.

Rank

At you home ......................................................
At the other parent’s home ...................................
At another relative’s home (e.g. child’s grandparents)...
Recreational/amenity area (e.g. park, swimming pool)..
Shopping centre /cinema /McDonald’s etc ..........
Specific events (e.g. football match) .................
Other .................................................................

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

Court-imposed arrangements ...........................................[ ]
Formal, negotiated arrangements other than legal (e.g. counsellor) ........[ ]
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 the rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Showing my child love and affection</td>
<td></td>
</tr>
<tr>
<td>Taking time to play with my child</td>
<td></td>
</tr>
<tr>
<td>Taking care of my child financially</td>
<td></td>
</tr>
<tr>
<td>Giving my child moral and ethical guidance</td>
<td></td>
</tr>
<tr>
<td>Making sure my child is safe and protected</td>
<td></td>
</tr>
<tr>
<td>Teaching my child and encouraging his or her curiosity</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

Q10. Do you use any of the following to communicate with the study child? Please tick all that apply

<table>
<thead>
<tr>
<th>Communication Method</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landline phone</td>
<td>1</td>
</tr>
<tr>
<td>MSN Messenger or similar</td>
<td>4</td>
</tr>
<tr>
<td>Mobile phone</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Internet chat-room</td>
<td>3</td>
</tr>
</tbody>
</table>

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>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>
</tr>
<tr>
<td>Put the child to bed</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>
</tr>
<tr>
<td>Take the child to doctor /dentist /hairdresser etc</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>
</tr>
</tbody>
</table>

Q14. Parents often have hopes for his or her child’s future. Below is a list of outcomes that a parent might consider important for a child. Please rank the outcomes in order of importance, giving a rank of 1 to the outcome you consider most important for the study child.

I hope that my child will

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be an academic success</td>
<td></td>
</tr>
<tr>
<td>Get a good job</td>
<td></td>
</tr>
<tr>
<td>Own a house or apartment of his or her own</td>
<td></td>
</tr>
<tr>
<td>Have good health and fitness</td>
<td></td>
</tr>
<tr>
<td>Be happy with his or her life</td>
<td></td>
</tr>
<tr>
<td>Be part of a stable, long-term relationship</td>
<td></td>
</tr>
<tr>
<td>Be wealthy</td>
<td></td>
</tr>
<tr>
<td>Have children of his/her own</td>
<td></td>
</tr>
</tbody>
</table>
We would like to record about the kind of financial support you provide for the study child and his or her household.

Q15. Do you pay anything directly towards the rent or mortgage due on the child’s home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

Yes, I pay the full amount due ................... ☐ 1  No, I don’t pay towards the rent or mortgage directly ........ ☐ 3
Yes, I pay a contribution .............................. ☐ 2  There is no rent or mortgage owing on the home ........... ☐ 4

Q16. If you pay all or part of the mortgage or rent, how much do you pay per month?  € ______ per month

Q17. Do you provide financial support to the child’s mother (other than a direct rent or mortgage payment)?

Never ............. ☐ 1
Yes........... ☐ 2  a regular payment to the value of €_____ per month (excluding direct rent/mortgage payment)
Yes........... ☐ 3  on an as-required basis (e.g. back to school) to the value of €_____ per year

Q18. If you give a regular payment as in Q18 above, how did you decide on the amount/schedule? (Please tick one box only)

Your decision ........................................... ☐ 1
Mutual agreement with mother ....................... ☐ 2
Legally imposed arrangement ........................... ☐ 3

Q19. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never ........... ☐ 1  Yes, occasionally .................. ☐ 2  Yes, frequently ................... ☐ 3

Q20. What was the status of your relationship with the study child’s mother when she became pregnant with the study child? (Please tick one box only).

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

Q21. What age was the study child when you separated from the child’s mother for the first time?

AGE ___ years and ___ months

OR

Had separated before birth ......................... ☐ 1  OR  Never lived with mother ......................... ☐ 2

Q22. Are you named on the study child’s birth certificate?

Yes .......................................................... ☐ 1  No ....................................................... ☐ 2  Not sure ................................................. ☐ 3

Q23. If you have never been married to the Study Child’s mother have you applied for guardianship?

No ....... ☐ 1  Yes, through mother only ........... ☐ 2  Yes, through court ....................... ☐ 3

Q24. If yes, was this application successful?

Yes ...... ☐ 1  No ......... ☐ 2  Ongoing ............. ☐ 3

Q25. How often do you talk about your child with the child’s mother?

Every day .................................................. ☐ 1  A few times a month .......................... ☐ 4
Several times a week ................................... ☐ 2  Several times a year ................................... ☐ 5
About once a week .................................... ☐ 3  Not at all ................................................. ☐ 6

Q26. How well do you get on with the child’s mother? Would you say your relationship is . . . ?

Very positive ........................................... ☐ 1  Somewhat positive .............................. ☐ 2  Neutral ............................................... ☐ 3  Somewhat negative ........................... ☐ 4  Very negative .......................................... ☐ 5
Q27. 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:

<table>
<thead>
<tr>
<th></th>
<th>A lot of influence</th>
<th>Some influence</th>
<th>No influence</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>Health care</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>Education</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>Values and attitudes</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

Finally, we just have a few questions about you.

Q28. What is your date of birth? (DD/MM/YYYY) __________/__________/__________

Q29. How old were you when your first ever child was born? ______ years

Q30. How would you describe your current employment status?

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

Q31. What is (was) your occupation in your main job? Please describe as fully as possible.

Q32. What is the highest level of education that you have completed? (Please tick one box only)

- No formal education ............................... □ 1
- Primary ........................................... □ 2
- Junior Cert. or equivalent ...................... □ 3
- Leaving Cert. or equivalent ..................... □ 4
- Trade Qualification ................................ □ 5
- Certificate ....................................... □ 6
- Diploma .......................................... □ 7
- Degree ............................................ □ 8
- Postgraduate Degree .............................. □ 9

Q33. Which of the following best describes your current marital status?

- Single ............................................. □ 1
- First marriage (or cohabitation) .............. □ 2
- Remarried (or cohabitating) following .......... □ 3
- Divorce ........................................... □ 4
- Separated ......................................... □ 5
- Divorced ......................................... □ 6
- Widowed .......................................... □ 7
- Remarried (or cohabitating) following ......... □ 8
- Widowhood ........................................ □ 9

Q34. Are you currently living with a partner?

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

Q35. If yes, how long have you been in this relationship? ____ years or ____ months

Q36. How many other children (not including the study child) do you have?

- None ............ □ 1
- ____ by same parent as Study Child's □ 2
- ____ by a different partner(s) □ 3

Q37. What nationality are you? ________________________________

Q38. If you are NOT Irish, how long have you been living in Ireland? ______ years OR _______ months

Q39. How would you describe your general state of health?

- Excellent ........................................ □ 1
- Very good ......................................... □ 2
- Good .............................................. □ 3
- Fair ............................................... □ 4
- Poor ............................................... □ 5

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000
B10. Non-cohort caregiver – home-based (white)
GROWING UP IN IRELAND – national study of children
Strictly Confidential – HOME-BASED CARE

Area Code
Household Code day month

PLEASE READ THIS FIRST
This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

First of all, we would like to ask you some questions about caring for the study child in particular.

Q1. Which of the following best describes your relationship to the study child?

Grandmother .............................................□ 1  Neighbour .............................................□ 5
Grandfather .............................................□ 2  Nanny/au pair .............................................□ 6
Other relative .............................................□ 3  Registered childminder ................................□ 7
Friend of parent .............................................□ 4  Unregistered childminder ..............................□ 8

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child’s home)?

Yes □ 1  No □ 2

Q3. Do you care for the study child in his / her own home; in your home or somewhere else?

Study Child’s home .............................................□ 1  My own home .............................................□ 2
Somewhere else (please specify where) ____________________________

Q4. How long have you been caring for the study child? _____years _____months _____weeks

Q5. How many hours per week do you care for the study child? _________ hours

Q6. How many days per week do you care for the study child? _________ days

Q7. 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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>All 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>On the 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>

Q8. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy □ 1  Somewhat easy □ 2  Neither easy nor difficult □ 3  Somewhat difficult □ 4  Very difficult □ 5

We would also like some general information on the environment in which you look after the study child

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  7-9 years .............................................□ 4
1-3 years .............................................□ 2  10 - 12 years .............................................□ 5
4-6 years .............................................□ 3  12 years and over .............................................□ 6
Q11. How many 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? (DD/MM/YYYY) ______/____/____

Q14. What is your gender?  Male ........................................... √
Female .......................................... √

Q15. What nationality are you? __________________________________________________________________________

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) ........................................... √

Q18. Is caring for children your main occupation?

Yes ........................................... √
No ............................................. √

Q19. If no, please tell us your main occupation using precise terms (e.g. ‘national school teacher’ instead of ‘teacher’). __________________________________________________________________________

Q20. 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 ........................................ √

Q21. 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 ........................................... √

Q22. Have you undertaken any other training relevant to caring for children? Tick all that apply

Child psychology ........................................... √
Nutrition/Diet ........................................... √
Sign language ........................................... √
Other .............................................. √
First aid ............................................. √

Q23. How long have you regularly worked 10 or more hours per week in a childcare situation?

___ years ___ months

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000
B11. Non-cohort caregiver – centre-based (white)
**GROWING UP IN IRELAND – national study of children**
**Strictly Confidential – CENTRE-BASED CARE**

**PLEASE READ THIS FIRST**
This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

---

**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?**

<table>
<thead>
<tr>
<th></th>
<th>years</th>
<th>months</th>
<th>weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q2. How many hours per week does the study child attend the centre?**

<table>
<thead>
<tr>
<th></th>
<th>hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q3. How many days per week does the study child attend the centre?**

<table>
<thead>
<tr>
<th></th>
<th>days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On the computer</td>
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<td></td>
</tr>
<tr>
<td>Reading</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Doing homework</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Playing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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
- Neither 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)?**

<table>
<thead>
<tr>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Q9. What ages are these children? (Please indicate the number of children in these age categories)**

<table>
<thead>
<tr>
<th>Age Category</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?**

<table>
<thead>
<tr>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Q12. How many children in the centre (excluding the study child) have a mental or physical disability?**

<table>
<thead>
<tr>
<th>No. of children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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)?**

<table>
<thead>
<tr>
<th>No. of staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Q14. How many of these staff has 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.

<table>
<thead>
<tr>
<th>Supervised outdoor play</th>
<th>Internet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports equipment (football, trampolines, etc)</td>
<td>Musical equipment</td>
</tr>
<tr>
<td>Educational toys (e.g. meccano, etc)</td>
<td>Arts materials</td>
</tr>
<tr>
<td>Other toys (dolls, teddies, etc)</td>
<td>Pretend play items</td>
</tr>
<tr>
<td>Television/video</td>
<td>Organised team games</td>
</tr>
</tbody>
</table>

Q16. How many books are available to children to read/look at? Do you estimate

| None | 21 – 30 | Less than 10 | More than 30 | Between 10 and 20 |

Q17. Are parents allowed to leave sick children into the centre?

| Never | Rarely | Frequently | Always |

*Finally, we would like to know some things about you.*

Q18. What is your date of birth? (DD/MM/YYYY) ________ / ________ / ________

Q19. Are you? Male _______ Female _______

Q20. What is your nationality?

Q21. Which of the following best describes the type of care your centre provides?

| After-school supervision | Youth centre | Study group | Other |

Q22. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori etc.)?

<table>
<thead>
<tr>
<th>No formal qualification</th>
<th>Degree</th>
<th>Certificate</th>
<th>Postgraduate Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q23. Please indicate the subject area in which the qualification was obtained:

<table>
<thead>
<tr>
<th>Childcare</th>
<th>Special needs assistance</th>
<th>National school teaching</th>
<th>Speech and language therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other education</td>
<td>Nursing</td>
<td>Child psychology/development</td>
<td>Other</td>
</tr>
</tbody>
</table>

Q24. When did you receive this qualification? Year: _______ 

Q25. Have you undertaken any other training relevant to caring for children? Tick all that apply.

| Child psychology | Nutrition/Diet | Sign language | First aid | Other |

Q26. Is caring for children your main occupation? Yes _______ No _______

Q27. If no, please describe your main occupation as fully as possible

Q28. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____ mths

Q29. How long have you worked in this particular care centre? _____ years _____ months

Q30. Overall, are you happy working in childcare?

| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000
B12. Time-use survey (blue)
Growing Up in Ireland

Time Use Diary and Neighbourhood Module

STRICLY 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 from 6.00am to midnight. To do this draw an arrow through the relevant 15 minute slots to indicate what the Study Child was doing.

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 revealed to anyone or 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____________________
## Growing Up in Ireland - time use diary

<table>
<thead>
<tr>
<th>Activity</th>
<th>EARLY MORNING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6.00 am</td>
</tr>
<tr>
<td></td>
<td>7.00 am</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td>1. SLEEPING</td>
<td></td>
</tr>
<tr>
<td>2. RESTING/RELAXING doing nothing, ‘time out’</td>
<td></td>
</tr>
<tr>
<td>3. PERSONAL CARE washing, dressing, toilet</td>
<td></td>
</tr>
<tr>
<td>4. EATING/DRINKING/HAVING A MEAL</td>
<td></td>
</tr>
<tr>
<td>5. TRAVELLING including travel to and from school as well as leisure and domestic travel</td>
<td></td>
</tr>
<tr>
<td>6. SCHOOL</td>
<td></td>
</tr>
<tr>
<td>7. HOMEWORK</td>
<td></td>
</tr>
<tr>
<td>8. GENERAL PLAY</td>
<td></td>
</tr>
<tr>
<td>9. PLAYING BOARD GAMES, CARDS etc.</td>
<td></td>
</tr>
<tr>
<td>10. PLAYING SPORTS, PHYSICAL EXERCISE (including sports, matches, walking the dog etc.)</td>
<td></td>
</tr>
<tr>
<td>11. COMPUTER/INTERNET/EMAIL/ BEEBO / MSN / PLAY STATION / X-BOX etc</td>
<td></td>
</tr>
<tr>
<td>12. PRACTISING MUSICAL INSTRUMENTS</td>
<td></td>
</tr>
<tr>
<td>13. HOBBIES AND OTHER LEISURE ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>14. WATCHING TV AND VIDEOS/DVDS etc</td>
<td></td>
</tr>
<tr>
<td>15. READING BOOKS, COMICS, MAGAZINES ETC.</td>
<td></td>
</tr>
<tr>
<td>16. HOUSEHOLD CHORES / HOUSEWORK</td>
<td></td>
</tr>
<tr>
<td>17. VISITING A FRIEND’S OR RELATIVE’S HOUSE TO PLAY etc.</td>
<td></td>
</tr>
<tr>
<td>18. VISITING A RELATIVES HOUSE FOR PURPOSES OTHER THAN PLAY</td>
<td></td>
</tr>
<tr>
<td>19. ON A FAMILY OUTING (a trip out as a family)</td>
<td></td>
</tr>
<tr>
<td>20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)</td>
<td></td>
</tr>
<tr>
<td>21. NOT SURE</td>
<td></td>
</tr>
</tbody>
</table>
### Growing Up in Ireland - time use diary

<table>
<thead>
<tr>
<th></th>
<th>8.00 am</th>
<th>9.00 am</th>
<th>10.00 am</th>
<th>11.00 am</th>
<th>12.00 am</th>
<th>1.00 pm</th>
<th>2.00 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15</td>
<td>30</td>
<td>45</td>
<td>15</td>
<td>30</td>
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<td>15</td>
<td>30</td>
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<td>15</td>
</tr>
</tbody>
</table>

/PTO
## Growing Up in Ireland - time use diary

<table>
<thead>
<tr>
<th>Activity</th>
<th>MID AFTERNOON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.00 pm</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>4.00 pm</td>
</tr>
<tr>
<td></td>
<td>15</td>
</tr>
<tr>
<td>1. SLEEPING</td>
<td></td>
</tr>
<tr>
<td>2. RESTING/RELAXING doing nothing, ‘time out’</td>
<td></td>
</tr>
<tr>
<td>3. PERSONAL CARE washing, dressing, toilet</td>
<td></td>
</tr>
<tr>
<td>4. EATING/DRINKING/HAVING A MEAL</td>
<td></td>
</tr>
<tr>
<td>5. TRAVELLING including travel to and from school as well as leisure and domestic travel</td>
<td></td>
</tr>
<tr>
<td>6. SCHOOL</td>
<td></td>
</tr>
<tr>
<td>7. HOMEWORK</td>
<td></td>
</tr>
<tr>
<td>8. GENERAL PLAY</td>
<td></td>
</tr>
<tr>
<td>9. PLAYING BOARD GAMES, CARDS etc.</td>
<td></td>
</tr>
<tr>
<td>10. PLAYING SPORTS, PHYSICAL EXERCISE (including sports, matches, walking the dog etc.)</td>
<td></td>
</tr>
<tr>
<td>11. COMPUTER/INTERNET/EMAIL/BEEBO/MSN/PLAY STATION/X-BOX etc</td>
<td></td>
</tr>
<tr>
<td>12. PRACTISING MUSICAL INSTRUMENTS</td>
<td></td>
</tr>
<tr>
<td>13. HOBBIES AND OTHER LEISURE ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>14. WATCHING TV AND VIDEOS/DVDS etc</td>
<td></td>
</tr>
<tr>
<td>15. READING BOOKS, COMICS, MAGAZINES ETC.</td>
<td></td>
</tr>
<tr>
<td>16. HOUSEHOLD CHORES/HOUSEWORK</td>
<td></td>
</tr>
<tr>
<td>17. VISITING A FRIEND’S OR RELATIVE’S HOUSE TO PLAY etc.</td>
<td></td>
</tr>
<tr>
<td>18. VISITING A RELATIVES HOUSE FOR PURPOSES OTHER THAN PLAY</td>
<td></td>
</tr>
<tr>
<td>19. ON A FAMILY OUTING (a trip out as a family)</td>
<td></td>
</tr>
<tr>
<td>20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)</td>
<td></td>
</tr>
<tr>
<td>21. NOT SURE</td>
<td></td>
</tr>
</tbody>
</table>
### Growing Up in Ireland - time use diary

<table>
<thead>
<tr>
<th>Time</th>
<th>15</th>
<th>30</th>
<th>45</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.00 pm</td>
<td></td>
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<tr>
<td>6.00 pm</td>
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<td>7.00 pm</td>
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<td>9.00 pm</td>
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<tr>
<td>10.00 pm</td>
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</tr>
<tr>
<td>11.00 pm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**T1. Would you describe the diary day as:** [Tick all that apply]

<table>
<thead>
<tr>
<th>Option</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>An ordinary day</td>
<td>1</td>
</tr>
<tr>
<td>A holiday or family celebration</td>
<td>2</td>
</tr>
<tr>
<td>A school holiday</td>
<td>3</td>
</tr>
<tr>
<td>A parent took some time off work</td>
<td>4</td>
</tr>
<tr>
<td>The family dealt with a crisis</td>
<td>5</td>
</tr>
<tr>
<td>A family member was away from home</td>
<td>6</td>
</tr>
<tr>
<td>One of the Study Child’s parents was ill</td>
<td>7</td>
</tr>
<tr>
<td>The Study Child was ill</td>
<td>8</td>
</tr>
<tr>
<td>We had guests staying with us</td>
<td>9</td>
</tr>
<tr>
<td>T2b About _______ days after</td>
<td></td>
</tr>
</tbody>
</table>

**T2. When did you fill in the diary? Please tick (✓) one box.**

- Now and then during the diary day.................................................. 1
- At the end of the diary day............................................................. 2
- The day after the diary day.............................................................. 3
- Later........................................................................................................ 4

**T2b About _______ days after**

**T3. Did you complete it with Study Child?**

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

**T4. Did you encounter any problems filling out the diary?**

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

**T5. Please describe these problems as fully as possible**

________________________________________________________________________

________________________________________________________________________

**T6. Were there any activities which you feel were not covered in the list?**

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

**T7. Which ones? Please describe as fully as possible**

________________________________________________________________________

________________________________________________________________________

**Community / Neighbourhood**

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

**L1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?**

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

**L2. How common would you say that each of the things listed below is in your area?**

For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Common</th>
<th>Fairly common</th>
<th>Not very common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graffiti on walls or buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubbish and litter lying about</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes and gardens in bad condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vandalism and deliberate damage to property</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
L3. To what extent do you agree or disagree with these statements about your local area? Please tick one box on each line.

- It is safe to walk alone in this area after dark.
- It is safe for children to play outside during the day in this area.
- There are safe parks, playgrounds and play spaces in this area.
- This area is a good place to live.
- This is a good area to bring up children.
- Traffic is a hazard to children.

L4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

- Available in local area
- Yes
- No

1. Regular public transport
2. GP or health clinic
3. Schools (primary or secondary)
4. Library
5. Social Welfare Office
6. Banking/Credit Union
7. Essential grocery shopping
8. Recreational facilities appropriate to a 9-year old

L5a. Do you have any family living in this area? Yes... No...
L5b. Do you have any friends living in this area? Yes... No...

L6. The following statements are about people in neighbourhoods. Please tick one box to indicate whether you strongly agree, agree, disagree, or strongly disagree with these statements when thinking of your neighbours:

- If there is a problem around here, the neighbours get together to deal with it.
- People around here are willing to help their neighbours.
- If I were in trouble, I feel I could ask my neighbours for help.
- If my child were in trouble, he/she could ask neighbours for help.

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAYED 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.
Report on Pre-Piloting, Piloting and Dress Rehearsal phases of the 9-year cohort

Growing Up in Ireland

Appendix C

School-based instruments used in Pilot 2

C1. School Record Sheet (blue).
C2. Principal Questionnaire (white)
C3. Teacher-on-Self Questionnaire (yellow)
C4. Teacher-on-Pupil Questionnaire (green)
C1. School Record Sheet (blue).
Growing Up in Ireland – the national longitudinal study

SCHOOL RECORD SHEET, Pilot 2

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, the Department of Education & Science and the Central Statistics Office. 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 this form we would like you to record the details of all students in your school


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 10 as relevant to your school. The Teacher ID referred to 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) Which class(es) do you teach?</th>
<th>(D) School Principal?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2nd</td>
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<td>10</td>
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</tr>
<tr>
<td>Pupil Number</td>
<td>Pupil's Roll Number</td>
<td>Pupil's Name</td>
<td>Teacher ID (from table on page 1)</td>
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<tr>
<td>--------------</td>
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<td>-----------------------------------</td>
</tr>
<tr>
<td>Pupil Number</td>
<td>Pupil’s Roll Number</td>
<td>Pupil’s Name</td>
<td>Teacher ID (from table on page 1)</td>
</tr>
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<tr>
<td>65</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
If you have more than 40 pupils aged 9 years or more in your school 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 1, 5, 11, 13, 16, 21, 31, 36, 46.

<table>
<thead>
<tr>
<th>Pupil Numbers to EXCLUDE from the sample of 9-year-olds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of 9 year olds in the school</strong></td>
</tr>
<tr>
<td>41</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>36</td>
</tr>
<tr>
<td>28</td>
</tr>
<tr>
<td>39</td>
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<td>64</td>
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<tr>
<td>62</td>
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<tr>
<td>64</td>
</tr>
</tbody>
</table>
C2. Principal Questionnaire (white)
Growing Up in Ireland – the national longitudinal study of children

STRICKLY CONFIDENTIAL (Pilot 2)

PRINCIPAL’S QUESTIONNAIRE

School ID ____________________________ School Roll No. ____________________________

Date ______ day ______ Mth Int Name___________________________ Int. No. __________________

Date ______________________________

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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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.

Growing Up In Ireland has the support of the INTO – see attached extract from a recent issue of In Touch

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

2. To which age group do you belong?

- 20 to 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.

<table>
<thead>
<tr>
<th>Teachers</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Excluding yourself, how many full-time and part-time administrative staff work in your school?

<table>
<thead>
<tr>
<th>Full-time admin. staff</th>
<th>Part-time admin. staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>[If none, please write none. Do not leave blank]</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning support/resource teachers</td>
<td></td>
</tr>
<tr>
<td>Language support teachers</td>
<td></td>
</tr>
<tr>
<td>Special needs assistants</td>
<td></td>
</tr>
<tr>
<td>Other teaching assistants</td>
<td></td>
</tr>
</tbody>
</table>
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>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>
</tr>
<tr>
<td>b. Number of classrooms</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Books and worksheets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Computing facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Arts and crafts facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Sports facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Music facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Playground</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Library/media centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Cafeteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Toilet facilities</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>l. Learning support provision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>m. After-school facilities (e.g. homework clubs)</td>
<td></td>
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<tr>
<td>n. Administrative support</td>
<td></td>
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<tr>
<td>o. Condition of the school building, classrooms etc</td>
<td></td>
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<tr>
<td>p. Facilities for children with disabilities</td>
<td></td>
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</tr>
</tbody>
</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 students, i.e. excluding those used solely by administrative or teaching staff: ________ used by the students

18. Does the school have a dedicated computer room for students? Yes ________ No ________

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

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

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) 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 students 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 students (Number) ________
   Students of families from the Travelling Community (Number) ________
   Students with language difficulties (where native language is other than English/Irish) (Number) ________
   Students with physical/sensory disabilities (Number) ________
   Students 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 students 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 students 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.

Approximate percentage of children with each problem

- None
- less than 10%
- 10-25%
- 26-40%
- More than 40%

a) Literacy Problems ………………[ ]
b) Numeracy Problems ……………[ ]
c) Emotional/Behavioural problems……………………………………[ ]

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 students [Please tick all that apply]? [ ]

<table>
<thead>
<tr>
<th>Proximity to the school</th>
<th>Other siblings in the school</th>
<th>Performance on tests</th>
<th>Date of application</th>
<th>Religion</th>
<th>Other (Please specify below)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 students in the school allocated to classes?

Randomly/alphabetically……………………[ ] Performance on tests……………[ ]

Other [please specify]………………………[ ] Only 1 class per year-group………[ ]

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

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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Important</th>
<th>Fairly Important</th>
<th>Not Important</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Speech and Drama</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Environmental Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Awareness of Social Justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
37. And how important is each of the following in the school as an extra-curricular activity?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Important</th>
<th>Fairly Important</th>
<th>Not Important</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Speech and Drama</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Environmental Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Awareness of Social Justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38. To what extent are the following forms of discipline used in your school:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Suspension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Expulsion/permanent exclusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Extra coursework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Extra homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Writing of ‘lines’</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Detention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Exclusion from sports or other popular activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Verbal (phone or otherwise) report to parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Written report to parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Warning card system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. Does the school have a written discipline policy? Yes ☐ No ☐ Go to Q. 41

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

<table>
<thead>
<tr>
<th>Role</th>
<th>To a great extent</th>
<th>To some extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Pupils</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Board of Management</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- A major problem ☐
- A minor problem ☐
- No problem at all ☐

42. Does your school have an explicit anti-bullying strategy? Yes ☐ No ☐

43. Does your school have a written policy on bullying? Yes ☐ No ☐

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>Role</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Teachers get a lot of help and support from colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Teachers are open to new developments and challenges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Teachers are eager to take part in in-service training</td>
<td></td>
<td></td>
<td></td>
<td></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]

- Much greater than in other schools ☐
- Slightly greater than in other schools ☐
- About the same as in other schools ☐
- Slightly less than in other schools ☐
- Much less than in other schools ☐

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 students as in other Primary Schools

- Happier ☐
- As happy ☐
- Less happy ☐

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>Tension Level</th>
<th>Very</th>
<th>Fairly</th>
<th>Not Very</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How stressed you feel by your job</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. How satisfied you feel with your job</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Thank you very much for having completed this part of Growing Up in Ireland.
C3. Teacher-on-Self Questionnaire (yellow)
Growing Up in Ireland – the national longitudinal study
STRICTLY CONFIDENTIAL
(Pilot 2)

TEACHER’S 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.

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.

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.

Growing Up in Ireland has the support of the INTO – see attached extract from a recent issue of In Touch.

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

2. To which age group do you belong?

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...[ ]
   - A primary degree in education (B.Ed)...[ ]
   - A primary degree in another subject...[ ]
   - A postgraduate diploma in education...[ ]
   - A qualification in learning support, special education or resource teaching...[ ]
   - A higher degree in education (PhD, Masters etc.)...[ ]
   - A higher degree in another subject (PhD, Masters etc.)...[ ]
   - No qualification...[ ]
   - Other [please specify]...[ ]

6. Which of the following best describes the way your class(es) at this school is/are organised?[Tick 1 box]
   - Self-contained class - i.e. you teach multiple subjects to the same class of children all or most of the day...[ ]
   - Shared/Team-based teaching i.e. you collaborate with one or more teachers in teaching multiple subjects to the same class of children...[ ]
   - Subject teaching (e.g., language, art, mathematics, science) to several classes of different children all or most of the day...[ ]
   - “Withdrawal” group teaching i.e. you provide instruction (e.g., learning support reading) to certain students who are released from their regular classes...[ ]
7. 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>
<th>Number of pupils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></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>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></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

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. have a limited knowledge of the main language of instruction ...................................... children
   b. an emotional or behavioural problem ................................................................. children
   c. have a learning/intellectual disability ............................................................... children
   d. have 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 ......................................................... No .........................................................

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>Social Personal Health Education (SPHE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gaeilge</td>
<td>Physical Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maths</td>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History</td>
<td>Music</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geography</td>
<td>Drama</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science</td>
<td>Art</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other 1 (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other 2 (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other 3 (please specify)</td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils work in pairs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils work individually in class using their textbook or worksheets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework is checked in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homework is taken up for correction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils work in groups in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You ask pupils questions in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils ask you questions in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You read aloud to pupils</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils suggest subjects or topics to be covered in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils are encouraged to find things out for themselves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You use video/DVD or audiotapes/CDs in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You use games to facilitate pupil learning</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils use computer facilities in class</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. 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>Three or four times a week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>□ 7</td>
<td>□ 8</td>
<td>□ 9</td>
<td>□ 10</td>
<td>□ 11</td>
<td>□ 12</td>
</tr>
</tbody>
</table>

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

Yes............. □ 7  No............. □ 12

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

_____________________ nights

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  15 mins or less ......................... □ 2
16-30 mins .................. □ 3  31-60 mins ........................ □ 4
1 - 1hr 30mins ............ □ 5  More than 1hr 30min ................ □ 6

17. How often would you set tests or exams for your class?

Weekly | Twice a month | Monthly | Every term | Never/Almost Never
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Area</th>
<th>No Control</th>
<th>Slight Control</th>
<th>Some Control</th>
<th>Moderate Control</th>
<th>A great deal of control</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. selecting subjects to be taught</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>b. deciding about the content of subjects to be taught</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>c. deciding about teaching techniques</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>d. choosing textbooks and other learning materials</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>e. disciplining children</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
<tr>
<td>f. selecting the year group you teach</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>

19. Below we have a 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>Statement</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
   b) other meetings organised by the school?

<table>
<thead>
<tr>
<th>Meeting Type</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. Parent-teacher meetings</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>b. Other meetings organised by the school</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Frequency</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>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
</tr>
</tbody>
</table>
23. 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) students and (b) teachers as in other Primary Schools?

<table>
<thead>
<tr>
<th></th>
<th>Happler</th>
<th>As happy</th>
<th>Less happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Students</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
</tr>
<tr>
<td>b. Teachers</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
</tr>
</tbody>
</table>

24. 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></th>
<th>Very</th>
<th>Fairly</th>
<th>Not Very</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How stressed</td>
<td>□1</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>b. How satisfied</td>
<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*

We would now like you to complete a questionnaire (one of the green ones) in respect of each Study Child who has been selected from your class(es) for inclusion in the project.
C4. Teacher-on-Pupil Questionnaire (green)
Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

(Pilot 2)

TEACHER’S QUESTIONNAIRE ON PUPIL

School ID

Study Child’s ID within School

School Roll No.

Study Number of Study Child

Teacher’s 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.

The Department of Health & Children is studying the funding 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.

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.

Growing Up In Ireland has the support of the INTO – see attached extract from a recent issue of In Touch

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

2. Study Child’s gender Male ________ Female ________

3. What 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 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). 

b. Family reasons.

c. Truancy.

d. Bullying.

e. A fear of school (school phobia).

f. Other [please specify].

g. Don’t know the reason.

h. Not applicable, Study Child not absent in current year.

7. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

Never Rarely Sometimes Often Always

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?

Never, - homework always or almost always completed

Occasionally not completed.

Regularly not completed.

Not applicable, Study Child never/rarely gets homework.
9. Listed below is a set of statements which could be used to describe the Study Child’s behaviour over the last few months. For each item, please tick one box on each line to indicate which you feel best describes the Study Child’s behaviour over the last few months.

<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>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>d. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>j. Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Has at least one good friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>s. Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>v. Steals from home, school or elsewhere</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>y. Sees tasks through to the end, good attention span</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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></th>
<th>Below average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Writing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Comprehension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Numeracy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Imagination/ Creativity</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. 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>

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

<table>
<thead>
<tr>
<th>Type of 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>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>Behavioural management programmes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12b. 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]

Speech therapy
Psychological assessment
Learning support/resource teaching
Behavioural management programmes
Other [please specify]
Report on Pre-Piloting, Piloting and Dress Rehearsal phases of the 9-year cohort

Growing Up in Ireland

Appendix D

Home-based instruments used in Pilot 2

D1. Mother / Lone Father questionnaire (white)
D2. Mother / Lone Father questionnaire – supplementary (white)
D3. Father / Partner questionnaire (green)
D4. Father / Partner questionnaire – supplementary (green)
D5. Main child questionnaire (multi-coloured)
D6. Child questionnaire – supplementary – Mum & Dad (M+D) (multi-coloured)
D7. Child questionnaire – supplementary – Mum only (M) (multi-coloured)
D8. Child questionnaire – supplementary – Dad only (D) (multi-coloured)
D9. Non-resident parent (white)
D10. Non-cohort caregiver – home-based (white)
D11. Non-cohort caregiver – centre-based (white)
D12. Time-use survey (blue)
D1. Mother / Lone Father questionnaire (white)
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. We are currently doing pilot work for this project. 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 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. Are you the parent / guardian of the Study Child 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?

   [Interviewer use codes only]

   A. Biological parent (mother/ father) ........ □1
   B. Adoptive parent (mother/ father)........... □2
   C. Step-parent (mother/ father) .............. □3
   D. Foster parent (mother/ father) ............ □4
   E. Grand parent ................................ □5
   F. Aunt/uncle .................................. □6
   G. Other relative / in law ..................... □7
   H. Unrelated guardian .......................... □8
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>If DOB not available</th>
<th>Relationship of each member TO mother/one father and child: Use Relationship Codes from yellow card.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Person No. R’SHP TO: Mother/one father R’SHP TO: Study Child</td>
</tr>
<tr>
<td></td>
<td>Person No. INT: Put respondent (mother / lone father) on line 1 and Study Child on line 2</td>
<td></td>
<td></td>
<td></td>
<td>Age last birthday</td>
</tr>
<tr>
<td>1</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 1</td>
<td>/ ///</td>
</tr>
<tr>
<td>2</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 2</td>
<td>/ ///</td>
</tr>
<tr>
<td>3</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 3</td>
<td>/ ///</td>
</tr>
<tr>
<td>4</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 4</td>
<td>/ ///</td>
</tr>
<tr>
<td>5</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 5</td>
<td>/ ///</td>
</tr>
<tr>
<td>6</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 6</td>
<td>/ ///</td>
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<tr>
<td>7</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 7</td>
<td>/ ///</td>
</tr>
<tr>
<td>8</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 8</td>
<td>/ ///</td>
</tr>
<tr>
<td>9</td>
<td>1 2</td>
<td>M F</td>
<td>dd mm yr</td>
<td>yrs 9</td>
<td>/ ///</td>
</tr>
</tbody>
</table>

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

X1. 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.

If twin does not live in household say:

Could I ask about <study child’s> twin. Is he or she: Deceased □ Lives elsewhere □

Time Section Ended □□□□ (24 hour clock)
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] 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] 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 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. [Int. If respondent is biological mother] Did you smoke when you were pregnant 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 was the Study Child breastfed? months DK / Can’t Remember… □

B10. [Show Card B10] In general, how would you describe the Study Child’s 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 ................................................... □

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 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 illness or disability? (mth) (year)

B14. Is the Study Child hampered in his/her daily activities by this physical or mental health problem?
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 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? ____________

Time Section Ended □ □ □ □ □ □ (24 hour clock)

C. CHILD’S USE OF HEALTH SERVICES

C1. About how many nights has the Study Child spent in hospital over his/her lifetime? [Int. if none, write none]

__________ nights

C2. In the last 12 months how visits has <Study Child> made to the A&E (Accident and Emergence) 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?

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 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 not get the medical care or treatment? Was this because

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

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 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 not get the dental care or treatment? Was this because
[Int: Please tick yes or no in respect of each]

a) You couldn’t afford to pay ........................................... □  Yes ........................................... □

b) The necessary dental care wasn’t available or accessible to you ........................................... □

c) You could not take time off work to visit the dentist ........................................... □

C7. Why did the Study Child not get the dental care or treatment? Was this because
[Int: Please tick yes or no in respect of each]

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 brush his/her teeth at least once per day?

Yes ........................................... □  No ........................................... □

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

At least once a year ........................................... □  Only when there is a problem ........................................... □

Once every two years ........................................... □  Never/April never ........................................... □

Once every three years ........................................... □

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

Yes, currently ........................................... □  Yes, in the past ........................................... □

No ........................................... □

C11. [Show Card C9] Has the Study Child ever been given any treatment for the problem? If so, what? [Int: Tick all that apply]

No treatment ........................................... □  Patch ........................................... □

Laser treatment ........................................... □  Glasses ........................................... □

Surgical operation ........................................... □  Other, please specify ........................................... □

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

Yes, currently ........................................... □  Yes, in the past ........................................... □

No ........................................... □

C13. [Show Card C11] Has the Study Child ever been given any treatment for the problem? If so, what? [Int: Tick all that apply]

No treatment ........................................... □  Cochlear implant ........................................... □

Hearing aid ........................................... □  Other, please specify ........................................... □

Grommets ........................................... □

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 ........................................... □  Yes, a little ........................................... □

Yes, a lot ........................................... □  Don’t know ........................................... □

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 ........................................... □

B. Speech not clear to the family ........................................... □

C. Speech not clear to others ........................................... □

D. Difficulty finding words ........................................... □

E. Difficulty putting words together ........................................... □

F. Voice sounds unusual ........................................... □

G. Stutters, stammers or lisps ........................................... □

H. Lisps ........................................... □

I. Other ........................................... □

J. Don’t know ........................................... □
C16. Does the Study Child usually require ongoing support to be able to move around?
Yes ..........  ___  No ..........  ___

C17. What supports does the Study Child require? [Int. Tick all that apply]
Braces ..........  ___  Crutches ..........  ___  A stick ..........  ___  Wheelchair ..........  ___

C18. Does the Study Child need the help of another person to get around in the wheelchair?
Yes ..........  ___  No ..........  ___

C19. Is <Study Child> right or left-handed? Right handed ..........  ___  Left handed ..........  ___

Time Section Ended  __________  __________  __________ (24 hour clock)

D. CHILD'S DIET AND EXERCISE

D1. [Show 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 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 frails</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 drink in the last 24
hours?
Up to ½ pint ..........  ___  ½-1 pint ..........  ___  1-1½ pints ..........  ___  More than 1½ pints ..........  ___  D K ..........  ___

D3. Does the Study Child usually have something to eat before going to school? Yes ..........  ___  No ..........  ___

D4. Which of the following does he/she usually eat? [Int. Tick all that apply]
Cereal ..........  ___  Cooked breakfast ..........  ___
Toast / Bread ..........  ___  Yoghurt / Cheese ..........  ___
Fruit ..........  ___  Eggs ..........  ___
Porridge ..........  ___  Other Specify ..........  ___
D5. Does the Study Child usually have a meal in the evening during the week?
Yes □  No □

D6. Who would usually eat with the Study Child at that meal [Int. Tick all that apply]
Father □  Other unrelated adults (childminder, nanny etc) □
Mother □  Friend(s) □
Brothers / Sisters/ other children in the household □
Other relatives □  No one / child eats alone □

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

D8. Is <Study Child> on any type of special diet e.g. vegetarian, vegan, coeliac etc.?
No □  Yes, vegetarian □  Yes, coeliac □
Yes, vegan □  Yes, other □
Specify □
[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

D9. [Show Card D9] Do you think the Study Child is:
Very underweight □
Moderately underweight □
Slightly underweight □
About the right weight □
Slightly overweight □
Moderately overweight □
Very overweight □
Don’t know □

D10. [Show 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 to 2 days □
3 to 5 days □
6 to 8 days □
9 or more days □

D11. [Show 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 his / 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 to 2 days □
3 to 5 days □
6 to 8 days □
9 or more days □

D12. How far away is the school from the Study Child’s home (one-way distance)?
Less than ½ mile (1km) □
½ to 1 mile (1-2km) □
1-5 miles (2-8km) □
More than 5 miles away (8km) □
Attends boarding school □

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]
A. Going  B. Coming home
1. He/she walks □
2. By public transport □
3. School bus/coach □
4. By car □
5. Rides a bicycle □
6. Other (please describe) □
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>A. Going</th>
<th>B. 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>

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

E. RESPONDENT’S HEALTH

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


E2. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

Yes [1]  No [2]

E3 Was this:

Before the Study Child was born [3]
In first year of Study Child’s life [4]
When Study Child was 1 – 4 yrs old [5]
When Study Child was 5 - 9 yrs old [6]

E4. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes [1]  No [2]

E5. What is the nature of this illness or disability? Please describe as fully as possible. [Int. please record diagnosis – not symptoms of the problem.]

__________________________

E6. Since when have you had this illness or disability? _______ (mth) _______ (year)

E7. Are you hampered in your daily activities by this physical or mental health problem?


E8. 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?


E9. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child?

Yes [1]  No [2]

E10. What is the relationship of that person to the Study Child? [Tick all that apply]


E11. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

E12. Does the family have private medical insurance?
   Yes, in full .......... □  Yes, partially ........... □  No .......... □  Don't Know......... □

E13. Does that insurance include the cost of GP visits?
   Yes, in full .......... □  Yes, partially ........... □  No .......... □  Don't Know......... □

Time Section Ended  □ □ □ □ (24 hour clock)

F. RESPONDENT'S LIFESTYLE

F1. Do you currently smoke daily, occasionally or never?
   Daily ......................... □  Occasionally .................. □  Never ................................ □

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, regularly ....... □  Yes, occasionally....... □  Never ............... □

F5. [Show 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] 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 Centimetres ________

F10. What is your weight without clothes and shoes? ________stones ________lbs OR _____ Kilograms

Time Section Ended  □ □ □ □ (24 hour clock)
G. CHILD’S ACTIVITIES

G1. [Show 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] On a normal weekday during term time, about how many hours does the Study Child 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.

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] 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 class.

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] 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 class.

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television .................. □ .. □</td>
<td>Computer or laptop .................. □ □</td>
</tr>
<tr>
<td>Video/DVD player ........... □ .. □</td>
<td>Games console (playstation etc...) □ □</td>
</tr>
</tbody>
</table>

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

H1. [Show Card H1] Looking at this card, has the Study Child 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.

A. Considerate of other people’s feelings ................................................................. Not True Somewhat True Certainly True
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 .........................................  

H3. [Show 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.

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

Time Section Ended  

(24 hour clock)
**J. CHILD’S EDUCATION – PAST AND CURRENT**

J1. I would like you to think back to when <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, Naoinra etc?

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

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. 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>Child minded at home by me or resident partner</th>
<th>Paid childminder in his/her own home</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Looking after him/herself or cared for by a sibling</th>
<th>Au Pair / Nanny</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Child minded by non-resident partner</th>
<th>Paid after-school care in group setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unpaid relative (or family friend) in your own home</th>
<th>Homework club</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unpaid relative (or family friend) in his/her own home</th>
<th>After-school activity-based facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Paid relative (or family friend) in your own home</th>
<th>Special needs facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Paid relative (or family friend) in his/her own home</th>
<th>Activity Camps (sport recreation arts/crafts etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Paid childminder in your own home</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Hours per week</th>
<th>Not relevant, at home with parent/guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Days per week</th>
<th>Not relevent, at home with parent/guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

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].

<table>
<thead>
<tr>
<th>€</th>
<th>per</th>
<th>Week</th>
<th>Fortnight</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

J6. [Show 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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cultural activities (dance, ballet, music, arts, drama etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Youth club</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Scouts/ Guides/ Boy’s Brigade / Girl’s Brigade</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Homework club</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Yes</td>
<td>No</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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

J8. [Show 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>0 days</th>
<th>1 - 3 days</th>
<th>4 to 6 days</th>
<th>7 to 10 days</th>
<th>11 to 20 days</th>
<th>More than 20 days</th>
<th>Not in school last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
<td>☒</td>
</tr>
</tbody>
</table>

J9. [Show Card J9] What was the main reason for Study Child being absent from school?

<table>
<thead>
<tr>
<th>Reason</th>
<th>☐</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</td>
<td>☐</td>
</tr>
</tbody>
</table>
J10. How often is the Study Child given homework? [Card J10]

<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>Daily</td>
<td></td>
</tr>
<tr>
<td>A few times a month</td>
<td>□</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>□</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time Duration</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>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>
</tbody>
</table>

J13. 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: [Card J13/J14]

<table>
<thead>
<tr>
<th>Performance Level</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. 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? [Still Card J13/J14]

<table>
<thead>
<tr>
<th>Performance Level</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>Days in a Week</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>Number of Friends</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] Taking everything into account, how far do you expect the Study Child will go in his/her education or training?

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Certificate or equivalent</td>
<td>□</td>
</tr>
<tr>
<td>Leaving Certificate or equivalent</td>
<td>□</td>
</tr>
<tr>
<td>An apprenticeship or trade</td>
<td>□</td>
</tr>
<tr>
<td>Diploma/Certificate</td>
<td>□</td>
</tr>
<tr>
<td>Degree</td>
<td>□</td>
</tr>
<tr>
<td>Postgraduate/higher degree</td>
<td>□</td>
</tr>
<tr>
<td>Don’t know</td>
<td>□</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes/No</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>□</td>
</tr>
<tr>
<td>No</td>
<td>□</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Form of Bullying</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical bullying</td>
<td>□</td>
</tr>
<tr>
<td>Written messages/notes etc.</td>
<td>□</td>
</tr>
<tr>
<td>Verbal bullying</td>
<td>□</td>
</tr>
<tr>
<td>Exclusion</td>
<td>□</td>
</tr>
<tr>
<td>Electronic [phone messaging, emails, Bebo etc.]</td>
<td>□</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
</tr>
</tbody>
</table>

J20. [Show Card J20] What was the reason for the bullying?

<table>
<thead>
<tr>
<th>Reason for Bullying</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>□</td>
</tr>
<tr>
<td>Physical/Learning disability</td>
<td>□</td>
</tr>
<tr>
<td>Teacher’s pet</td>
<td>□</td>
</tr>
<tr>
<td>Family background</td>
<td>□</td>
</tr>
<tr>
<td>Physical appearance (clothes, glasses, weight etc)</td>
<td>□</td>
</tr>
<tr>
<td>Gender role</td>
<td>□</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>□</td>
</tr>
</tbody>
</table>
J21. Do you think the Study Child has a Specific Learning Difficulty, Communication or Co-ordination Disorder

Yes □ No □

J22. [Show Card J22] If yes, what is the nature of the difficulty or disorder?

- Dyslexia (incl. Dysgraphia, dyscalculia) □
- Speech & Language Difficulty □
- ADHD □
- Dyspraxia □
- Autism □
- Slow progress (reasons unclear) □
- Aspergers Syndrome □

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 <Study Child> have access to in your home now, including any library books? Would you estimate:

None □
Less than 10 □
10 to 20 □
21 to 30 □
More than 30 □

J26. Do you use the Public Library for your child?

Yes □ No □

Time Section Ended ___ ___ ___ (24 hour clock)

K: FAMILY CONTEXT

K1. Do you feel you have fun with the Study Child 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.

- A. I share an affectionate, warm relationship with my child: Definitely applies □ Not really applies □ Neutral, not sure □ Applies somewhat □ Definitely does not apply □
- B. My child and I always seem to be struggling with each other: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- C. If upset, my child will seek comfort from me: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- D. My child is uncomfortable with physical affection or touch from me: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- E. My child values his/her relationship with me: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- F. My child appears hurt or embarrassed when I correct him/her: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- G. My child does not want to accept help when he/she needs it: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- H. When I praise my child, he/she beams with pride: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- I. My child reacts strongly to separation from me: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- J. My child spontaneously shares information about himself/herself: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- K. My child is overly dependent on me: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- L. My child easily becomes angry at me: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- M. My child tries to please me: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- N. My child feels that I treat him/her unfairly: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- O. My child asks for my help when he/she really does not need help: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- P. It is easy to be in tune with what my child is feeling: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- Q. My child sees me as a source of punishment and criticism: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- R. My child expresses hurt or jealousy when I spend time with other children: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
- S. My child remains angry or is resistant after being disciplined: Definitely applies □ Neutral, not sure □ Applies somewhat □ Not really applies □ Definitely does not apply □
T. When my child is misbehaving, he/she responds to my look or tone of voice. .................................................. 2 3 3 3 3 3 3 3 3
U. Dealing with my child drains my energy. ......................... 2 3 3 3 3 3 3 3 3
V. I've noticed my child copying my behaviour or ways of doing things. .......................................................... 2 3 3 3 3 3 3 3 3
W. When my child is in a bad mood, I know we're in for a long and difficult day. .................................................. 2 3 3 3 3 3 3 3 3
X. My child's feelings toward me can be unpredictable or can change suddenly. .................................................. 2 3 3 3 3 3 3 3 3
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.................................................. 2 3 3 3 3 3 3 3 3
Z. I often think about my child when at work. ....................... 2 3 3 3 3 3 3 3 3
AA. My child whines or cries when he/she wants something from me. ............................................................. 2 3 3 3 3 3 3 3 3
AB. My child is sneaky or manipulative with me. .................. 2 3 3 3 3 3 3 3 3
AC. My child openly shares his/her feelings and experiences with me. .................................................. 2 3 3 3 3 3 3 3 3
AD. My interactions with my child make me feel effective and confident as a parent. .................................................. 2 3 3 3 3 3 3 3 3

K3. [Show Card K3] How often do you do the following when the Study Child misbehaves

A. Discuss/Explain why behaviour was wrong.................................................. 1 2 3 4 5 5
B. Ignore him/her .............................................................................. 1 2 3 4 5 5
C. Smack him/her ............................................................................. 1 2 3 4 5 5
D. Shout or yell at him/her ................................................................... 1 2 3 4 5 5
E. Send him/her out of the room or to their bedroom................................. 1 2 3 4 5 5
F. Take away treats/pocket money ......................................................... 1 2 3 4 5 5
G. Tell him/her off .............................................................................. 1 2 3 4 5 5
H. Bribe him/her ................................................................................. 1 2 3 4 5 5
I. Ground him/her .............................................................................. 1 2 3 4 5 5

K4. [Show 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 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Play sports, cards or games together ....</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Talk about things together ................</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Do household activities together (e.g., gardening, cooking, cleaning, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Go on an outing together (including going shopping)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K5. [Show 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>Grandparents ..........</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncles/Aunts ..........</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cousins ...............</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K6. Please tell me how strongly you agree or disagree with the following. Because of your job

A. You are missing out on home or family activities that you would have like to have taken part in .................................................. 1 2 3 4 5 6
B. Your family time is less enjoyable and more pressured ........................................................................ 1 2 3 4 5 6
C. The time you spend with your family is more enjoyable .................................................................................. 1 2 3 4 5 6
K7. [Show Card K7] 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</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>2. I felt depressed</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>3. I thought my life had been a failure</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>4. I felt fearful</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>5. My sleep was restless</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>6. I felt lonely</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>7. I had crying spells</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
<tr>
<td>8. I felt sad</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

K8. Does the Study Child belong to any religious denomination  
Yes ...... ☐ 1  
No .......... ☐ 3

K9. [Show Card K9] If yes, which one
Christian – no denomination ................................................................. ☐ 8
Roman Catholic.......................................................................................... ☐ 9
Anglican/Church of Ireland/Episcopalian .............................................. ☐ 3
Other Protestant ......................................................................................... ☐ 4
Jewish ........................................................................................................... ☐ 5
Muslim .......................................................................................................... ☐ 6
Other (specify)............................................................................................. ☐ 7
Refuse/no answer........................................................................................... ☐ 8

K10. How regularly does the Study Child attend religious service?
Daily ............................................................................................................. ☐ 1
Weekly ......................................................................................................... ☐ 2
Monthly ........................................................................................................ ☐ 3
Less Often .................................................................................................... ☐ 4
Special Occasions ......................................................................................... ☐ 5
Never ............................................................................................................ ☐ 6
Refused ......................................................................................................... ☐ 7
N/a to their religion ..................................................................................... ☐ 8

K11. 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

K12. Do you belong to any religious denomination
Yes ...... ☐ 1
No .......... ☐ 3

K13. If yes, which one?

K14. 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

K15. 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>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Often started fights or bullies, threatens or intimidates others</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>B. Has been physically cruel to other people or animals</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>C. Deliberately destroyed or damaged property</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
<tr>
<td>D. Often lied to obtain goods or favours (i.e., ‘cons’ others)</td>
<td>☐ 1</td>
<td>☐ 2</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</td>
<td>☐ 2</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</td>
<td>☐ 2</td>
</tr>
<tr>
<td>G. Often truanted from school</td>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
</tbody>
</table>

Time Section Ended  (24 hour clock)
L1. For the following items could you indicate whether or not your household, has the item and, if not, if it is because you couldn’t afford it or for another reason?

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

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

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

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

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

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

L5. Why was that?

- Didn’t want to
- Couldn’t leave the children
- Have a full social life in other ways
- Illness
- Couldn’t afford to
- Other

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

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

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

House
Apartment / Flat / Bedsit
Other (specify)

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

Owner occupied
Being purchased from a Local Authority under a Tenant Purchase Scheme
Rented from a Local Authority
Rented from a Voluntary Body
Rented from a Private Landlord
Living with and paying rent to your (or your partner’s) parent(s)
Occupied free of rent with your (or your partner’s) parent(s)
Occupied free of rent from your or your partner’s job

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

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

L11. How many others does the Study Child share a bedroom with?
L12. [Show Card L12] 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

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 □ 1
- No □ 2

L16. How many? _______________________

L17. How many employees (if any) do you have? ________ employees  N A .... □ 30

L18. Apart for holiday or casual work, have you ever had a job? Yes □ 1  No □ 2

L19. In what year did you last work? ________ year Never Worked ...... □ 3

L20. When you last worked were you?
- Employee (incl. apprenticeship or Community Employment) □ 1
- Self-employed outside farming □ 2
- Farmer □ 3

L21. What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L22. [Show Card L22] From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. tick one only]
- I can't find a job ...................................... □ 1
- I chose not to work ................................ □ 2
- I am caring for an elderly or ill relative or friend .... □ 3
- I prefer be at home to look after my children myself ........ □ 4
- I cannot earn enough to pay for childcare ...................................................... □ 5
- I cannot find suitable childcare ................................................................. □ 6
- There are no suitable jobs available for me ...... □ 7
- My family would lose Social Welfare or medical benefits if I was earning .......... □ 8
- Other reason (specify) ................................................................................. □ 9

HOUSEHOLD INCOME

L23. 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]

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 L24]

<table>
<thead>
<tr>
<th>Source</th>
<th>A Receive?</th>
<th>B Largest Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Wages or Salaries .................................................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>B. Income from Self-Employment .............................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>C. Income from Farming ............................................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>D. Child Benefit ........................................................................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>E. Social Welfare Income (incl. Child Benefit) .........................</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) ..........</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
</tbody>
</table>
HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

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

Don’t Know [ ] € _____________ per Week [ ] _______________ per Month [ ] _______________ per Year [ ]

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

[INT: IF CANNOT GIVE EXACT FIGURE]

L26. I know that it is difficult to give an exact figure for household income but on this card (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: Show Card L26. Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

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

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

Refused [ ] Don’t Know [ ]
**COUPLE / LONE PARENT INCOME** – income of family unit of <study child>

L28. 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 L32
Other households members................. □ □→ Go to L29

L29. 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 L30. If exact figure given go to L32]

L30 I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on this card [Card L30] 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: Show Card L30. Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

**COMBINED NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI FOR RESPONDENT AND PARTNER**

<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 → Section A, Card L31</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 → Section B, Card L31</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 → Section C, Card L31</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 → Section D, Card L31</td>
</tr>
<tr>
<td>€576 to under €680</td>
<td>€2,501 to under €3,500</td>
<td>€30,001 to under €42,000</td>
<td>E → Section E, Card L31</td>
</tr>
<tr>
<td>€681 to under €925</td>
<td>€3,501 to under €4,000</td>
<td>€42,001 to under €48,000</td>
<td>F → Section F, Card L31</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 → Section G, Card L31</td>
</tr>
<tr>
<td>€1,151 to under €1,500</td>
<td>€5,001 to under €6,500</td>
<td>€60,001 to under €78,000</td>
<td>H → Section H, Card L31</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
<td>€6,501 to under €8,000</td>
<td>€78,001 to under €96,000</td>
<td>I → Section I, Card L31</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€96,001 or more</td>
<td>J → Section J, Card L31</td>
</tr>
</tbody>
</table>

Refused ........................................... %

Don't Know ........................................... %
L32. Do you or your partner receive any Social Welfare payments? Yes ☐ Go to L33 No ☐ Go to L34

L33. Now I'd like to record information on any Social Welfare payments YOU OR YOUR PARTNER are receiving. Looking at this card could you tell me whether or not you or your partner currently receive any of these Social Welfare payments? [Int. Tick payments which either partner receives] (Card L33)

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

L34. Do you or your partner currently receive child benefit? Yes ☐ No ☐

L35. Do you or your partner currently receive rent or mortgage supplement? Yes ☐ No ☐

L36. How much do you receive per week in rent or mortgage supplement? €-----------------------------

Time Section Ended ☐ ☐ ☐ ☐ ☐ ☐ ☐ (24 hour clock)

L37. [Card L37] What is the highest level of education you have completed to date?

Primary or less............................................................................ ☐

Intermediate/ junior/ Group Certificate or equivalent ☐

Leaving Certificate or equivalent................................. ☐

Diploma/ Certificate ................................................................. ☐

Primary degree .................................................................................. ☐

Postgraduate/ Higher degree .................................................. ☐

Refusal ............................................................................................... ☐

L38. What language or languages do you and your partner speak with <study child> most often at home? [Int. Tick all that apply]

English .................................................. ☐

Arabic .......................................................... ☐

Polish ............................................................. ☐

Czech ............................................................. ☐

Portuguese ................................................................................... ☐

Chinese ................................................................. ☐

Romanian ................................................................................. ☐

Irish .............................................................. ☐

French .................................................................................... ☐

Russian .................................................................................. ☐

Latvian ................................................................................... ☐

Spanish .................................................................................... ☐

Lithuanian .................................................................................. ☐

Other (specify) ............................................................................. ☐

21
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?  
Yes ..............................................  
No ..............................................

L40. Can you usually read and fill out forms you might have to deal with in your own language?  
Yes ..............................................  
No ..............................................

[Int: Ask L41 and L42 only if any language other than Irish or English is usually spoken at home see L38 above]

L41. You mentioned that you spoke <language> at home, can I just check, can you read aloud to a child from a children’s storybook written in English? 
Yes ..............................................  
No ..............................................

L42. Can you usually read and fill out forms you might have to deal with in English?  
Yes ..............................................  
No ..............................................

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 ..............................................  
No ..............................................

L44. Are you a citizen of Ireland?  
Yes ..............................................  
No ..............................................  
Don’t know ..............................................

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

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

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

L48. How long ago did you first come to live in Ireland?  
Within the last year  ..............................................  
1-5 years ago ..............................................  
6-10 years ago ..............................................  
11-20 years ago ..............................................  
More than 20 years ago ..............................................  
Don’t know ..............................................

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

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

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

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

L53. How long ago did the Study Child first come to live in Ireland?  
Within the last year  ..............................................  
1-5 years ago ..............................................  
6-10 years ago ..............................................  
11-20 years ago ..............................................  
More than 20 years ago ..............................................  
Don’t know ..............................................

L54. [Card L54] What is your ethnic or cultural background?  
Irish ..............................................  
Irish Traveller ..............................................  
Any other Black background ..............................................  
Chinese ..............................................  
Any other white background ..............................................  
Any other Asian background ..............................................  
African ..............................................  
Other (specify) ..............................................

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 or an after-school club etc. The person providing the care might be a relative or non-relative. Int Refer back to question J2/J3 page 12 of the questionnaire.  
Yes, regular care 8 hrs per week or more ..............................................  
No regular care 8 hrs per wk or more ..............................................

L56. Is this care provided in:  
the child’s home ..............................................  
a relative’s home ..............................................  
home of carer – non-relative ..............................................  
centre – crèche, after-school etc) ..............................................

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 ..............................................

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
M. Neighbourhood / Community

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

M1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?  
Yes ..........□  No ...........□

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.

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

M3. To what extent do you agree or disagree with these statements about your local area? Please tick one box on each line.

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

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?

<table>
<thead>
<tr>
<th>Service</th>
<th>Available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular public transport</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2. GP or health clinic</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3. Schools (primary or secondary)</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4. Library</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5. Social Welfare Office</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6. Banking/ Credit Union</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7. Essential grocery shopping</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>8. Recreational facilities appropriate to a 9-yr old</td>
<td>Yes</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

M6. What is your date of birth?  
Day □  Month □  Year □

M7. Int: Is respondent male or female?  
Male □  Female □

Time Section Ended □□□□  (24 hour clock)

N. FOR THE INTERVIEWER

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

N1. Would you describe the place where the household is situated as being....?

<table>
<thead>
<tr>
<th>Description</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>In open country</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a village (200-1,499)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a town (1,500-2,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a town (3,000-4,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a town (5,000-9,999)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a town (10,000 or more)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N2. Did the respondent ask for clarification on any questions?

Never □  Almost Never □  Now and then □  Often □  Very Often □  Don’t Know □

N3. How engaged with the survey did you feel that the respondent was?

Very engaged □  Quite engaged □  Not very engaged □  Not at all engaged □

N4. Did you feel that the respondent was reluctant to answer any questions?

Never □  Almost Never □  Now and then □  Often □  Very Often □  Don’t Know □

N5. Did you feel that the respondent tried to answer the questions to the best of his or her ability?

Never □  Almost Never □  Now and then □  Often □  Very Often □  Don’t Know □

N6. Overall, did you feel that the respondent understood the questions?

Never □  Almost Never □  Now and then □  Often □  Very Often □  Don’t Know □

N7. Was anyone else present at the interview?

Yes □  No □

N8. Who was this?  Tick all that apply.

Spouse/Partner □  Study Child □  Other Child □  Other Adult □
D2. Mother / Lone Father questionnaire – supplementary (white)
**GROWING UP IN IRELAND – the national longitudinal study of children**

**STRICTLY CONFIDENTIAL Pilot 2**

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

**AREA** __________    **HOUSEHOLD** __________    **RESPONDENT** __________

**Interviewer Name** ___________________________    **Interviewer Number** _______ _______ _______

**Time Section Started** ______ ______ ______ (24 hour clock)    **Date** ______ ______ ______

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

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

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

Yes.__________ \[\square\] → Go to S12    No.__________ \[\square\] → Go to S2

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

Yes.__________ \[\square\] → Go to S12    No.__________ \[\square\] → Go to S7

**S3. Was that a domestic or an inter-country adoption?**

Domestic ________ \[\square\]    Inter-country ________ \[\square\]

**S4. Was this a within family adoption?**

Yes ________ \[\square\]    No ________ \[\square\]

**S5. From which country?**

[Blank lines]

**S6. What age was the Study Child when you adopted him/her?** ________ years

NOW PLEASE GO TO S12

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

Yes.__________ \[\square\] → Go to S12    No.__________ \[\square\] → Go to S12

**S8. How long has the Study Child been with your family?** ________ yrs ________ mths ________ days

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

Yes.__________ \[\square\]    No.__________ \[\square\]

**S10. How many previous foster placements has the Study Child been in?** ________ previous placements   DK...\[\square\]

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

Another foster family ________ \[\square\]    Own family ________ \[\square\]    Institutional care ________ \[\square\]

NOW PLEASE GO TO S12

Because the issue of family life is so important, one of the areas of interest to us is the effect of family changes on both parents and children. We would now like to ask some questions about your family and marital history.

**S12. Have there been any period(s) of 3 months or longer when the Study Child didn’t live with you?**

Yes.__________ \[\square\]    No.__________ \[\square\]

**S13. How many periods of 3 months or longer when the Study Child didn’t live with you?**

One ________ \[\square\]    Two ________ \[\square\]    Three ________ \[\square\]    Four or more ________ \[\square\]
S14. [Show Card S14] Looking at this card, could you tell me which of these codes best describes your current legal marital status?

Married
Separated
Divorced
Widowed
Never Married

S15 Are you currently living with your husband/wife?
Yes
No

S16 Since when?
________ (yr)

S17 Are you currently living with a partner?
Yes
No

S18 In what year did you marry your former spouse?
________ (year)

S19 Since when have you been living apart/spouse deceased?
________ (year)

S20 Are you currently living with another partner?
Yes
No

S21 In what year did you marry your former spouse?
________ (year)

S22 Since when have you been living apart/spouse deceased?
________ (year)

S23 Are you currently living with a partner?
Yes
No

S24. Interviewer: Is respondent living with a spouse/partner (S15/S17/S23)?
Yes
No

S25. Since when have you and your spouse or partner been living together?
________ (mth) ________ (year)

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

Most days
At least once a week
Less than once a week

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

Most days
At least once a week
Less than once a week

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

Almost never/never
Not very often
Sometimes
Often
Almost always/always

Shout or yell at each other
Throw something at each other
Push, hit or slap each other

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

Almost never/never
Not very often
Sometimes
Often
Almost always/always

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

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

Less than once a month
Once or twice a month
Once or twice a week
Once a day
More often

Philosophy of life
Aims, goals and things believed important
Amount of time spent together
Having a stimulating exchange of ideas
Calmly discuss something together
Work together on a project
S31. The boxes on the line below represent different degrees of happiness in your relationship. The middle box, ‘happily represents the degree of happiness of most relationships. Please tick the box to indicate which best describes the degree of happiness, all things considered of your relationship.

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

S32. 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 \[\square\] No \[\square\] \[\rightarrow\] Go to S34

S33. How many?

One \[\square\] Two \[\square\] Three or more \[\square]\n
S34. Thinking back over the last year how often have you taken any of the following?

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

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

Yes \[\square\] No \[\square\] \[\rightarrow\] Go to S37

S36. Have you ever been to prison?

Yes \[\square\] No \[\square\]

S37. Can we check, does the other parent of the Study Child live here with you or elsewhere?

Lives here \[\square\] \[\rightarrow\] Go to S54 Deceased \[\square\] \[\rightarrow\] Go to S54 Lives elsewhere \[\square\] \[\rightarrow\] Go to S38

S38. When did (the non-resident) father/mother stop living with you and the Study Child?

month year Never lived together

S39. How far does the Study Child’s non-resident father/mother live from here?

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

S40. Do you and the Study Child non-resident father/mother have shared parenting of the Study Child on a regular basis?

Yes \[\square\] No \[\square\]

S41. Please describe the nature of this shared parenting?


S42. How often does the Study Child see his non-resident father/mother?

Daily \[\square\] Monthly \[\square\]
Once or twice a week \[\square\] Less than once a month \[\square\]
Weekly \[\square\] Less than once a year \[\square\]
Every second week/weekend \[\square\] Other (please specify) \[\square\]
S43. Were you ever married to or did you ever live with the Study Child’s father?
Yes, married to ……………. □ 1 Yes, lived with ……………. □ 2 No ……………. □ 3 Adoptive/Foster parent …… □ 4

S44. When did you separate or split up with the Study Child’s father?
Spouse/Partner died …………………………………… □ 1 Longer than 10 years ago …………… □ 4
In the last 4 years …………………………………… □ 2 Before child was born …………… □ 5
Longer than 4 years ago but less than 10 …………… □ 3 We were never a couple …………… □ 5

Q45. 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 ………………………………… □ 1 Going out but not living together …………… □ 5
Cohabiting/living as married ……………………………… □ 2 Just friends ………………………………… □ 6
Separated ………………………………………………… □ 3 No relationship ………………………………… □ 7
Divorced …………………………………………………… □ 4

S46. Do you have a formal or informal custody arrangement regarding the Study Child and where he/she lives?
Formal ……………. □ 1 Informal ……………. □ 2

S47. Briefly describe that arrangement
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

S48. Does the Study Child’s non-resident father/ mother make ANY financial contribution to your household and the maintenance of “Study Child”? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.
No, he/she never makes any payment ……………. □ 1 Yes, he/she makes a regular payment ……………. □ 2
Yes, he/she makes payments as required ……………. □ 3

S49. How much does he/she pay per week / fortnight / month?
€ ………………………………………………………… per Week ……………. □ 1 Month ……………. □ 2 Year ……………. □ 3

S50. About how much per year?
€ ………………………………………………………… per year

S51. How often do you talk to the Study Child’s non-resident parent about the Study Child?
Every day ……………. □ 1 Several times a week ……………. □ 2 About once a week ……………. □ 3 A few times a month ……………. □ 4 Several times a year ……………. □ 5 Never ……………. □ 6

S52. How well do you get on with the Study Child’s non-resident parent? Would you say your relationship is?
Very Positive ……………. □ 1 Positive ……………. □ 2 Neither positive nor negative ……………. □ 3 Somewhat negative ……………. □ 4 Very negative ……………. □ 5

S53. We would like to send a short questionnaire to the Study Child’s other biological parent? 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 other biological parent?
Yes ………………………………………………………… □ 1
No, does not wish other parent to be interviewed ……………. □ 2
No, does not have contact details for other parent ……………. □ 3

Interviewer: record contact details on the Work Assignment Sheet

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

S55. Int: Is respondent male or female? Male ……………. □ 1 Female ……………. □ 2

S56. Time Section Ended …………………… (24 hour clock)

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
YOUR ASSISTANCE IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST IN DEVELOPING POLICIES TO SUPPORT CHILDREN AND THEIR FAMILIES IN IRELAND
D3. Father / Partner questionnaire (green)
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. 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] Which of the following best describes your relationship with the Study Child? [Interviewer use codes only if administering questionnaire and other persons are present]

A. Biological parent (mother/ father) ............ [A]
B. Adoptive parent (mother/ father) ............ [B]
C. Step-parent (mother/ father) ............ [C]
D. Foster parent (mother/ father) ............ [D]

E. Grandparent ...................... [E]
F. Aunt/uncle ..................... [F]
G. Other relative/ in law ............ [G]
H. Unrelated guardian ............ [H]

B. RESPONDENT'S HEALTH

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

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

B2. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?


B3 Was this:  
Before the Study Child was born ............ [1]
In first year of Study Child's life ............ [2]
When Study Child was 1 – 4 yrs old ............ [3]
When Study Child was 5 - 9 yrs old ............ [4]
B4. Do you have any chronic physical or mental health problem, illness or disability?

Yes..........................☐  No..........................☐

B5. What is the nature of this illness or disability? Please describe as fully as possible.

.......................................................................................................................

B6. Since when have you had this illness or disability? _______ (mth) _______ (year)

B7. Are you hampered in your daily activities by this physical or mental health problem?

Yes, severely ..................☐  Yes, to some extent ..................☐  No ..................☐

Time Section Ended  ____________  ____________  (24 hour clock)

C: RESPONDENT'S LIFESTYLE

C1. Do you smoke?  Yes.............☐  No.............☐

C2. [Show Card C2/C4] About how many cigarettes or cigars do you smoke per day?

Less than daily.............................................................☐
1 a day.............................................................................☐
2-10 a day.................................................................☐
11-25 a day...............................................................☐
26-50 a day...............................................................☐
More than 50 a day......................................................☐

C3. Does anyone smoke in the same room as the Study Child when the Study Child is present

Yes, on a regular basis .........☐  Yes, on occasional basis ...........☐  Never ...............☐

C4. [Still Card C2/C4] 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: C5. 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  ............

C6. [Show Card C6] Do you think that you are:

Very underweight .........................................☐  Slightly overweight .........................................☐
Moderately underweight ..................................☐  Moderately overweight ..................................☐
Slightly underweight .......................................☐  Very overweight ............................................☐
About the right weight........................................☐  Don't know .....................................................☐

C7. How often do you try to lose weight through dieting?

Very often .............☐  Often ..................☐  Sometimes .........☐  Rarely .............☐  Never .............☐

C8. What is your height without shoes? _______ feet _______ inches OR Centimetres __________

C9. What is your weight without clothes and shoes? _______ stones _______ Lbs OR _______ Kilograms

Time Section Ended  ____________  ____________  (24 hour clock)
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 applies</th>
<th>Definitely does not apply</th>
<th>Not really sure</th>
<th>Somewhat applies</th>
<th>Applies somewhat</th>
<th>Neutral, not sure</th>
<th>Not really sure</th>
<th>Definitely does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>I share an affectionate, warm relationship with my child.</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>My child and I always seem to be struggling with each other.</td>
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<tr>
<td>If upset, my child will seek comfort from me.</td>
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<tr>
<td>My child is uncomfortable with physical affection or touch from me.</td>
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<tr>
<td>My child values his/her relationship with me.</td>
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<tr>
<td>My child appears hurt or embarrassed when I correct him/her.</td>
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<tr>
<td>My child does not want to accept help when he/she needs it.</td>
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<tr>
<td>When I praise my child, he/she beams with pride.</td>
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<tr>
<td>My child reacts strongly to separation from me.</td>
<td>[ ]</td>
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<tr>
<td>My child spontaneously shares information about himself/herself.</td>
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<tr>
<td>My child is overly dependent on me.</td>
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<td>[ ]</td>
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<tr>
<td>My child easily becomes angry at me.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>My child tries to please me.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>My child feels that I treat him/her unfairly.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
<tr>
<td>My child asks for my help when he/she really does not need help.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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</tr>
<tr>
<td>It is easy to be in tune with what my child is feeling.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>My child sees me as a source of punishment and criticism.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>My child expresses hurt or jealousy when I spend time with other children.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>My child remains angry or is resistant after being disciplined.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>When my child is misbehaving, he/she responds to my look or tone of voice.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>Dealing with my child drains my energy.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>I’ve noticed my child copying my behaviour or ways of doing things.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>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>
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<tr>
<td>My child’s feelings toward me can be unpredictable or can change suddenly.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>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>
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</tr>
<tr>
<td>I often think about my child when at work.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>My child whines or cries when he/she wants something from me.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>My child is sneaky or manipulative with me.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>My child openly shares his/her feelings and experiences with me.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>My interactions with my child make me feel effective and confident as a parent.</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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</tr>
</tbody>
</table>

D3. Please tell me how strongly you agree or disagree with the following. Because of your job

A. You are missing out on home or family activities that you would have like to have taken part in.  
[ ] Strongly agree  [ ] Disagree  [ ] Neither agree nor disagree  [ ] Agree  [ ] Strongly agree

B. Your family time is less enjoyable and more pressured.  
[ ] Strongly agree  [ ] Disagree  [ ] Neither agree nor disagree  [ ] Agree  [ ] Strongly agree

C. The time you spend with your family is more enjoyable.  
[ ] Strongly agree  [ ] Disagree  [ ] Neither agree nor disagree  [ ] Agree  [ ] Strongly agree

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

Very unfairly .......... [ ]  Quite unfairly .......... [ ]  Fairly .......... [ ]  Don't have partner .......... [ ]
D5. [Show Card D5] 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</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I felt depressed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I thought my life had been a failure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I felt fearful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. My sleep was restless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I felt lonely</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I had crying spells</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I felt sad</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

D6. [Show Card D6] Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please the rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

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

D7. 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

Time Section Ended ____________ ____________ (24 hour clock)

E: SOCIO-DEMOGRAPHICS

E1. [Show Card E1] What is the highest level of education you have completed to date?
Primary or less .................................................. 1
Primary degree .................................................. 3
Intermediate/ Junior/ Group Certificate or equivalent .................................. 2
Postgraduate/ Higher degree .................................................. 6
Leaving Certificate or equivalent .................................................. 3
Refusal .................................................. 88
Diploma/ Certificate .................................................. 4

E2. What language or languages do you speak most often at home to <Study Child>?
English .................................................. 1
Arabic .................................................. 2
Polish .................................................. 3
Czech .................................................. 4
Russian .................................................. 5
French .................................................. 3
Latvian .................................................. 8
Spanish .................................................. 10
Poutuguese .................................................. 7
Lithuanian .................................................. 12
Chinese .................................................. 6
Other (specify) .................................................. 14

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?
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

[Int: Ask E5 and E6 only if any language other than Irish or English is usually spoken at home see E2 above]

E5. You mentioned that you spoke <language> [Int See E2 above] at home, can I just check, can you read aloud to a child from a children's storybook written in English?
Yes ........... 1 No ............... 2

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] 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]

E12. How many?

E13. How many employees (if any) do you have? _______ employees  N A .... [3]

E14. Apart for holiday or casual work, have you ever had a job? 

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

E15. In what year did you last work? _______ year  Never Worked ........... [1]

E16. When you last worked were you?

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

E17. What was your occupation in that 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]

E18. [Show Card E18] From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. tick one only]

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

E19. Are you a citizen of Ireland?

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

E20. What citizenship do you hold?

- [ ]

E21. Were you born in Ireland?

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

E22. In which country were you born?

- [ ]

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]
- Any other Black background ......................................... [2]
- Irish Traveller ................................................ [1]
- Chinese .................................................................... [2]
- Any other white background ......................................... [3]
- Other Asian background ............................................. [6]
- African ..................................................................... [4]
- Other (specify) ....................................................... [7]

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

E26. Is respondent male or female?

- Male .................................... [1]
- Female ..................................... [2]
N1. Did the respondent ask for clarification on any questions?

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost never</th>
<th>Now and then</th>
<th>Often</th>
<th>Very often</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
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<td></td>
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</table>

N2. Did you feel that the respondent was reluctant to answer any questions?

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost never</th>
<th>Now and then</th>
<th>Often</th>
<th>Very often</th>
<th>Don't know</th>
</tr>
</thead>
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</table>

N3. Did you feel that the respondent tried to answer the questions to the best of his or her ability?

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost never</th>
<th>Now and then</th>
<th>Often</th>
<th>Very often</th>
<th>Don't know</th>
</tr>
</thead>
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</tbody>
</table>

N4. Overall, did you feel that the respondent understood the questions?

<table>
<thead>
<tr>
<th>Never</th>
<th>Almost never</th>
<th>Now and then</th>
<th>Often</th>
<th>Very often</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

N5. Was anyone else present at the interview?

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

N6. Who was this? Tick all that apply.

- Spouse/partner ................ 1
- Study Child .................... 2
- Other child .................... 3
- Other adult .................... 4
D4. Father / Partner questionnaire – supplementary (green)
GROWING UP IN IRELAND – the national longitudinal study of children
STRICKLY CONFIDENTIAL Pilot 2
FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

AREA ________________________ HOUSEHOLD ________________________ RESPONDENT ________________________

Interviewer Name ___________________________ Interviewer Number ___________________________

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

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

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

S1 [Show Card S1] Looking at this card, could you tell me which of these codes best describes your current legal marital status?

Married ___________ Separated ___________ Divorced ___________ Widowed ___________ Never Married ___________

S2 Are you currently living with your husband/wife?
Yes ___________ No ___________

S3 Are you currently living with another partner?
Yes ___________ No ___________

S4 Are you currently living with a partner? Yes ___________ No ___________

S5. Interviewer: Is respondent living with a spouse/partner(S2/S3/S4)? Yes ___________ No ___________ Go to S13

S6. Since when have you and your spouse or partner been living together? ___________ (mth) _______ (year)

S7. [Show Card S7/S8] How many couples argue from time to time. Roughly how often would you and your spouse/partner argue?

Most days ___________ Go to S9 Hardly ever ___________ Go to S9
At least once a week ___________ Go to S9 Never ___________ Go to S12
Less than once a week ___________ Go to S9

S8. [Show Card S7/S8] How often would you argue about the child(ren)?

Most days ___________ Hardly ever ___________
At least once a week ___________ Never ___________
Less than once a week ___________ Refused ___________

S9. [Show Card S9] When you and your partner argue, how often do you ___________

Almost never/never Not very often Sometimes Often Almost always/always

Shout or yell at each other ___________ ___________ ___________ ___________ ___________
Throw something at each other ___________ ___________ ___________ ___________ ___________
Push, hit or slap each other ___________ ___________ ___________ ___________ ___________
S10. [Show Card S10] 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>
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<td></td>
</tr>
</tbody>
</table>

S11 Please indicate the approximate extent of agreement between you and your partner for each of the items on the list below.

<table>
<thead>
<tr>
<th>Philosophy of life</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a day</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims, goals and things believed important...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of time spent together</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Having a stimulating exchange of ideas......</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calmly discuss something together............</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work together on a project ....................</td>
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</tr>
</tbody>
</table>

S12. The boxes on the line below represent different degrees of happiness in your relationship. The middle box, 'happy' represents the degree of happiness of most relationships. Please tick the box to indicate which best describes the degree of happiness, all things considered of your relationship.

<table>
<thead>
<tr>
<th>0 Extremely Unhappy</th>
<th>1 Fairly Unhappy</th>
<th>2 A little unhappy</th>
<th>3 Happy</th>
<th>4 Very Happy</th>
<th>5 Extremely Happy</th>
<th>6 Perfect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

S13. 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

S14. How many?

One          Two          Three or more

S15. [Show Card S15] Thinking back over the last year how often have you taken any of the following?

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

S16. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes       No

S17. Have you ever been to prison?

Yes       No

S18. What is your date of birth? _______ day _______ month _______ year

S19. Int: Is respondent male or female? Male Female

S20. Time Section Ended  (24 hour clock)

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
YOUR ASSISTANCE IS GREATLY APPRECIATED
D5. Main child questionnaire (multi-coloured)
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 and we would like you to fill in your answers on the answer booklet. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do.

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?
   You like it       You like it sometimes       You do not like it
   1                2                          3

2. How well do you think you are doing in your school work?
   Well           Average/Ok         Poorly       Don’t Know
   1              2                  3              4

3. Do you like the following subjects?
   Yes            No              Sometimes
   a. Maths   1              2                  3
   b. Reading  1              2                  3
   c. Irish    1              2                  3

4. How often do you get homework?
   Never          1-2 times a week    3-4 times a week    Almost every day
   1              2                    3                  4

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes) than:

   a. Most of your classmates
      Yes          No              Don’t Know
      1            2                  3

   b. Most of your neighbours
      Yes          No              Don’t Know
      1            2                  3

   c. Other families in Ireland
      Yes          No              Don’t Know
      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>Item</th>
<th>No</th>
<th>One Serving</th>
<th>More than one serving</th>
<th>Do not 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. Cooked vegetables</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</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>
<td>4</td>
</tr>
<tr>
<td>d. Chips or French fries</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Crisps or savoury snacks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Biscuits, doughnuts, cake, pie or chocolate (any of these)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Milk</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Cheese or yoghurt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Fizzy drinks or diet drinks</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Bread, Pasta, Rice, Cereal (any of these)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Section C: Activities

7. Which of the following have you done with your parents within the last week

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Eaten together</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Visited relations</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Sat and watched TV</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Chatted</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Went to the park</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Gone swimming</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Played games at home – board games and so on</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Played games outside</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Read something together</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
8. Do you have a computer at home?  Yes 1  No 2

9. Do you use it?  A lot 1  A little 2  Never 3

10. What do you use it for?  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. Please tick the 3 things you like to do the most
   Hanging out with friends ................................................................. 1
   Chatting to friends on phone or computer ........................................... 2
   Playing sport ................................................................. 3
   Watching TV ........................................................................ 4
   Playing computer games ............................................................... 5
   Reading ................................................................................ 6
   Playing games outside .................................................................. 7
   Listening to music ........................................................................ 8
   Talking to your family ................................................................... 9
   Something else (Please write it down) ................................................ 10

13. What is your favourite hobby or activity? _______________________

14. How often do you play sport?
   Never 1  1-2 times a week 3  3-4 times a week 4  Almost every day

   If you answered “never” go to Question 15, otherwise go to Q16.
15. **If you do not play sport, please tell us what is your MAIN reason for not playing sport?**  
*Please tick one box only*

- a. You do not like team games ........................................ 1
- b. You are no good at games............................................. 2
- c. You have no opportunities to play................................. 3
- d. You feel people laugh at you because of your size. ........... 4
- e. You have a disability which prevents you from playing ....... 5
- f. You prefer to watch sports on TV .................................... 6
- g. You do not fit in with the sporty crowd ......................... 7
- h. You do not like to get dirty or sweaty............................. 8
- i. You are not competitive................................................. 9
- j. You prefer to play computer games.................................. 10

16. **How often do you take exercise (e.g. running, cycling, swim) for 20 minutes or more?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 times a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3-4 times a week</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almost every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. **How often do you read for fun (not for school)?** Please tick one

- 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>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Shower or bath</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>Occasionaly</th>
<th>Often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Help with cooking for the family</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Hoovering / cleaning</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Helping in the garden</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Washing the dishes / Emptying the dishwasher</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Putting out the bin / recycling</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Cleaning the car</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Helping with your younger brothers or sisters</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Helping an elderly or sick relative in the family</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>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

21b. If yes, does your long term illness, disability or medical condition affect your attendance or participation at school?  

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

22. How would you describe yourself?  

<table>
<thead>
<tr>
<th>Very skinny</th>
<th>A bit skinny</th>
<th>Just the right size</th>
<th>A bit overweight</th>
<th>Very overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th>No days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</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>
<td>7</td>
</tr>
</tbody>
</table>
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. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you do have a pet please answer two more questions

28. What pets do you have?
Cat  Dog  Goldfish  Rabbit  Other (Please write down)
1  2  3  4  5 _______________________

29. What do you like best about your pet(s)?
(Tick as many as you like)
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)
D6. Child questionnaire – supplementary – Mum & Dad (M+D) (multi-coloured)


**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 will ask you a number of questions and we would like you to fill in your answers on the answer booklet. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do.

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 2
Section A: Where you live

1. Do you like living around here? ......................................................... 1 2
2. Do you have plenty of friends to play with around here?........ 1 2
3. Are there good places to play near your house?......................... 1 2
4. Do you think there is too much traffic near where you live?....1 2
5. Is there a green area for you to play near where you live?.....1 2
6. Are the streets dirty around where you live?......................... 1 2
7. Are there youth clubs near where you live?......................... 1 2
8. Is there a playground near where you live?......................... 1 2
9. Do you think there is a lot of graffiti near where you live?....... 1 2
10. Is there public transport to school (like a bus or train)?........... 1 2
11. Are there activities to do after school around here? ............... 1 2
12. Are there places for children to play safely near your house?. 1 2
13. Are adults living around here usually nice to you?........... 1 2
14. Do you feel safe living around here?......................... 1 2
15. Are adults around here generally nice to children?........... 1 2

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. Do you think your mum and dad encourage you to do well at school?

Always  Sometimes  Never
1        2        3

19. 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 wait for Question 21)

20. How did you pick on them?  Yes  No

a. By shoving, pushing, hitting
   1  2
b. Name calling, slagging
   1  2
C. Text messaging, emails, be-bo etc.
   1  2
d. Written messages/notes etc.
   1  2
e. Leaving other children out of games/chats
   1  2
f. In other ways [please write it down]
   1  2

21. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes 1  No 2

22. A. How did they pick on you?  Yes  No

a. By shoving, pushing, hitting
   1  2
b. Name calling, slagging
   1  2
C. Text messaging, emails, be-bo etc.
   1  2
d. Written messages/notes etc.
   1  2
e. By children leaving you out of games/chats
   1  2
f. Other ways [please write it down]
   1  2

22. B. If you were picked on, did this upset you?

A lot  A little  Not at all
1  2  3
Section C: Family

23. How well do you get on with your mum?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Fairly well</th>
<th>You and your mum do not get on</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

b. Does your mum like you to tell her when you are worried?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

c. Does your mum usually praise you for doing well?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

d. Does your mum really let you get away with things?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

e. Does your mum punish you if you do not behave yourself?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

f. Can you count on your mum to help you out if you have a problem?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
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

Now think about your dad

24. How well do you get on with your dad?
   Very well  Fairly well  You and your Dad do not get on
   1       2          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?
   
<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

d. Does your dad really let you get away with things?
   
<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

e. Does your dad punish you if you do not behave yourself?
   
<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

f. Can you count on your dad to help you out if you have a problem?
   
<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
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<td>1</td>
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</table>

g. Does your dad point out ways you could do better?
   
<table>
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<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
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<td>1</td>
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h. Does your dad spend time just talking to you?
   
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<th>Sometimes</th>
<th>Never</th>
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<td>2</td>
<td>3</td>
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</table>

i. Does your dad let you know when you do something wrong?
   
<table>
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j. Do you and your dad do things together that are just for fun?
   
<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
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</thead>
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<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

25. Do you have brothers or sisters?  
   
   | Yes | 1 | No | 2 |
26. Do you get on with them?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

27. If you have a problem who would you talk to about it?

Please tick all the people you would talk to

- Your mum
- Your dad
- Your teacher
- Your friends
- Some other relative (Who?)

| 1 | 2 | 3 | 4 | 5 |  

28. Can you tell me how often your parents allow 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)?

<table>
<thead>
<tr>
<th>All the time</th>
<th>Some of the time</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

29. When you are bold how often does your mum or dad?

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
Section D: Smoking and Drinking

30. a. Have you ever tried a cigarette?  
   b. Have you ever had a drink of alcohol?
   
   Yes 1  No 2

If you have answered no to both of these, you are now finished the questionnaire. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you have answered yes, please wait for the next questions.

31. How old were you when you first smoked? ________ years

32. Do you still smoke?  
   Yes 1  No 2

33. Tick how many cigarettes you smoke?
   
   a. Smoke now and again but not regularly................................. 1
   b. Smoke about 1 cigarette a week........................................... 2
   c. Smoke about 2 to 5 cigarettes a week................................. 3
   d. Smoke about 1 cigarette a day............................................. 4
   e. Smoke more than 1 cigarette a day ................................... 5

34. If you have had a drink of alcohol, did you take?
   Only had a few sips............................................. 1
   At least one drink ............................................. 2
   
   Or
   You drink regularly............................................. 3

35. How old were you when you first had a drink of alcohol? ________ years

   Please remember that it is very dangerous for children to drink alcohol and smoke

   That is the end of all the questions.
   Thank you very much for helping us.

Time Section Ended (24 hour clock) ________ ________ ________
D7. Child questionnaire – supplementary –
Mum only (M) (multi-coloured)
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 will ask you a number of questions and we would like you to fill in your answers on the answer booklet. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do.

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

1. Do you like living around here? .................................................... 1 2
2. Do you have plenty of friends to play with around here? .......... 1 2
3. Are there good places to play near your house? ..................... 1 2
4. Do you think there is too much traffic near where you live? .... 1 2
5. Is there a green area for you to play near where you live? ..... 1 2
6. Are the streets dirty around where you live? ......................... 1 2
7. Are there youth clubs near where you live? ............................. 1 2
8. Is there a playground near where you live? ............................. 1 2
9. Do you think there is a lot of graffiti near where you live? ...... 1 2
10. Is there public transport to school (like a bus or train)? ......... 1 2
11. Are there activities to do after school around here? .............. 1 2
12. Are there places for children to play safely near your house?. 1 2
13. Are adults living around here usually nice to you? .............. 1 2
14. Do you feel safe living around here? ................................. 1 2
15. Are adults around here generally nice to children? .............. 1 2

Now think about school

Section B: School

16. Do you look forward to going to school?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

17. Do you like your teacher?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
18. Do you think your mum encourages you to do well at school?

Always  Sometimes  Never
1  2  3

19. 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 wait for Question 21)

20. How did you pick on them?  

Yes  No
a. By shoving, pushing, hitting  1  2
b. Name calling, slagging ........................................  1  2
C. Text messaging, emails, be-bo etc..................................  1  2
d. Written messages/notes etc..............................................  1  2
e. Leaving other children out of games/chats..................  1  2
f. In other ways [please write it down]________________________  1  2

21. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes  1  No  2

22. A. How did they pick on you?  

Yes  No
a. By shoving, pushing, hitting  1  2
b. Name calling, slagging ........................................  1  2
C. Text messaging, emails, be-bo etc..................................  1  2
d. Written messages/notes etc..............................................  1  2
e. By children leaving you out of games/chats..................  1  2
f. Other ways [please write it down]________________________  1  2

22. B. If you were picked on, did this upset you?

A lot  A little  Not at all
1  2  3
Section C: Family

23. How well do you get on with your mum?

<table>
<thead>
<tr>
<th>Very well</th>
<th>Fairly well</th>
<th>You and your mum do not get on</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</table>

b. Does your mum like you to tell her when you are worried?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
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<td>1</td>
<td>2</td>
<td>3</td>
</tr>
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</table>

c. Does your mum usually praise you for doing well?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

d. Does your mum really let you get away with things?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>
e. Does your mum punish you if you do not behave yourself?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
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f. Can you count on your mum to help you out if you have a problem?

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g. Does your mum point out ways you could do better?

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<td>3</td>
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</tbody>
</table>
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

24. Do you have brothers or sisters?  Yes 1  No 2

25. Do you get on with them?
   Always       Sometimes       Never
   1            2               3

26. If you have a problem who would you talk to about it?
   Please tick all the people you would talk to
   Your mum  Your dad  Your teacher  Your friends  Some other relative (Who?)
   1         2        3          4          5  ________________

27. Can you tell me how you are allowed to 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)?
   All the time  Some of the time  Never
   1            2               3
28. When you are bold how often does your mum?

<table>
<thead>
<tr>
<th>Option</th>
<th>All the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain to you what you have done wrong</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Ignore you</td>
<td></td>
<td></td>
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<tr>
<td>c. Smack you</td>
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<td>d. Shout at you</td>
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<td></td>
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<tr>
<td>i. Ground you</td>
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</table>

Section D: Smoking and Drinking

29. a. Have you ever tried a cigarette? Yes 1 No 2

b. Have you ever had a drink of alcohol? Yes 1 No 2

If you have answered no to both of these, you are now finished the questionnaire. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you have answered yes, please wait for the next questions.

30. How old were you when you first smoked? ________ years

31. Do you still smoke? Yes 1 No 2
32. **Tick how many cigarettes you smoke?**

- Smoke now and again but not regularly ........................................... 1
- Smoke about 1 cigarette a week ......................................................... 2
- Smoke about 2 to 5 cigarettes a week ................................................. 3
- Smoke about 1 cigarette a day ........................................................... 4
- Smoke more than 1 cigarette a day .................................................... 5

33. **If you have had a drink of alcohol, did you take?**

Only had a few sips ................................................................. 1
At least one drink ................................................................. 2

*Or*

You drink regularly ................................................................. 3

34. **How old were you when you first had a drink of alcohol?** ______ years

*Please remember that it is very dangerous for children to drink alcohol and smoke*

That is the end of all the questions.
Thank you very much for helping us.

*Time Section Ended (24 hour clock)*
D8. Child questionnaire – supplementary – Dad only (D) (multi-coloured)
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 will ask you a number of questions and we would like you to fill in your answers on the answer booklet. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do.

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

1. Do you like living around here? .................................................. Yes No 1 2
2. Do you have plenty of friends to play with around here?........... Yes No 1 2
3. Are there good places to play near your house?...................... Yes No 1 2
4. Do you think there is too much traffic near where you live?.... Yes No 1 2
5. Is there a green area for you to play near where you live?..... Yes No 1 2
6. Are the streets dirty around where you live?....................... Yes No 1 2
7. Are there youth clubs near where you live?......................... Yes No 1 2
8. Is there a playground near where you live?......................... Yes No 1 2
9. Do you think there is a lot of graffiti near where you live?...... Yes No 1 2
10. Is there public transport to school (like a bus or train)?...... Yes No 1 2
11. Are there activities to do after school around here? .......... Yes No 1 2
12. Are there places for children to play safely near your house?. Yes No 1 2
13. Are adults living around here usually nice to you?.............. Yes No 1 2
14. Do you feel safe living around here?................................. Yes No 1 2
15. Are adults around here generally nice to children?............. Yes No 1 2

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. Do you think your dad encourages you to do well at school?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
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<td>3</td>
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</tbody>
</table>

19. 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 wait for Question 21)

20. How did you pick on them?

<table>
<thead>
<tr>
<th>a. By shoving, pushing, hitting</th>
</tr>
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<tbody>
<tr>
<td>1</td>
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<tr>
<td>b. Name calling, slagging</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>c. Text messaging, emails, be-bo etc.</td>
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<tr>
<td>1</td>
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<tr>
<td>d. Written messages/notes etc.</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>e. Leaving other children out of games/chats</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>f. In other ways [please write it down]</td>
</tr>
<tr>
<td>1</td>
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</tbody>
</table>

21. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes 1  No 2

22. A. How did they pick on you?

<table>
<thead>
<tr>
<th>a. By shoving, pushing, hitting</th>
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<tbody>
<tr>
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</tr>
<tr>
<td>f. Other ways [please write it down]</td>
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<tr>
<td>1</td>
</tr>
</tbody>
</table>

22. B. If you were picked on, did this upset you?

<table>
<thead>
<tr>
<th>A lot</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Think about your family......first your dad!

Section C: Family

23. How well do you get on with your dad?
Very well   Fairly well   You and your Dad do not get on
  1          2            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

24. Do you have brothers or sisters?  Yes 1  No 2

25. Do you get on with them?
   Always  Sometimes  Never
   1        2           3

26. If you have a problem who would you talk to about it?
   Please tick all the people you would talk to
   Your mum  Your dad  Your teacher  Your friends  Some other relative (Who?)
   1        2        3        4           5

27. Can you tell me how often your parents allow 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)?
   All the time  Some of the time  Never
   1        2        3
28. When you are bold how often does your dad?

<table>
<thead>
<tr>
<th></th>
<th>All the time</th>
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<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Explain to you what you have done wrong</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Ignore you</td>
<td>1</td>
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</tr>
<tr>
<td>i. Ground you</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Now some questions about smoking and drinking

Section D: Smoking and Drinking

29. a. Have you ever tried a cigarette? **Yes** 1  **No** 2
    b. Have you ever had a drink of alcohol? **Yes** 1  **No** 2

If you have answered no to both of these, you are now finished the questionnaire. Thank you very much for helping us. Please put the questionnaire in the envelope and give it back to the interviewer.

If you have answered yes, please wait for the next questions.

30. How old were you when you first smoked? __________years

31. Do you still smoke? **Yes** 1  **No** 2
32. Tick how many cigarettes you smoke?
   a. Smoke now and again but not regularly................................. 1
   b. Smoke about 1 cigarette a week .......................................... 2
   c. Smoke about 2 to 5 cigarettes a week.................................... 3
   d. Smoke about 1 cigarette a day ............................................. 4
   e. Smoke more than 1 cigarette a day ...................................... 5

33. If you have had a drink of alcohol, did you take?
   Only had a few sips................................................................. 1
   At least one drink ................................................................. 2
   Or
   You drink regularly............................................................... 3

34. How old were you when you first had a drink of alcohol? ________ years

Please remember that it is very dangerous for children to drink alcohol and smoke

That is the end of all the questions.
Thank you very much for helping us.

Time Section Ended (24 hour clock)  ☐ ☐ ☐ ☐ ☐
D9. Non-resident parent (white)
Growing Up in Ireland – national longitudinal study of children  
Strictly Confidential

Non Resident Father 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 (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 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 .................................................. [ ]  Other parent is uncooperative .................................. [ ]
Committments to other family/new partner ............. [ ]  Court-imposed custody rules ................................ [ ]
Physical distance between self and child .............. [ ]  Other ................................................................. [ ]

Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

<table>
<thead>
<tr>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>At your home</td>
</tr>
<tr>
<td>At the other parent’s home</td>
</tr>
<tr>
<td>At another relative’s home (e.g. child’s grandparents)</td>
</tr>
<tr>
<td>Recreational/amenity area (e.g. park, swimming pool)</td>
</tr>
<tr>
<td>Shopping centre /cinema /McDonald’s etc</td>
</tr>
<tr>
<td>Specific events (e.g. football match)</td>
</tr>
<tr>
<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 the rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

<table>
<thead>
<tr>
<th>Rank</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Showing my child love and affection</td>
</tr>
<tr>
<td>2</td>
<td>Taking time to play with my child</td>
</tr>
<tr>
<td>3</td>
<td>Taking care of my child financially</td>
</tr>
<tr>
<td>4</td>
<td>Giving my child moral and ethical guidance</td>
</tr>
<tr>
<td>5</td>
<td>Making sure my child is safe and protected</td>
</tr>
<tr>
<td>6</td>
<td>Teaching my child and encouraging his or her curiosity</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

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 tick one box to indicate a rating of between 1 and 5, where ‘1’ is “excellent” and ‘5’ is “very poor”.

Excellen t 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 .................. □

Q15. If you pay all or part of the mortgage or rent, how much do you pay per month?

£ per month

Go to Q16
Q16. Do you provide financial support to the child’s mother (other than a direct rent or mortgage payment)?

Never ... □

Yes...........□, REGULAR payment of €__________ per month (excluding direct rent/mortgage payment)

Yes...........□, 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 .................□

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 ...........□

Yes, frequently ...........□

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 ..................□; Go to Q20

Cohabiting/living as married ..................□; Go to Q20

Separated ........................................□; Go to Q20

Divorced ........................................□; Go to Q20

Going out but not living together ..................□; Go to Q20

Just friends .......................................□; Go to Q21

No relationship ....................................□; Go to Q21

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 ........................................□

No ........................................□

Not sure ........................................□

Q22. If you have never been married to the Study Child’s mother have you ever applied for guardianship of Study Child? If you were married, please go to Q24

No ...........□

Yes, through mother only ...........□

Yes, through court ...........□

Q23. If yes, was this application successful? Yes......□

No......□

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 ..................................□

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:

<table>
<thead>
<tr>
<th></th>
<th>A lot of influence</th>
<th>Some influence</th>
<th>No influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Health care</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Education</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Values and attitudes</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

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  □ 1  
Looking for first regular job  □ 2  
Unemployed  □ 3  
Student or pupil  □ 4  
Looking after home/family  □ 5  
Retired from employment  □ 6  
Unable to work due to permanent sickness or disability  □ 7  
Other (please specify)  □ 8

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

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

No formal education  □ 1  
Primary  □ 2  
Junior Cert. or equivalent  □ 3  
Leaving Cert. or equivalent  □ 4  
Trade Qualification  □ 5  
Certificate  □ 6  
Diploma  □ 7  
Degree  □ 8  
Postgraduate Degree  □ 9

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

Single  □ 1  
First marriage  □ 2  
Remarried following divorce  □ 3  
Separated  □ 4  
Divorced  □ 5  
Widowed  □ 6  
Remarried following Widowhood  □ 7

Q33. Are you currently living with a partner?

Yes  □ 1  
No  □ 2  
Go to Q35

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None  □ 1  
by same parent as Study Child  □ 2  
by a different partner(s)  □ 3

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  □ 1  
Very good  □ 2  
Good  □ 3  
Fair  □ 4  
Poor  □ 5

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000
D10. Non-cohort caregiver – home-based (white)
GROWING UP IN IRELAND – national study of children
Strictly Confidential – HOME-BASED CARE

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 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 ...........................................[ ]
Grandfather ...........................................[ ]
Other relative ...........................................[ ]
Friend of parent ...........................................[ ]
Neighbour ...........................................[ ]
Nanny/au pair ...........................................[ ]
Registered childminder .................................[ ]
Unregistered childminder .............................[ ]

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

Q3. Do you care for the study child in his / her own home, in your home or somewhere else?

Study Child's home ...........................................[ ]
My own home ...........................................[ ]
Somewhere else (please specify where) ..................[ ]

Q4. How long have you been caring for the study child? _______ years _______ months _______ weeks

Q5. How many hours per week do you care for the study child? _______ hours

Q6. How many days per week do you care for the study child? _______ days

Q7. 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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>All 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>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Using a computer</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Reading</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Doing homework</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Playing</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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 ........................................... [ ]

We would also like some general information on the environment in which you look after the study child

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 - 3 years ................................................[ ]
4 - 6 years .................................................[ ]
7 - 9 years ................................................[ ]
10 - 12 years .............................................[ ]
12 years and over ......................................[ ]
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 .................................................. □ 1
Less than 10 .............................................. □ 2
Between 10 and 20 ..................................... □ 3
21 – 30 ........................................................ □ 4
More than 30 ............................................. □ 5

Q12. Do you look after the study child when he or she is sick?

Never .......... □ 1, Rarely ........ □ 2, Frequently .. □ 3, Always ………………… □ 4

Finally, we would like to know some things about you.

Q13. What is your date of birth?

Day □    Month □    Year □

Q14. What is your gender?

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

Q15. What is your nationality?

________________________________________________________

Q16. Which of the following best describes your current employment status?

Working for payment or profit ..................................... □ 1, Looking after home/family .................................. □ 5
Looking for first regular job ..................................... □ 2, Retired from employment .............................. □ 6
Unemployed .................................................................. □ 3, Unable to work due to permanent sickness or disability □ 7
Student or pupil ....................................................... □ 4, Other (please specify) ................................... □ 8

Q17. Is caring for children your main occupation?

Yes ........ □ 1, No ………………… □ 2

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

Q20. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

No........................................................................... □ 1
Yes, certificate level of less than one year’s duration .................................................. □ 2
Yes, certificate level or above of greater than one year’s duration ............................. □ 3

Q21. Have you undertaken any other training relevant to caring for children? Tick all that apply

Childcare ........................................... □ 1, Special needs assistance .................................. □ 7
National school teaching .......................... □ 2, Speech and language therapy ................ □ 8
Other education ........................................... □ 3, Nursing ....................................................... □ 9
Child psychology/development ............ □ 4, Other ............................................................. □ 10
Nutrition/Diet ............................................. □ 5, First aid ..................................................... □ 11
Sign language ............................................. □ 6

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
D11. Non-cohort caregiver – centre-based (white)
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.

- Watching television/videos/DVD's
- Using a computer
- Reading
- Doing homework
- Playing

All of the time  Frequently  Occasionally  Rarely  Never

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 ________
- Neither 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)
- 0 – 11 months ________
- 1-3 years ________
- 4-6 years ________
- 7-9 years ________
- 10 - 12 years ________
- 12 years and over ________

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 ............................................... [ ]
Sports equipment (football, trampolines, etc) ...................... [ ]
Educational toys (e.g. meccano, etc) ................................ [ ]
Other toys (dolls, teddies, etc) ....................................... [ ]
Television/video/DVD .................................................. [ ]
Organised team games ............................................... [ ]

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 ............................................... [ ]
21 – 30 ........................................................ [ ]
More than 30 .................................................. [ ]

Q17. Are parents allowed to leave sick children into the centre?

Never ................................................. [ ]
Rarely ................................................... [ ]
Frequently .................................................. [ ]
Always ................................................... [ ]

Finally, we would like to know some things about you.

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) ............................................. [ ]

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 ............................................. [ ]

Q24. Please indicate the subject area in which the qualification was obtained:

Childcare .......................................................... [ ]
National school teaching ........................................... [ ]
Other education ..................................................... [ ]
Child psychology/development .................................. [ ]
Special needs assistance .......................................... [ ]
Speech and language therapy ................................... [ ]
Nursing ............................................................... [ ]
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 .................................. [ ]
Special needs assistance .......................................... [ ]
Speech and language therapy ................................... [ ]
Nursing ............................................................... [ ]
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 childcare? ________ 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.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
D12. Time-use survey (blue)
T1. Would you describe the diary day as: [Tick all that apply]
   - An ordinary day
   - A family member was away from home
   - A holiday or family celebration
   - One of the Study Child’s parents was ill
   - A school holiday
   - 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.

Area Code ________ Household Code ________ Respondent Code ________

GROWING UP IN IRELAND – the national longitudinal study of children
Pilot 2
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 if 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 revealed 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________
### Activity

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<tr>
<td>1. SLEEPING</td>
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<td>2. RESTING/RELAXING (doing nothing, 'time out')</td>
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<td>3. PERSONAL CARE (washing, dressing, toilet)</td>
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<td>4. EATING/DRINKING/HAVING A MEAL</td>
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<td>5. TRAVELLING TO AND FROM SCHOOL</td>
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<td>6. OTHER TRAVELLING (incl. leisure and domestic trips; dropping to games, matches etc)</td>
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<td>7. AT SCHOOL</td>
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<td>8. HOMEWORK</td>
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<tr>
<td>9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet, dance)</td>
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<tr>
<td>10. PLAYING BOARD GAMES, CARDS etc (card games, snakes &amp; ladders, Monopoly, Trivial Pursuit etc)</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>
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<tr>
<td>12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc)</td>
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<tr>
<td>13. COMPUTER/INTERNET/PLAY STATION /X-BOX etc. (playing on computer, with computer games)</td>
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<td>14. EMAIL/ BEBO / MSN / TEXTING/ ON THE PHONE (contacting, messaging friends or others)</td>
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<td>15. WATCHING TV AND VIDEOS/DVDs etc</td>
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<td>16. READING BOOKS, COMICS, MAGAZINES etc</td>
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<td>17. HOUSEHOLD CHORES / HOUSEWORK</td>
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<td>18. VISITS TO A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY</td>
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<tr>
<td>19. ON A FAMILY OUTING (a trip out as a family)</td>
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<tr>
<td>20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)</td>
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<tr>
<td>21. RELIGIOUS ACTIVITY (attending religious services, prayer etc.)</td>
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/ OVER
Report on Pre-Piloting, Piloting and Dress Rehearsal phases of the 9-year cohort

Growing Up in Ireland

Appendix E

School-based instruments used in Dress Rehearsal

E1. Introductory letter to school (principal)
E2. Letter from the Minister
E3. School Record Sheet (blue)
E4. Principal information leaflet
E5. Teacher information leaflet
E6. Principal Questionnaire (white)
E7. Teacher-on-Self Questionnaire (yellow)
E8. Teacher-on-Pupil Questionnaire (green)
E1. Introductory letter to school (principal)
Dear Principal

I am writing to you about a most important government study on children. It is known as Growing Up in Ireland – the national longitudinal study of children.

The purpose of the study is to investigate the well-being of children in Ireland today and to identify the factors which help or hinder all aspects of their development – including educational, social, emotional, psychological, physical, cognitive etc.

The study involves interviewing a national sample of 9-year-olds. I am writing to you to ask for your assistance in recruiting part of that sample from the pupils in your school.

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 attached Information Sheet for Principals outlines the sort of help we are seeking. Page 2 of the sheet details what is involved by your school’s participation in the study. Broadly, we would like you to help us to identify a sample of 9-year-olds; to send a letter and consent forms (prepared and packed by us) to the parents of the children to enlist them into the survey and, finally, to assist us in administering the Drumcondra reading and maths tests in the school. One of our interviewers would administer these assessment tests.

I realise that a study like this adds to the already heavy administrative and teaching workload in the school. This is the largest and most substantial study of children ever undertaken in Ireland. The results of the study will be very important in determining government policy in the area of children and families for many years to come.

One of our interviewers will phone you over the next few days to see if he or she can call to the school at a time which is convenient for you to meet and discuss the study and to go through in more detail what we are requesting from you and your school.

I hope you will be able to help us in this most important study and would like to thank you, in advance, for any assistance that you can give.

Yours sincerely

[Signature]

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

[Signature]

Professor Sheila Greene
(Director, Children’s Research Centre, TCD Co-Director, Growing Up in Ireland study)
A Phríomhoidhe,

Scriobhaim chugat faoi staidéar ríthábhachtach rialtais ar leanai: *Ag Éiri Anios in Éirinn – Staidéar Fadailseartha ar Leanai*.

Is iaidh an staidéar seo ná eolas a fháil faoi leas na leanai in Éirinn sa lá atá i bhfeidhm. Cad iad na tosca atá ina gcabhair nó atá ina mbac dá bhforbairt? Airímid gnéithe oideachasúla, sóisialta, mothúchána, síceolaíochta, cognáíochta, agus araile.

Staidéar samplach é ina gcuirfear agallaimh ar pháistí 9 mbliana d’aois. Iarraim do chabhair ort chun cuid den sampla a fháil ó do scoilse.

An Roinn Sláinte agus Leanai, i gcomhpháirt leis an Roinn Gnóthaí Sóisialacha agus Teaghlach agus leis an bPríomh-Oifig Staidrimh, a mhaoineoidh an staidéar tri Oifig an Aire Leanai. Tá ionadaithe agh an Roinn Oideachais agus Eolaíochta ar an nGrúpa Stiurthóireachta atá ag maíomhú an staidéir. I mbun na hoibre tá taighdeoirí faoi threoireacht Institiúid um Thaighde Eacnamaíochta Sóisialta (ESRI) agus Ionad Taighde Leanai i gColáiste na Tríonóide, Baile Átha Cliath.

Tugann an Bhileog Eolais do Phríomhoidi (go háirithe leathanach 2) breac-chuntas ar an sagainn eabhrach atá uainn. Ba mhaith linn go gcabhrófá linn grúpa samplach leanai 9 mbliana d’aois a thabhairt; litir agus foirmeacha toilithe (ullmhaithe agus pacálta ag ann) a chur chuig tuismitheoirí le go mbeadh a leanai páirteach sa saoráth; agus na trílachta léitheoireachta agus matamáiteach Dhoim Conrach a riar. Is faoi riarachán duine dár n-agallóirí a bheadh na trílachta meastainníthe seo.

Tuigim go gcuireann a leithéid de staidéar le hobair na scoile. An staidéar seo ar leanai, is é an staidéar is mó agus is subtaintúla a rinneadh riamh in Éirinn. Cinnfídh torthaí an staidéir polasaí an rialtais maird le leanai agus teaghlaigh ar feadh mórán bliain amach anseo.

Cuirfídh duine dár n-agallóirí fón ort i gceann cúpla lá le fáil amach an féidir leis/léi bualadh isteach chuig an scoil ag am oiriúnach. D’fhéadfaidh sé/í an staidéar a phlé leat agus níos mó eolais a thabhairt duit faoi cad atá ag teastáil uainn.

Tá súil agam go mbeidh tú in ann cabhrú linn. Ba mhaith liom mo bhuíochas a ghabháil leat roimhré as aon chabhair uait.

Is mise le meas

James Williams
(Ollamh Taighde ESRI agus
Príomhfeair Taighde, staidéar *Ag Éiri Anios in Éirinn*)

Sheila Greene
(Stiúrthóir, Ionad Taighde Leanai, TCD,
Comhstiúrthóir, staidéar *Ag Éiri Anios in Éirinn*)
E2. Letter from the Minister
Re. Growing up in Ireland study

November 2006

Dear Principal

We are writing to you about a major new study of children in Ireland which has recently been announced by the government.

The Growing Up in Ireland study will look at the development and well-being of children. Its main objective is to paint a full picture of all children in Ireland today and to examine how they are developing in all aspects of their lives.

Research from the study will be used to assist us in formulating policies and in the provision of services which will ensure that all children in Ireland will have the best possible start in life.

The Growing Up in Ireland study has been commissioned by the Department of Health & 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. A consortium of researchers led by the Economic & Social Research Institute (ESRI) and the Children’s Research Centre at Trinity College Dublin has been commissioned to carry out the study.

The first data collection is set to begin in the coming weeks with a national random sample of 8,000 9-year-old children. These children will be selected from 750 National Schools across the country. Your school has been randomly selected by the researchers for participation in the study.

We are aware that an exercise such as this can be an intrusion into the already busy life of the school. The study has been designed, however, to minimise additional work on the part of the school.

Given the importance of Growing Up in Ireland and the input it will have in the formation of policies for children and their families over coming decades we hope that you will be able to support this most worthwhile exercise. It is unquestionably the most substantial and most important piece of research into children and childhood ever to have been undertaken in Ireland.

We would like to thank you, in anticipation, for your co-operation in this research.

Yours sincerely,

Brian Lenihan T.D.
(Minister for Children)

Mary Hanafin T.D.
(Minister for Education & Science)
Re. Staidéar: Ag Fás Suas in Éirinn

Samhain 2006

A Phriomhoide

Táimid ag scríobh chuig staidear nua ar leanaithe i Éirinn a d’fhógair an rialtas le déanaí.

Féachfaidh an staidear dar teideal Ag Fás Suas in Éirinn ar fhóirbairt agus fholláine leanaithe. Is é an príomhchuspór atá aige ná pictiúir iomlán a thabhairt de na leanaithe ulla in Éirinn inniu agus in úchadh a dhéanamh ar an sli ína tá siad ag forbairt in ngach gné dá saol lá.

Bainfear úsáid as taighde ón staidear chun cabhrú linn i bpolaíaithe a chruthú agus seirbhísí a sholáthar a chintiú le do thoil an tús is fearr is féidir ag gach leanbh in Éirinn.

Tá an staidear Ag Fás Suas in Éirinn arna choimisiúnta ag an Roinn Sláintí agus Leanaithe i gcóras na déanaí leis an Roinn Gnóthaithe Sósialacha agus Teaghlraig agus an Príomhoifig Staidrimh. Tá ionadaíocht ag an Roinn Oideachais agus Eolaíochta ar an nGrúpa Stiúrtha a dhéanamh mar aonraí ar an tionscadal. Tá cuibhreannas de thaighdeoirí coimisiúnaíte a tábhairt faoi staidear, ar a bheith an Institiúid um Thaighde Eacnamaíochta agus Sóisialta agus an Ionad Taighde Leanaithe i gColáiste na Tríonóide, Baile Átha Cliath i gcéanna orthu.

Tá an céad bhabhta de bhailiú san ról le bheith ar súil ná seachtain amach romhainn le sampla fánach náisiúnta de 8,000 leanbh 9 mblain d’aois. Rohghnófar na leanan seo ó 750 Scoil Náisiúnta ar fud na tíre. Rohghnáigh na taighdeoirí do scóil go fánach chun páirt a ghlacadh sa staidear.

Tá a fhios againn go bhfeadfaidh a leithéid de bhí rath eileach ar saol na scoile atá fior-ghnóthach cheana féin. Tá an staidear dearthach, a fhach, chuimhne bheásac an laghdó do scoil.

Toisc na tábhachta a bhaineann le Ag Fás Suas in Éirinn agus an t-ionchur a bheidh aige i bpolaíaithe a chruthú do leanaithe agus a dtéaghlach agham amach anseo tá súil agaimm go mbeidh tú in ann cabhrú leis an gcéarchas fíúntach seo. Is é an píosa taighde is tábhachtaí agus is suntasaí ar leanaithe agus seanadóirí dá ndearmadh riann in Éirinn.

Ba mhaith linn ár mbúfochtas a ghabháil leat, roimh ré, as ucht do chomhoirithéis leis an taighde seo.

Is mise le meas,

Brian Lenihan T.D.  Mary Hanafin T.D.
(Aire do Leanai) (Aire Oideachais agus Eolaíochta)
E3. School Record Sheet (blue)
Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

SCHOOL RECORD SHEET, Autumn 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.

On the middle pages of this form we would like you to record the details of all pupils in your school


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.

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<thead>
<tr>
<th>(A) TEACHER ID WITHIN THE SCHOOL</th>
<th>(B) TEACHER NAME</th>
<th>(C) School Principal?</th>
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Estimated number of pupils in age bracket in the school  ___________
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<th>Pupil Number</th>
<th>Pupil's Roll Number</th>
<th>Pupil's Name</th>
<th>Teacher ID (from table on page 1)</th>
<th>Gender</th>
<th>Date of Birth</th>
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<th>Class 3rd</th>
<th>Class 4th</th>
<th>English first language?</th>
<th>Specific Learning Difficulty?</th>
<th>Info. 1 issued</th>
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E5. Principal information leaflet
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 studies 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.

Support for Growing Up in Ireland.

This study is being supported and endorsed by:
- The Irish National Teachers’ Organisation (INTO)
- The National Parents Council - Primary
- Trocaire
- One Family

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 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.

A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.
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.

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 Drummond 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 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 can not 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.

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?
E6. Teacher information leaflet
Where can I find out more information?
If you would like more information on Growing Up in Ireland you can contact us...

By Phone:
Contact us on 01 863 2000 - ask for the Growing Up in Ireland team.

Contact our Communications Officer, Jillian Heffernan, on 01 896 3378

By Email:
Email us at growingup@esri.ie

By Post:
Growing Up in Ireland,
ESRI,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2.

Growing Up in Ireland
National Longitudinal Study of Children

TEACHER INFORMATION LEAFLET

What is the Growing Up in Ireland Study?
Growing Up in Ireland is a new national 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, the Department of Education & Science and the Central Statistics Office.

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.
How was my school selected?
The study will include 8,000 9-year-old children, their families, teachers and Principals.
The most effective way for us to recruit a representative sample of 8,000 9-year-olds is through the National School system.
We will be randomly selecting National Schools from across Ireland from which to select the children. At the moment we are carrying out a pilot for the main 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 ensures 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 (except in circumstances where the information suggests that a child may be at risk of harm).
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 ESRI.
Each researcher has been specially trained for the study and has been subject to security vetting by An Garda Siochána.

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 01-6632000.

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 with a list of the questionnaires which 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 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.
We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Support for Growing Up in Ireland
This study is being supported and endorsed by:
The Irish National Teachers Organisation (INTO)
The National Parents Council (Primary Branch)
Treasurer
One Family
E7. Principal Questionnaire (white)
Growing Up in Ireland – the national longitudinal study of children

STRICTLY 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.

<table>
<thead>
<tr>
<th>Teachers</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Full-time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning support / resource teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Language support teachers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special needs assistants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other teaching assistants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 are the needs of the school and the pupils resources in each of the following areas?

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>b. Number of classrooms</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. Books and worksheets</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. Computing facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. Arts and crafts facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>f. Sports facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>g. Music facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>h. Playground</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>i. Mathematics resources / facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>j. Library / media centre</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>k. Staff room</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>l. Toilet facilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>m. Learning support provision</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>n. After-school facilities (e.g. homework clubs)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>o. Administrative support</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>p. Condition of the school building, classrooms etc.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>q. Facilities for children with disabilities</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</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>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>
<td>[ ]</td>
</tr>
<tr>
<td>b. Religion</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. Music</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. Drama</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. Involvement with the community</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>f. Involvement with parents / guardians</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>g. Social justice / concern for disadvantaged</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>h. Environmental awareness</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>i. Irish language and culture</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</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>
</tr>
</thead>
<tbody>
<tr>
<td>a) Literacy Problems</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b) Numeracy Problems</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c) Emotional / Behavioural problems</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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]?

- Proximity Other
  - to the school siblings
  - attended
- Parents
  - in the school
- Performance on tests
- Date of application
- Religion

Other (Please specify below) [ ]

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 [ ]
- Performance on tests [ ]
- Only 1 class per year-group [ ]
- Other [please specify] [ ]

34. Does the school hold formal parent-teacher meetings at least once a year?

Yes [ ]

No [ ]

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?

- Physical Education / Sport [ ]
- Music [ ]
- Speech and Drama [ ]
- Environmental Awareness [ ]
- Awareness of Social Justice [ ]
- Scientific education [ ]

Very important [ ]

Fairly important [ ]

Not important [ ]

Not sure [ ]
37. And how important is each of the following in the school as an extra-curricular activity?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very important</th>
<th>Fairly important</th>
<th>Not important</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Physical Education / Sport</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Speech and Drama</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Environmental Awareness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Awareness of Social Justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Scientific education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38. To what extent are the following forms of discipline used in your school:

<table>
<thead>
<tr>
<th>Form of Discipline</th>
<th>Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Suspension</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Expulsion / permanent exclusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Extra classwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Extra homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Writing of 'lines'</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Detention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Exclusion from sports or other popular activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Verbal (phone or otherwise) report to parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Written report to parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Cancellation of popular lesson e.g. art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Warning card system</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

39. Does the school have a written discipline policy? Yes □ No □ Go to Q.41

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

<table>
<thead>
<tr>
<th>Role</th>
<th>To a great extent</th>
<th>To some extent</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Teachers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Pupils</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Board of Management</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Extent</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>A major problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A minor problem</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No problem at all</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Does your school have an explicit anti-bullying strategy? Yes □ No □

43. Does your school have a written policy on bullying? Yes □ No □

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>Statement</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></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Teachers get a lot of help and support from colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Teachers are open to new developments and challenges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Teachers are eager to take part in in-service training</td>
<td></td>
<td></td>
<td></td>
<td></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>Difference in Problems</th>
<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></td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</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>Happiness Level</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happier</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As happy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less happy</td>
<td></td>
<td></td>
<td></td>
<td></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>Feeling</th>
<th>Very</th>
<th>Fairly</th>
<th>Not Very</th>
<th>Not At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Stressed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you very much for having completed this part of *Growing Up in Ireland*
E8. Teacher-on-Self Questionnaire (yellow)
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

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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 ___________ 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. 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 ___________
- A primary degree in education (B.Ed) ___________
- A primary degree in another subject ___________
- A postgraduate diploma in education ___________
- A qualification in learning support, special education or resource teaching ___________
- A higher degree in education (PhD, Masters etc.) ___________
- A higher degree in another subject (PhD, Masters etc.) ___________
- No qualification ___________
- Other [please specify] ___________

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>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OR I teach a particular subject(s) and do not have a regular classroom ___________
7a. Did you do any professional training, including in-service training, in the last 12 months?
Yes □ ____________ No □ ____________

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 □ ____________ No □ ____________

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>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>Three or four times a week</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<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........... [ ]
- No............ [ ]

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

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

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

______________________ nights

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 ................................................ [ ]
- 31-60 mins ...................................... [ ]
- 15 mins or less ................................. [ ]
- 1 - 1hr 30mins .................................. [ ]
- 16-30 mins ...................................... [ ]
- More than 1hr 30 min................................ [ ]

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

<table>
<thead>
<tr>
<th>Teacher observations</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></td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

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

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

a. selecting subjects to be taught ........................................... [ ]
b. deciding about the content of subjects to be taught ................. [ ]

c. deciding about teaching techniques ....................................... [ ]

d. choosing textbooks and other learning materials ....................... [ ]
e. disciplining children ................................................................ [ ]
f. selecting the year group you teach ......................................... [ ]

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>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. Are well-behaved in class</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. Show respect for their teachers</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. Are rewarding to work with</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. Are well behaved in the playground/school yard</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</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></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>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. Other meetings organised by the school</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
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?

- **Happier**
  - a. Pupils ........................................... 1 .................. 2 .......................... 3
  - b. Teachers ........................................... 1 .................. 2 .......................... 3

- **As happy**
  - a. Pupils ........................................... 1 .................. 2 .......................... 3
  - b. Teachers ........................................... 1 .................. 2 .......................... 3

- **Less happy**
  - a. Pupils ........................................... 1 .................. 2 .......................... 3
  - b. Teachers ........................................... 1 .................. 2 .......................... 3

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

- **Very**
  - a. How stressed do you feel by your job .......... 1 .................. 2 .......................... 3 .......................... 4
  - b. How satisfied do you feel with your job .......... 1 .................. 2 .......................... 3 .......................... 4

  
  
Thank you very much for having completed this part of *Growing Up In Ireland*

We would now like you to complete a questionnaire (one of the green ones) in respect of each Study Child who has been selected from your class(es) for inclusion in the project
E9. Teacher-on-Pupil Questionnaire (green)
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

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.

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. Study Child’s date of birth ________ day ________ mth ________ year

2. Study Child’s gender

Male...............□ □
Female .............□ □

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) ..................□ □

b. Family holidays.................................□ □

c. Other family reasons..............................□ □

d. Truancy........................................□ □

e. Bullying..........................................□ □

f. A fear of school (school phobia) ......................□ □

g. Other [please specify]...............................□ □

h. Don’t know the reason................................□ □

i. N.A, Study Child not absent in current year ........□ □

7. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

a. inadequately dressed for the weather conditions? ..........Never Rarely Sometimes Often Always

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?

Never, - homework always or almost always completed ..................□

Occasionally not completed ........................................□

Regularly not completed .........................................□

Not applicable, Study Child never / rarely gets homework .............□
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>Item</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>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>d. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>j. Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Has at least one good friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>s. Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>v. Steals from home, school or elsewhere</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>y. Sees tasks through to the end, good attention span</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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>Area</th>
<th>Below average</th>
<th>Average</th>
<th>Above Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reading</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Writing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Comprehension</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Mathematics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Imagination / Creativity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Oral communications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Problem solving</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)?

Yes  1, No  2, Don't know  3

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>
</tr>
</thead>
<tbody>
<tr>
<td>Speech therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioural management programmes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning support / resource teaching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Report on Pre-Piloting, Piloting and Dress Rehearsal phases of the 9-year cohort

_Growing Up in Ireland_

_Appendix F_

Home-based instruments used in the Dress Rehearsal

F1. Introductory letter to Parents
F2. Parent information sheet
F3. Child information sheet
F4. Parent consent form
F5. Child assent form
F6. Mother / Lone Father questionnaire (white)
F7. Mother / Lone Father questionnaire – supplementary (white)
F8. Father / Partner questionnaire (green)
F9. Father / Partner questionnaire – supplementary (green)
F10. Main child questionnaire (multi-coloured)
F11. Child core sensitive questionnaire (multi-coloured)
F12. Child questionnaire – supplementary – Mum only (M) (multi-coloured)
F13. Child questionnaire – supplementary – Dad only (D) (multi-coloured)
F14. Child questionnaire – supplementary – Mum’s Partner (MP) (green)
F15. Child questionnaire – supplementary – Dad’s Partner (DP) (purple)
F16. Non-resident parent questionnaire (white)
F17. Non-cohort caregiver questionnaire – home-based (white)
F18. Non-cohort caregiver questionnaire – centre-based (white)
F19. Time-use survey (blue)
F20. Mother / Lone Father questionnaire – Twin Module (yellow)
F21. Father / Partner questionnaire – Twin Module (yellow)
F1. Introductory letter to Parents
Druga Partite / Tuteore,
Va scria despre un studiu guvernamental rus, de o foarte mare importanta, asupra copiilor din Irlanda. Se numeste `Sa creisti in Irlanda`: Datorit va invitam pe dama de neasteptata sa sa vi devota acest studiu. Aceasta este o privire de o masura importanta pentru tineretul nostru, cu o privire asupra aspectelor referitoare la copii si la dezvoltarea acestora.

Impreuna cu acest pliuc vesti anexate borsuri informativite cu privire la acest studiu, atat pentru dama de neasteptata, cat si pentru copiiul dumneavoastra, precum si formularele pentru acordarea consensului.

Detaliul cu privire la cea ce implica participarea dama de neasteptata la acest studiu sunt prezente complet in borsurile cu informatii. Pe scurt, adorem sa va inviedem pe dama de neasteptata, pe suportul soției/despartului dumneavoastră (daca este relevant pentru acest studiu) si pe copilul dumneavoastră. Intervalul va avea loc in locuinta dama de neasteptata int un moment convenabil pentru dama de neasteptata. Am dorit, de asemenea, sa-i rugam pe profesori pliuc vesti sa dezechilibre asupra interesului dumneavoastră si despre scolii pe care acesta o urmeaza. In final, il vom raga pe copilul dumneavoastră sa sustina niste teste de citire si de matematica in scolii unde este in.UI

Daca doriti sa iau partea la acest studiu, va rugam sa cititi informatiile printre, sa afirmai formularele prin care va da si asocia acesta si sa le returnati la scolii in plinul altei. Formularile se gaseasca in dublu exemplu pentru ca si dama de neasteptata sa va putea fi si la copil.

Daca aveti intrebari intre timp, puteti contacta echipa care se ocupa de acest studiu la telefonul 01 863 2000.

La numarul de telefon de mai sus se pot solicita borsurile informativite in limba irlandeza, franceza, rusua, romana si poloneza. Sunt disponibile, de asemenea, versiunile audio, in limba franceză si in format cu lirea mare. Cheestionarile utilizate in acest studiu vor fi disponibile, de asemenea, si in urmaritul limba: irlandezul, poloneza, franceaza, rusua si romana. Daca daca / fica dama de neasteptata are nevoie de asistenta deocamdata in timpul participarii la acest studiu din motive cum ar fi distresca, surditatea, etc., vom asigura intretinerea speciala pentru e.

Va mulțumim anticipat pentru ajutorul si sprijinul dumneavoastră acesta in proiect de importanța istorica!

Cu stima,

James Williams
(profesor cerceturii si coordonator al institutului Sa creisti in Irlanda)

Professor Sheila Green,
(directorul centrului de cercetare in copilul, Co-ordinatorul Trinite, Dublin si Co-directorul al institutului Sa creisti in Irlanda)

---

Dear Parent / Guardian

I am writing to you about a major new Government study on children in Ireland. It is called Growing Up in Ireland. We would like to invite you and your child to partake in this study.

This is the first and most important study of its kind ever to have been undertaken in Ireland. The purpose of the study is to improve our understanding of all aspects of children and their development.

Enclosed with this envelope you will find information sheets on the study for both you and your child, as well as consent forms.

Details on what participation in the study involves are outlined in full in the information sheets. In summary, we would like to invite you, your spouse/partner (if relevant) and your child. The interviews will take place in your home at a time that suits you. We would also like to ask your child’s teacher and school Principal to answer some questions on your child and on your child’s school. Finally we would like to ask your child to complete some reading and maths tests in his/her school.

If you would like to take part please read the information enclosed, sign the consent forms and return them to the school in the envelope provided. We have included a duplicate set of consent forms for you to keep for your own records.

If you have any questions in the meantime please contact the Growing Up in Ireland team on 01 863 2000.

The information sheets are available, on request to the above number, in Irish, French, Russian, Romanian, and Polish. Large font, Braille and audio versions are also available. The questionnaires used in the survey will also be available in these languages. If your child requires special assistance in participating in the study - e.g. because of dyslexia, deafness etc. we will provide special arrangements for him/her.

Thank you, in advance, for your help and support in this historic and important project.

Yours sincerely,

James Williams
(research professor ESR and Principal investigator, Growing Up in Ireland study).

---

I/v./Irish, Polish, French, Russian and Romanian

/Articile, Paleontologie, Frunze, Rubis, agas Romaini

Irlandezul, Poloneza, franceaza, rusa si romana.

/El/irlandese, poloneses, francese, russe et roumaines.
Zwarcie się do Państwa w sprawie wzięcia udziału w nowym projekcie badawczym finansowanym przez rząd Irlandii. Projekt ten, zatytułowany Growing Up in Ireland (Dziewczynki i Dorastanie w Irlandii) dotyka dzieci nieżyjących w Irlandii oraz ich rodzin.

Chcielibyśmy zaprosić Państwa do uczestnictwa w badaniu, które jest częścią wyżej wymienionego projektu.

Jego celem jest zapoznanie się z dzieci, które są w trakcie rozwoju. Dzieci, które są w trakcie rozwoju, są zazwyczaj bardziej aktywne i bardziej chętne do robienia rzeczy, które są w trakcie rozwoju.

W celu zapewnienia najlepszych warunków dla dzieci, które są w trakcie rozwoju, chcielibyśmy zaprosić Państwa do udziału w tym projektu.

Jego celem jest zapoznanie się z najnowszymi tendencjami w dziedzinie edukacji, które są w trakcie rozwoju.

Aby móc zrozumieć, co się dzieje w trakcie rozwoju, chcielibyśmy zaprosić Państwa do udziału w tym projektu.

Jego celem jest zapoznanie się z najnowszymi tendencjami w dziedzinie edukacji, które są w trakcie rozwoju.

Aby móc zrozumieć, co się dzieje w trakcie rozwoju, chcielibyśmy zaprosić Państwa do udziału w tym projektu.
F2. Parent information sheet
**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.
- 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 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.

**What do I do next?**

Enclosed with this information leaflet you will find two copies of a form marked “Parent’s/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.

**Support for Growing Up in Ireland.**

This study is being supported by:

- The Irish National Teachers Organisation (INTO)
- The National Parents Council - Primary
- Trea
- One Family

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**Where can I find out more information?**

**Phone:**
Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 898 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.
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 only 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 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?
The study will help us to find out about children’s social, emotional and physical
development.
This information will help the Government to make decisions on future policies and
services that 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 make them to
take part. The random selection will make sure that we can talk to all different types
of children and families from all parts of the country.
This is a unique opportunity for your child and family to take part in this very important
study.

Why should my family take part?
By taking part, your family will play a crucial role in helping us to find out what it’s like
to be a child in Ireland in the 21st century.
This information will help us to give the Government advice on how to help make
childhood a better experience for all children and to make improvements for children
for many years to come.

The experience of parents who have taken part in similar studies around the world is that they enjoyed participating and talking about their child and their lives as they grow up.

Who is running the study?
Growing Up in Ireland is a major study funded by the Government and carried out with the support
of the Central Statistics Office.
A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College
Dublin is carrying out the study. 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 co-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 out a separate questionnaire. The questionnaire invites 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.
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.
We will also ask you to supply your PPS number which will allow us to keep in touch with
you over the next few years.

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.
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 01-8932000.
F3. Child information sheet
Where can I find out more information?

Phone:
Freephone 1800 200 434
or contact our Communications Officer,
Jillian Heffernan, on 01 898 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; if 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, 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.
F4. Parent 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: ____________________________
F5. Child 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: ___________________________________________________________________
F6. Mother / Lone Father questionnaire (white)
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.


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


A2. Int: Record gender of parent 1


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

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<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 (Use Relationship Codes from Card A5D)</th>
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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 for 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...

Time Section Ended [ ] [ ] [ ] (24 hour clock)
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... 
   F. Other [please specify]... 
   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? __________

Time Section Ended □□□□ (24 hour clock)

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 12months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? ________ visits
[Int. if ‘none’ write ‘0’ 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) ____________________________ N □ Don’t know □ Refused □
- Another medical doctor e.g. in a hospital ____________________________ N □ Don’t know □ Refused □
- Other professional, psychologist, psychiatrist, counsellor etc. ____________________________ N □ Don’t know □ Refused □
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]:

- You couldn’t afford to pay: [ ] Yes [ ] No
- The necessary medical care wasn’t available or accessible to you: [ ] Yes [ ] No
- You could not take time off work to visit the doctor: [ ] Yes [ ] No
- You wanted to wait and see if the problem got better: [ ] Yes [ ] No
- Study child refused / fear of doctor: [ ] Yes [ ] No
- Study child is still on the waiting list: [ ] Yes [ ] No
- Other (specify): [ ] Yes [ ] No

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]:

- You couldn’t afford to pay: [ ] Yes [ ] No
- The necessary dental care wasn’t available or accessible to you: [ ] Yes [ ] No
- You could not take time off work to visit the dentist: [ ] Yes [ ] No
- You wanted to wait and see if the problem got better: [ ] Yes [ ] No
- Study child refused / fear of dentist: [ ] Yes [ ] No
- Study child is still on the waiting list: [ ] Yes [ ] No
- Other (specify): [ ] Yes [ ] No

C8. Does the Study Child brush his/her teeth at least once per day? Yes [ ] No [ ]

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

- At least once a year: [ ]
- Only when there is a problem: [ ]
- Once every two years: [ ]
- Never/April never: [ ]
- Once every three years: [ ]

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]

- Laser treatment: [ ]
- Glasses: [ ]
- Surgical operation: [ ]
- E. Other, please specify: [ ]
- C. Patch: [ ]
- F. No treatment: [ ]

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]

- Hearing aid: [ ]
- D. Other, please specify: [ ]
- B. Grommets: [ ]
- E. No treatment: [ ]
- C. Cochlear implant: [ ]
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?

Yes, a little ... [ ]
Yes, a lot ... [ ]
Don't know ... [ ]

C15. [Show Card C15] Looking at 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 ... [ ]
B. Speech not clear to the family ... [ ]
C. Speech not clear to others ... [ ]
D. Difficulty finding words ... [ ]
E. Difficulty putting words together ... [ ]
F. Voice sounds unusual ... [ ]
G. Stutters, stammers ... [ ]
H. Lisps ... [ ]
I. Other ... [ ]
J. Don't know ... [ ]

C16. Does the Study Child usually require ongoing support to be able to move around?
Yes ... [ ]
No ... [ ]

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

A. Braces ... [ ]
B. Crutches ... [ ]
C. A stick ... [ ]
D. Wheelchair ... [ ]
E. Other (specify) ... [ ]

C18. Does the Study Child need the help of another person to get around in the wheelchair? [ ]
Yes ... [ ]
No ... [ ]

C19. Is Study Child right or left-handed?
Right handed ... [ ]
Left handed ... [ ]

Time Section Ended [ ] (24 hour clock)

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?

A. Fresh fruit ...
B. Fruit juice ...
C. Meat / Chicken / Fish ...
D. Eggs ...
E. Cooked vegetables ...
F. Raw vegetables or salad ...
G. Meat pie, hamburger, hot dog, sausage or sausage roll ...
H. Hot chips or French fries ...
I. Crisps or savoury snacks ...
J. Bread ...
K. Potatoes / Pasta / Rice ...
L. Cereals ...
M. Biscuits, doughnuts, cake, pie or chocolate ...
N. Cheese / yoghurt / fromage frais ...
O. Low fat Cheese / low fat yoghurt ...
P. Water (tap water / still water / sparkling water) ...
Q. Soft drinks / minerals / cordial / squash (not diet) ...
R. Soft drinks / minerals / cordial / squash (diet) ...
S. Full cream milk or full cream milk products ...
T. Skimmed milk or skimmed milk products ...

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 ¼ litre) ...
1⁄2 to 1 pint (Approx ¼ - ½ litre) ...
1 - ½ pints (Approx ½ - 1 litre) ...
More than 1 ½ pint (More than 1 litre) ...
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...........................................□
B. Toast / Bread...................................□
C. Fruit.............................................□
D. Porridge........................................□
E. Cooked breakfast................................□
F. Yoghurt / Cheese..............................□
G. Eggs.............................................□
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.............................................□
B. Mother...........................................□
C. Brothers / Sisters / other children in the household...□
D. Other relatives..................................□
E. Other unrelated adults (childminder, nanny etc) □
F. Friend(s)...........................................□
G. Someone else (specify).......................□
H. No one / child eats alone.....................□

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

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... □ □ Yes, coeliac... □ □
Yes, vegetarian.................................. □ □ Yes, other... □ □ Specify... □ □
[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

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

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 to 2 days...........................................□
3 to 5 days..........................................□
6 to 8 days.........................................□
9 or more days.....................................□

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 to 2 days...........................................□
3 to 5 days..........................................□
6 to 8 days.........................................□
9 or more days.....................................□

D12. [Show Card D12] How far away is the school from the Study Child's home (one-way distance)?

Less than ½ mile (1km)... □ □
½ to 1 mile (1-2km).............................. □ □
1-5 miles (2-8km).................................. □ □
More than 5 miles away (8km).................... □ □
Attends boarding school.......................... □ □
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>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>2</td>
</tr>
<tr>
<td>3. School bus/coach</td>
<td>3</td>
</tr>
<tr>
<td>4. By car</td>
<td>4</td>
</tr>
<tr>
<td>5. Rides a bicycle</td>
<td>5</td>
</tr>
<tr>
<td>6. Other (please describe)</td>
<td>6</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>A. Going</th>
<th>B. Coming home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 mins</td>
<td>1</td>
</tr>
<tr>
<td>5-10 mins</td>
<td>2</td>
</tr>
<tr>
<td>10-20 mins</td>
<td>3</td>
</tr>
<tr>
<td>20-30 mins</td>
<td>4</td>
</tr>
<tr>
<td>30 mins or more</td>
<td>5</td>
</tr>
</tbody>
</table>

Time Section Ended

(24 hour clock)

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
- Very Good
- Good
- Fair
- Poor

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 .......... □ 1
Yes, partially .......... □ 2
No ........... □ 3
Don’t Know ........... □ 4

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

Yes, in full .......... □ 1
Yes, partially .......... □ 2
No ........... □ 3
Don’t Know ........... □ 4
E12. Can I just check, are you currently pregnant? Yes ..........□  No ..........□

E13. Approximately how many weeks? ____________ weeks

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 □ h Occasionally □ b Not at all □ d

F2. Have you ever smoked? Was it:
Daily □ h Occasionally □ b Never □ a

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 □ 1 Yes, on an occasional basis □ 2 Never □ 3

F5. [Show Card F5] Looking at Card F5, which of the following best describes how often you usually drink alcohol?
Never □ 1 Less than once a month □ 2 1-2 times a month □ 3 1-2 times a week □ 4
3-4 times a week □ 5 5-6 times a week □ 6 Every day □ 7

If currently drink alcohol between everyday and once or twice a week ask:
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 □ 1 Moderately underweight □ 2
Slightly underweight □ 3 About the right weight □ 4
Slightly overweight □ 5 Moderately overweight □ 6
Very overweight □ 7 Don’t know □ 8

F8. How often do you try to lose weight through dieting?
Very often □ 1 Often □ 2 Sometimes □ 3 Rarely □ 4 Never □ 5

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

F10. What is your weight without clothes and shoes? _______ stones ______ lbs OR ______ Kilograms

Time Section Ended □□□□ (24 hour clock)
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?

<table>
<thead>
<tr>
<th>Time Section Ended</th>
<th>(24 hour clock)</th>
</tr>
</thead>
</table>

- None ........................................ [  ] 3 hours to less than 5 hours ............... [x]
- Less than an hour ........................................ [ ] 5 hours to less than 7 hours ............... [x]
- 1 hour to less than 3 hours .................................. [x] 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 ............... [x]
- Less than an hour ........................................ [ x] 7 hours or more................................. [  ]
- 1 hour to less than 3 hours .................................. [x] 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.

<table>
<thead>
<tr>
<th>Time Section Ended</th>
<th>(24 hour clock)</th>
</tr>
</thead>
</table>

- None ........................................ [  ] 3 hours to less than 5 hours ............... [x]
- Less than an hour ........................................ [ x] 5 hours to less than 7 hours ............... [x]
- 1 hour to less than 3 hours .................................. [x] 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.

<table>
<thead>
<tr>
<th>Time Section Ended</th>
<th>(24 hour clock)</th>
</tr>
</thead>
</table>

- None ........................................ [  ] 3 hours to less than 5 hours ............... [x]
- Less than an hour ........................................ [ x] 5 hours to less than 7 hours ............... [x]
- 1 hour to less than 3 hours .................................. [x] 7 hours or more................................. [  ]

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television ........................................ [ ]  Computer or laptop ........................................ [x]</td>
<td></td>
</tr>
<tr>
<td>Video/DVD player ........................................ [x] Games console (playstation etc…) ........................................ [ x]</td>
<td></td>
</tr>
</tbody>
</table>

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 ........................................ [ ]

10
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>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>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>D. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>J. Constantly fidgeting or squirming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Has at least one good friend</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. Often fights with other children or bullies them</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Often unhappy, down-hearted or tearful</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. Easily distracted, concentration wanders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. Nervous or clingy in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>S. Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>V. Steals from home, school or elsewhere</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>Y. Sees tasks through to the end, good attention span</td>
<td></td>
<td></td>
<td></td>
</tr>
</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></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Child tends to be shy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Child cries easily</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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<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>
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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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<tr>
<td>K. Child often fusses and cries</td>
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<tr>
<td>L. Child is very sociable</td>
<td></td>
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<tr>
<td>M. Child is very energetic</td>
<td></td>
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<tr>
<td>N. Child takes a long time to warm up to strangers</td>
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<tr>
<td>O. Child gets upset easily</td>
<td></td>
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<tr>
<td>P. Child is something of a loner</td>
<td></td>
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<tr>
<td>Q. Child prefers quiet, inactive games to more active ones</td>
<td></td>
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<tr>
<td>R. When alone, child feels isolated</td>
<td></td>
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<tr>
<td>S. Child reacts intensely when upset</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>T. Child is very friendly with strangers</td>
<td></td>
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</tbody>
</table>

Time Section Ended ____________ (24 hour clock)
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 □   No □

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 □
- Looking after him/herself or cared for by a sibling □
- Child minded by non-resident partner □
- Unpaid relative (or family friend) in your own home □
- Unpaid relative (or family friend) in his/her own home □
- Paid childmind in his/her own home □
- Paid after-school care in group setting □
- Homework club □
- After-school activity-based facility □
- Special needs facility □
- Activity Camps (sport recreation arts/crafts etc) □
- Other (specify) □

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 □   Fortnight □   Month □

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>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Cultural activities (dance, ballet, music, arts, drama etc.)</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Youth club</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Scouts/ Guides/ Boy’s Brigade / Girl’s Brigade</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Homework club</td>
<td>Yes □</td>
<td>No □</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Yes □</td>
<td>No □</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 □   No □

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?

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health reasons (illness or injuries)</td>
<td></td>
</tr>
<tr>
<td>Problems with transportation</td>
<td></td>
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<tr>
<td>Problems with the weather</td>
<td></td>
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<tr>
<td>A family vacation</td>
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<tr>
<td>A fear of school (school phobia)</td>
<td></td>
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<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>

12
J10. [Show Card J10] Looking at Card J10, how often is the Study Child given homework?

Never
Less than once a month
Once a month
A few times a month

Once a week
A few times a week
Daily
Don’t Know

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?

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 homework?

Always/
Near Always
Regularly
Now and Again
Rarely
Never

Child rarely gets homework

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:

Poor
Below average
Average

Above average
Excellent

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?

Poor
Below average
Average

Above average
Excellent

J15. About how many days a week does the Study Child 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 have?

None
1
2 or 3
4 or 5
6 or more

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]

A. Physical bullying
B. Verbal bullying
C. Electronic [phone messaging, emails, Bebo etc]

D. Written messages/notes etc.
E. Exclusion
F. Other (specify)

J20. [Show Card J20] Looking at Card J20, what was the reason for the bullying?

A. Ethnicity
B. Physical/Learning disability
C. Religion
D. Class performance

E. Physical appearance (clothes, glasses, weight etc).
F. Gender role
G. Teacher’s pet
H. Family background
I. 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]

A. Dyslexia (incl. Dysgraphia, dyscalculia). ................................................................. □
B. ADHD (Attention Deficit Hyperactivity Disorder) .................................................. □
C. Autism .......................................................... □
D. Aspergers Syndrome .......................................................... □
E. Speech & Language Difficulty .......................................................... □
F. Dyspraxia .......................................................... □
G. Slow progress (reasons unclear) .......................................................... □
H. 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 .................................................. □

21 to 30 .................................................. □

Less than 10 .................................................. □

More than 30 .................................................. □

10 to 20 .................................................. □

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

Yes .................................................. □

No .................................................. □

Time Section Ended .................................................. □ □ □ □ (24 hour clock)

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.

A. I share an affectionate, warm relationship with my child. .................................................. □
B. My child and I always seem to be struggling with each other. .................................................. □
C. If upset, my child will seek comfort from me .................................................. □
D. My child is uncomfortable with physical affection or touch from me .................................................. □
E. My child values his/her relationship with me .................................................. □
F. My child appears hurt or embarrassed when I correct him/her .................................................. □
G. My child does not want to accept help when he/she needs it .................................................. □
H. When I praise my child, he/she beams with pride .................................................. □
I. My child reacts strongly to separation from me .................................................. □
J. My child spontaneously shares information about himself/herself .................................................. □
K. My child is overly dependent on me .................................................. □
L. My child easily becomes angry at me .................................................. □
M. My child tries to please me .................................................. □
N. My child feels that I treat him/her unfairly .................................................. □
O. My child asks for my help when he/she really does not need help .................................................. □
P. It is easy to be in tune with what my child is feeling....
Q. My child sees me as a source of punishment and criticism.
R. My child expresses hurt or jealousy when I spend time with other children.
S. My child remains angry or is resistant after being disciplined.
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 child makes me feel effective and confident as a parent.

K3. [Show Card K3] Looking at Card K3, how often do you do the following when the Study Child misbehaves

<table>
<thead>
<tr>
<th>Item</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>
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<tr>
<td>B. Ignore him/her</td>
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<tr>
<td>C. Smack him/her</td>
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<tr>
<td>D. Shout or yell at him/her</td>
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<tr>
<td>E. Send him/her out of the room or to their bedroom</td>
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<tr>
<td>F. Take away treats/pocket money</td>
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<tr>
<td>G. Tell him/her off</td>
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<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>
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</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</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>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>A. Grandparents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Undes/Aunts</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>C. Cousins</td>
<td></td>
<td></td>
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</tbody>
</table>
K6. Please tell me how strongly you agree or disagree with the following.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of your work responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. You have missed out on home or family activities that you would have liked to have taken part in.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>B. Your family time is less enjoyable and more pressured.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Because of your family responsibilities:</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>C. You have to turn down work activities or opportunities you would prefer to take on.</td>
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</tr>
<tr>
<td>D. The time you spend working is less enjoyable and more pressured.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Christian – no denomination</th>
<th>Roman Catholic</th>
<th>Anglican/Church of Ireland/Episcopalian</th>
<th>Other Protestant</th>
<th>Jewish</th>
<th>Muslim</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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

- Daily [ ]
- Weekly [ ]
- Monthly [ ]
- Less Often [ ]
- Special Occasions [ ]
- Never [ ]
- Refused [ ]
- N/a to their religion [ ]

K10. In general, would you describe yourself as a religious or spiritual person?

- Not at all ......... [ ]
- A little ......... [ ]
- Quite ............ [ ]
- Very much so ........... [ ]
- Extremely ......... [ ]

K11. Do you belong to any religious denomination

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

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

<table>
<thead>
<tr>
<th>Christian – no denomination</th>
<th>Roman Catholic</th>
<th>Anglican/Church of Ireland/Episcopalian</th>
<th>Other Protestant</th>
<th>Jewish</th>
<th>Muslim</th>
<th>Other (specify)</th>
</tr>
</thead>
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</tbody>
</table>

K13. 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 partner ....... [ ]

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.

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

Time Section Ended [ ] (24 hour clock)
L1. For the following items could you indicate whether or not your household, has the item and, if not, if it is because you couldn’t afford it or for another reason?

A. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

B. Does your household have a roast joint (or its equivalent) at least once a week? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

C. Do household members buy new rather than second-hand clothes? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

D. Does each household member possess a warm waterproof coat? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

E. Does each household member possess two pairs of strong shoes? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

F. Does the household replace any worn out furniture? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

G. Does the household keep the home adequately warm? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

H. Does the household have family or friends for a drink or meal once a month? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

I. Does the household buy presents for family or friends at least once a year? Yes ☐ No ☐ Cannot Afford ☐ Other reason ☐

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

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

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

Yes ☐ No ☐

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

Yes ☐ No ☐

L5. Why was that?

Didn’t want to ☐ Couldn’t leave the children ☐

Have a full social life in other ways ☐ Illness ☐

Couldn’t afford to ☐ Other (specify) ☐

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

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

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

House ☐ Apartment/Flat/Bedsit ☐ Other (specify) ☐

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) ☐ Being purchased from a Local Authority under a Tenant Purchase Scheme ☐ Rented from a Local Authority ☐ Rented from a Voluntary Body ☐ Rented from a Private Landlord ☐ Living with and paying rent to your (or your partner’s) parent(s) ☐ Occupied free of rent with your (or your partner’s) parent(s) ☐ Occupied free of rent from your or your partner’s job ☐

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

L10. Does the Study Child have his/her own bedroom? Yes ☐ No ☐

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, Faithe 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 

L16. How many?

L17. How many employees (if any) do you have? ___________ employees 
- N.A. 
- Other 

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

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 

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 to be at home to look after my children myself 
- I cannot earn 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 to ask you a few questions about household income. Once again I would like to assure you that all information will be treated in the strictest confidence.

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

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

A. Wages or Salaries .................................................................................................................. 1 2 3
B. Income from Self-Employment ............................................................................................... 1 2 3
C. Income from Farming ............................................................................................................ 1 2 3
D. Children’s Allowance/ Child Benefit ..................................................................................... 1 2 3
E. Other Social Welfare Payments ............................................................................................. 1 2 3
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) .............................................................. 1 2 3

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

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

Don't Know ............. 19 € ........................................................................ per Week ............. 1 Month ............. 3 Year ............. 3

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

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

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

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

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<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 1 → Section A, Card L27</td>
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<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 2 → Section B, Card L27</td>
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<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 3 → Section C, Card L27</td>
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<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 4 → Section D, Card L27</td>
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<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 5 → Section E, Card L27</td>
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<tr>
<td>€801 to under €925</td>
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<td>€42,001 to under €48,000</td>
<td>F 6 → Section F, Card L27</td>
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<tr>
<td>€926 to under €1,150</td>
<td>€4,001 to under €5,000</td>
<td>€48,001 to under €60,000</td>
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<tr>
<td>€1,151 to under €1,500</td>
<td>€5,001 to under €6,500</td>
<td>€60,001 to under €78,000</td>
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<tr>
<td>€1,501 to under €1,850</td>
<td>€6,501 to under €8,000</td>
<td>€78,001 to under €96,000</td>
<td>I 9 → Section I, Card L27</td>
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<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€96,001 or more</td>
<td>J 10 → Section J, Card L27</td>
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</table>

Refused ................................................................. 77 Don't Know .................................................. 38

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]

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<thead>
<tr>
<th>Per Week</th>
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<th>Per Year</th>
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<td>B Per week</td>
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<tr>
<td>Per Month</td>
<td>€1,001 to €1,150</td>
<td>€1,151 to €1,350</td>
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<tr>
<td>Per Year</td>
<td>€12,001 to €14,000</td>
<td>€14,001 to €16,000</td>
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<tr>
<td>C Per week</td>
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<td>Per Month</td>
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<td>Per Month</td>
<td>€2,001 to €2,150</td>
<td>€2,151 to €2,300</td>
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<tr>
<td>Per Year</td>
<td>€24,001 to €26,000</td>
<td>€26,001 to €28,000</td>
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<td>Social Welfare Payment</td>
<td>Social Welfare Payment</td>
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<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
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<tr>
<td>Jobseeker's Benefit</td>
<td>Jobseeker's Allowance or Unemployment Assistance</td>
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<td><strong>EMPLOYMENT SUPPORTS</strong></td>
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<tr>
<td>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
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<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
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<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
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<tr>
<td><strong>Supplementary Welfare Allowance (SWA)</strong></td>
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<td><strong>ONE-PARENT FAMILY / WIDOWER(ER) PAYMENTS</strong></td>
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<tr>
<td>Widow's or Widower's (Contributory) Pension</td>
<td>Deserted Wife's Allowance</td>
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<tr>
<td>Deserted Wife's Benefit</td>
<td>Prisoner's Wife's Allowance</td>
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<tr>
<td>Widowed Parent Grant</td>
<td>One-Parent Family Payment</td>
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</tr>
<tr>
<td>Widow's or Widower's (Non-Contributory) Pension</td>
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<td></td>
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<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
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<tr>
<td>Maternity Benefit</td>
<td>Health &amp; Safety Benefit</td>
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<tr>
<td>Adoptive Benefit</td>
<td>Guardian's Payment (Contributory)</td>
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<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
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<tr>
<td>Illness Benefit</td>
<td>Injury Benefit</td>
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<td>Invalidity Pension</td>
<td>Incapacity Supplement</td>
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<td>Disability Allowance</td>
<td>Disablement Benefit</td>
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<td>Blind Pension</td>
<td>Medical Care Scheme</td>
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<td>Constant Attendance Allowance</td>
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<td>Carer's Allowance</td>
<td>Death Benefits (Survivor's Benefits)</td>
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<td><strong>RETIREMENT PAYMENTS</strong></td>
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<td>State Pension (Transition)</td>
<td>State Pension Non-Contributory</td>
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</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>Pre-Retirement Allowance</td>
<td></td>
</tr>
</tbody>
</table>

L28. Does anyone in your household currently receive Children's Allowance/Child Benefit?  
Yes... □  No... □

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

- None
- Less 5%
- 5% to less 20%
- 20% to less 50%
- 50% to less 75%
- 75% to less than 100%
- 100%

COPPEL / 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 household 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/one parent falls into, after deductions for tax and PRSI only']

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

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
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<td>Under €230</td>
<td>Under €1,000</td>
<td>Under €12,000</td>
<td>A □ Section A, Card L36</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 □ Section B, Card L36</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 □ Section C, Card L36</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 □ Section D, Card L36</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>
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<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 □ Section F, Card L36</td>
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<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 □ Section G, Card L36</td>
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<tr>
<td>€1,151 to under €1,500</td>
<td>€5,001 to under €6,500</td>
<td>€60,001 to under €78,000</td>
<td>H □ Section H, Card L36</td>
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<tr>
<td>€1,501 to under €1,850</td>
<td>€6,501 to under €8,000</td>
<td>€78,001 to under €96,000</td>
<td>I □ Section I, Card L36</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€96,001 or more</td>
<td>J □ Section J, Card L36</td>
</tr>
<tr>
<td>Refused</td>
<td>77</td>
<td>Don’t Know</td>
<td>88</td>
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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]

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<td>€151 to €230</td>
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<th>B</th>
<th>Per week</th>
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<tbody>
<tr>
<td>€231 to €270</td>
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G  Per week €926 to €1,000...  €1,001 to €1,050...  €1,051 to €1,150...
   Per month €4,001 to €4,300...  €4,301 to €4,600...  €4,601 to €5,000...
   Per year €48,001 to €52,000...  €52,001 to €56,000...  €56,001 to €60,000...
H  Per week €1,151 to €1,250...  €1,251 to €1,375...  €1,376 to €1,500...
   Per month €5,001 to €5,500...  €5,501 to €6,000...  €6,001 to €6,500...
   Per year €60,001 to €64,000...  €64,001 to €72,000...  €72,001 to €78,000...
I  Per week €1,501 to €1,600...  €1,601 to €1,750...  €1,751 to €1,850...
   Per month €6,501 to €7,000...  €7,001 to €7,500...  €7,501 to €8,000...
   Per year €78,001 to €84,000...  €84,001 to €90,000...  €90,001 to €96,000...
J  Per week €1,851 to €2,100...  €2,101 to €2,400...  €2,401 or more...
   Per month €8,001 to €9,250...  €9,251 to €10,500...  €10,501 or more...
   Per year €96,001 to €110,000...  €110,001 to €125,000...  €125,001 or more...

(24 hour clock)

L37. [Card L37] Looking at Card L37, what is the highest level of education you have completed to date?
   Primary or less.................................................................
   Intermediate/ junior/ Group Certificate or equivalent
   Leaving Certificate or equivalent......................................
   Diploma/ Certificate ........................................................
   Primary degree ...................................................................
   Postgraduate/ Higher degree ..............................................
   Refusal.................................................................................

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

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

L38a. Is English your native language? Yes ..................  No...................

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

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 ...................  No ...................

L40. Can you usually read and fill out forms you might have to deal with in your own language?
   Yes ...................  No ...................

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 ...................  No ...................

L42. Can you usually read and fill out forms you might have to deal with in English?
   Yes ...................  No ...................

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 ...................  No ...................

L44. Are you a citizen of Ireland? Yes ...................  No ...................  Don't know ....

L45. What citizenship do you hold? ........................................ Don't know ....
L46. Were you born in Ireland?  
Yes □  No □  Don't know □

L47. In which country were you born?  
Don't know □

L48. How long ago did you first come to live in Ireland?  
Within the last year □  1-5 years ago □  6-10 years ago □  11-20 years ago □  More than 20 years ago □  Don't know □

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

L50. What citizenship does he/she hold?  
Don't know □

L51. Was the Study Child born in Ireland?  
Yes □  No □  Don't know □

L52. In which country was he/she born?  
Don't know □

L53. How long ago did the Study Child first come to live in Ireland?  
Within the last year □  1-5 years ago □  6-10 years ago □  Don't know □

L54. [Card L54] Looking at Card L54, What is your ethnic or cultural background?  
Irish □  Any other Black background □  Irish Traveller □  Chinese □  Any other White background □  Other – incl. mixed background (specify) □

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 □  No regular care 8 hrs per wk or more □

L56. Is this care provided in:  
the child’s home □  a relative’s home □  home of carer – non-relative □  centre – (crèche, after-school etc.) □

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 □  No □  interviewee: 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 □  No □

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.

<table>
<thead>
<tr>
<th>Phenomenon</th>
<th>Very Common</th>
<th>Fairly Common</th>
<th>Not very Common</th>
<th>Not at all Common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubbish and litter lying about</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Homes and gardens in bad condition</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Vandalism and deliberate damage to property</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>People being drunk or taking drugs in public</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
M3. To what extent do you agree or disagree with these statements about your local area?

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

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?

<table>
<thead>
<tr>
<th>Available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular public transport</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>2. GP or health clinic</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>3. Schools (primary or secondary)</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>4. Library</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>5. Social Welfare Office</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>6. Banking/ Credit Union</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>7. Essential grocery shopping</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
<tr>
<td>8. Recreational facilities appropriate to a 9-yr old</td>
<td>□ 1</td>
<td>□ 2</td>
</tr>
</tbody>
</table>

M5. Do you have any family living in this area?  

Yes □ 1  No □ 2

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

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

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

Time Section Ended □ □ (24 hour clock)
F7. Mother / Lone Father questionnaire – supplementary (white)
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.............☐  → Go to S2  No.............☐  → Go to S4

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

Yes.............☐  → Go to S14  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.............☐  → Go to S9  No.............☐  → Go to S9

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

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

S6. Was that a within family adoption?

Yes.............☐  No.............☐

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.............☐  → Go to S14  No.............☐  → Go to S14

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 ................................................... I Go to S18
Married and separated from husband / wife ............................................ I Go to S15
Divorced ................................................................................................... I Go to S15
Widowed ................................................................................................... I Go to S15
Never married ........................................................................................ I 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 ............................................................................................................... [ ]

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 ........................................................................... [ ]

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>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>Have a stimulating exchange of ideas</th>
<th>Never</th>
<th>Less than once a month</th>
<th>Once or twice a month</th>
<th>Once or twice a week</th>
<th>Once a week</th>
<th>More often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calmly discuss something together</td>
<td></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>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely Unhappy</td>
<td>Fairly Unhappy</td>
<td>A little unhappy</td>
<td>Happy</td>
<td>Very Happy</td>
<td>Extremely Happy</td>
<td>Perfect</td>
</tr>
</tbody>
</table>


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 ... → Go to S28

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 ... → Go to S30

S29. Was this:
Before the Study Child was born ... When Study Child was 1 – 4 yrs old ... In first year of Study Child’s life ... 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.

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

Rarely or none of the time (less than 1 day) Some or a little of the time (1-2 days) Occasionally or a moderate amount of the time (3-4 days) Most or all of the time (5-7 days)

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

A. Sleeping pills ...
B. Tranquilisers ...
C. Pills for depression ...
D. Cannabis / marijuana ...
E. Painkillers (aspirin, paracetamol, etc.) ...
F. Amphetamines or other stimulants ...
G. Heroin, methadone, crack, cocaine ...
H. Anticonvulsants ...
I. Steroids ...

Never Now and again Monthly Weekly Daily

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

Yes ... No ... → Go to S34

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 ... → Go to S50
Deceased ... → Go to S50
Temporarily lives elsewhere ... → Go to S50
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 ... Go to S37
Adoptive / Foster parent ... → Go to S50

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 .................□
Cohabiting / living as married .................□
Separated ...........................................□
Divorced ...........................................□

Going out but not living together ..............□
Just friends ........................................□
No relationship .....................................□

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 .............□
Between ½ and 1 hour’s drive from here ..........□
Outside the country ...................................□

More than 1 hour’s drive from here .............□

S43. How often does the Study Child have contact with his / her father (incl. talking on the phone, texting, emailing etc.)?

Daily ..............................................□
Once or twice a week..............................□
Weekly .............................................□
Every second week / weekend ...................□

Monthly .............................................□
Less than once a month .........................□
Less than once a year ............................□
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 .............□

S45. How much does he pay per week / fortnight / month?

€ __________ per Week .... □
Fortnight .... □
Month

Yes, he makes payments as required ..........□

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 .... □

Please give contact details to interviewer

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.
F8. Father / Partner questionnaire (green)
GROWING UP IN IRELAND – the national longitudinal study of children

Strictly Confidential
Father/Partner Questionnaire

Area [ ] Householder [ ] Respondent [ ]

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. 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........................................... ...........................................
Yes........................................... ...........................................

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 ........................................... ...........................................
Yes, to some extent ........................................... ...........................................
No ........................................... ...........................................

[Int. Ask only if respondent is female]

B6. Can I just check, are you currently pregnant?

Yes........................................... ...........................................

B7. Approximately how many weeks?

_________ weeks

Time Section Ended ____________ ____________ (24 hour clock)

C: RESPONDENT'S LIFESTYLE

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

C1. Do you currently smoke daily, occasionally or not at all?

Daily ........................................... ...........................................
Occasionally ........................................... ...........................................
Not at all ........................................... ...........................................

C2. Have you ever smoked? Was it:

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

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 ........................................... ...........................................
Yes, on an occasional basis ........................................... ...........................................
Never ........................................... ...........................................

C5. [Show Card C5] Looking at Card C5, 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:

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 ........................................... ...........................................
Moderately underweight ........................................... ...........................................
Slightly underweight ........................................... ...........................................
About the right weight ........................................... ...........................................
Slightly overweight ........................................... ...........................................
Moderately overweight ........................................... ...........................................
Very overweight ........................................... ...........................................
Don't know ........................................... ...........................................

C8. How often do you try to lose weight through dieting?

Very often ........................................... ...........................................
Often ........................................... ...........................................
Sometimes ........................................... ...........................................
Rarely ........................................... ...........................................
Never ........................................... ...........................................

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

C10. What is your weight without clothes and shoes? ______ stones ______ lbs OR ______ Kilograms

Time Section Ended ____________ ____________ (24 hour clock)
D: FAMILY CONTEXT

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

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.

| A. I share an affectionate, warm relationship with my child.               | Definitely does not apply [ ]  | Not really [ ]  | Neutral, not sure [ ]  | Applies somewhat [ ]  | Definitely applies [ ] |
| B. My child and I always seem to be struggling with each other.           |                               |                 |                         |                        |                        |
| C. If upset, my child will seek comfort from me.                          |                               |                 |                         |                        |                        |
| D. My child is uncomfortable with physical affection or touch from me.    |                               |                 |                         |                        |                        |
| E. My child values his/her relationship with me.                          |                               |                 |                         |                        |                        |
| F. My child appears hurt or embarrassed when I correct him/her.           |                               |                 |                         |                        |                        |
| G. My child does not want to accept help when he/she needs it.            |                               |                 |                         |                        |                        |
| H. When I praise my child, he/she beams with pride.                       |                               |                 |                         |                        |                        |
| I. My child reacts strongly to separation from me.                        |                               |                 |                         |                        |                        |
| J. My child spontaneously shares information about himself/herself.        |                               |                 |                         |                        |                        |
| K. My child is overly dependent on me.                                    |                               |                 |                         |                        |                        |
| L. My child easily becomes angry at me.                                    |                               |                 |                         |                        |                        |
| M. My child tries to please me.                                           |                               |                 |                         |                        |                        |
| N. My child feels that I treat him/her unfairly.                          |                               |                 |                         |                        |                        |
| O. My child asks for my help when he/she really does not need help.       |                               |                 |                         |                        |                        |
| P. It is easy to be in tune with what my child is feeling.                |                               |                 |                         |                        |                        |
| Q. My child sees me as a source of punishment and criticism.              |                               |                 |                         |                        |                        |
| R. My child expresses hurt or jealousy when I spend time with other children. |                               |                 |                         |                        |                        |
| S. My child remains angry or is resistant after being disciplined.         |                               |                 |                         |                        |                        |
| 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. |                               |                 |                         |                        |                        |
D3. Please tell me how strongly you agree or disagree with the following.

<table>
<thead>
<tr>
<th>Because of your work responsibilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. You have missed out on home or family activities that you would have liked to have taken part in</td>
</tr>
<tr>
<td>B. Your family time is less enjoyable and more pressured</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of your family responsibilities:</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. You have to turn down work activities or opportunities you would prefer to take on</td>
</tr>
<tr>
<td>D. The time you spend working is less enjoyable and more pressured</td>
</tr>
</tbody>
</table>

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 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 ...........................................

Time Section Ended ........................................... (24 hour clock)

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 ☐  No ☐ Go to E5

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 written in your own language?
Yes ☐ No ☐

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

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 ☐ No ☐

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

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 ☐ No ☐

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) ☐
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) ☐

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 ☐ No ☐ 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 ☐
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 ☐ No ☐ 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) ☐
Self-employed outside farming ☐
Farmer ☐

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 ☐ No ☐ 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 .................................................. □  
I choose not to work .............................................. □  
I am caring for an elderly or ill relative or friend ....... □  
I prefer to be at home to look after my children myself □  
I cannot earn 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 E19

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

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

No .......... □  
Don’t know .......... □

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

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

<table>
<thead>
<tr>
<th>Within the last year</th>
<th>1-5 years ago</th>
<th>6-10 years ago</th>
<th>11-20 years ago</th>
<th>More than 20 years ago</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

Irish .................................................. □  
Irish Traveller  .......................................... □  
Any other white background ................................ □  
African .................................................. □  
Any other Black background .............................. □  
Chinese .................................................. □  
Any other Asian background ............................. □  
Other (incl. Mixed background) (specify) ............... □

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

[Interviewer:]

E26. Is respondent male or female?  Male.................. □  
Female .................. □
F9. Father / Partner questionnaire – supplementary (green)
GROWING UP IN IRELAND – the national longitudinal study of children
Strictly Confidential
Father Questionnaire – Supplementary Section

Area: ____________ Householder: ____________ Respondent: ____________

Interviewer Name: ___________________________ Interviewer Number: ____________

Date: ____________ ____________ ____________

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: □ ____________ □ Go to S2
No: □ ____________ □ Go to S4

S2. Have there been any period(s) of 3 months or longer when the Study Child didn’t live with you?
Yes: □ ____________ \nNo: □ ____________ \nGo 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: □ ____________ \nNo: □ ____________ □ Go to S9

S5. Was that a domestic or an inter-country adoption?
Domestic: □ ____________ \nInter-country: □ ____________

S6. Was that a within family adoption?
Yes: □ ____________ \nNo: □ ____________

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: □ ____________ \nNo: □ ____________ \nGo to S14

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: □ ____________ \nNo: □ ____________

S12. How many previous foster placements has the Study Child been in?
_________________________ previous placements \nDon’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 S18
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 ....
Almost never/never .................................................. [ ]
Not very often ......................................................... [ ]
Sometimes ............................................................. [ ]
Often ........................................................................ [ ]
Almost always/always ............................................... [ ]
Shout or yell at each other ............................................ [ ]
Throw something at each other .................................... [ ]
Push, hit or slap each other ......................................... [ ]

S22. And to end an argument, how often would you ....
Almost never/never .................................................. [ ]
Not very often ......................................................... [ ]
Sometimes ............................................................. [ ]
Often ........................................................................ [ ]
Almost always/always ............................................... [ ]
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.

Philosophy of life ...................................................... [ ]
Aims, goals and things believed important ................ [ ]
Amount of time spent together ................................. [ ]

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 .................................................................. [ ]
Have a stimulating exchange of ideas ....................... [ ]
Calmly discuss something together ............................ [ ]
Work together on a project ........................................ [ ]

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.

Extremely Unhappy  1  Fairly Unhappy  2  A little unhappy  3  Very Happy  4  Extremely Happy  5  Perfect  6
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  ➔ Go to S28

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  ➔ Go to S30

S29. Was this: [Tick all that apply]

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

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

Rarely or none of the time (less than 1 day) Some or a little of the time (1-2 days) Occasionally or a moderate amount of the time (3-4 days) Most or all of the time (5-7 days)

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

A. Sleeping pills
B. Tranquilizers
C. Pills for depression
D. Cannabis / marijuana
E. Painkillers (aspirin, paracetamol, etc.)
F. Amphetamines or other stimulants
G. Heroin, methadone, crack, cocaine
H. Anticonvulsants
I. Steroids

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

Yes  No  ➔ Go to S34

S33. Have you ever been to prison?

Yes  No

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

Lives here  ➔ Go to S50
Deceased  ➔ Go to S50
Temporarily lives elsewhere  ➔ Go to S50
Lives elsewhere  ➔ Go to S35

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

Yes, married to  Yes, lived with  No  ➔ Go to S37  Adoptive / Foster parent ➔ Go to S50

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

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 mother when she became pregnant with the study child? (Please tick one box only).

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

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 1/2 hour’s drive from here
- Between 1/2 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
- Once or twice a week
- Weekly
- Every second week / weekend
- Monthly
- Less than once a week
- Less than once a month
- 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?

S46. About how much 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)

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
F10. Main Child questionnaire (multi-coloured)
Main Questionnaire for 9 year olds

Interviewer Name: __________________________ Interviewer Number: ____________
Time Section Started (24 hour clock) __________ Date: ___ / ___ / _____

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.

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 2
Section A: School

1. What do you think about school?
   
   Always like it  Sometimes like it  Never like it
   1  2  3

2. How well do you think you are doing in your school work?
   
   Well  Average/Ok  Poorly
   1  2  3

3. Do you like the following subjects?

<table>
<thead>
<tr>
<th></th>
<th>Always like it</th>
<th>Sometimes like it</th>
<th>Never like it</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Maths</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Reading</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Irish</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

4. How often do you get homework?
   
   Never  1-2 times a week  3-4 times a week  Almost every day
   1  2  3  4

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>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Visited relations</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Sat and watched TV</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Chatted</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Went to the park</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Gone swimming</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. Played games at home – board games and so on</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Played games outside</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Read something together</td>
<td>1</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)

   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?

[Please 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>Activity</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>Activity</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>Answer</th>
<th>1 Go to Q21b</th>
<th>2 Go to Q22</th>
<th>3 Go to Q22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></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)
F11. Child core sensitive questionnaire (multi-coloured)
Core Sensitive Questionnaire for 9 year olds

Interviewer Name: ___________________________
Interviewer Number: ________________________
Date: ___ / ___ / ______

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 2
Section A: Where you live

1. Do you like living around here? .................................................. 1 ... 2
2. Do you have plenty of friends to play with around here? ........ 1 ... 2
3. Are there good places to play near your house? ..................... 1 ... 2
4. Do you think there is too much traffic near where you live? ... 1 ... 2
5. Is there a green area for you to play near where you live? ...... 1 ... 2
6. Are the streets dirty around where you live? ......................... 1 ... 2
7. Are there youth clubs near where you live? .......................... 1 ... 2
8. Is there a playground near where you live? ........................... 1 ... 2
9. Do you think there is a lot of graffiti near where you live? ..... 1 ... 2
10. Is there public transport to school (like a bus or train)? ....... 1 ... 2
11. Are there activities to do after school around here? ............ 1 ... 2
12. Are there places for children to play safely near your house? 1 ... 2
13. Are adults living around here usually nice to you? ............ 1 ... 2
14. Do you feel safe living around here? .................................... 1 ... 2
15. Are adults around here generally nice to children? ............ 1 ... 2

Section B: School

16. Do you look forward to going to school?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ......</td>
<td>2 ..........</td>
<td>3 ......</td>
</tr>
</tbody>
</table>

17. Do you like your teacher?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 ......</td>
<td>2 ..........</td>
<td>3 ......</td>
</tr>
</tbody>
</table>
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?      Yes    No
   a. By shoving, pushing, hitting..............................  1......................  2
   b. Name calling, slagging ........................................  1......................  2
   c. Text messaging, emails, Bebo etc ...........................  1......................  2
   d. Written messages / notes etc...............................  1......................  2
   e. Leaving them out of games / chats ...........................  1......................  2
   f. In other ways [please write it down]__________________  1......................  2

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?      Yes    No
   a. By shoving, pushing, hitting ..................................  1......................  2
   b. Name calling, slagging ........................................  1......................  2
   c. Text messaging, emails, Bebo etc ...........................  1......................  2
   d. Written messages / notes etc...............................  1......................  2
   e. Leaving you out of games / chats ...........................  1......................  2
   f. In other ways [please write it down]__________________  1......................  2

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?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 .................</td>
<td>2 .................</td>
<td>3</td>
</tr>
</tbody>
</table>

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)?

<table>
<thead>
<tr>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 .................</td>
<td>2 .................</td>
<td>3</td>
</tr>
</tbody>
</table>

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.**
F12. Child questionnaire – supplementary – Mum only (M) (multi-coloured)
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
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
F13. Child questionnaire – supplementary – Dad only (D) (multi-coloured)
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
4. When you are bold how often does your dad?

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
F14. Child questionnaire – supplementary – Mum’s Partner (MP) (green)
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
   
   1 .......................... 2 .......................... 3

2. How well do you get on with him?
   - Very well
   - Fairly well
   - You and him do not get on
   
   1 .......................... 2 .......................... 3

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

   b. Does he like you to tell him when you are worried?
      - Always
      - Sometimes
      - Never
      
      1 .......................... 2 .......................... 3

   c. Does he usually praise you for doing well?
      - Always
      - Sometimes
      - Never
      
      1 .......................... 2 .......................... 3

   d. Does he really let you get away with things?
      - Always
      - Sometimes
      - Never
      
      1 .......................... 2 .......................... 3
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
F15. Child questionnaire – supplementary – Dad’s Partner (DP) (purple)
Self-Complete Questionnaire for 9 year olds (DP)

Area: [ ] [ ] [ ] Household: [ ] [ ] [ ] Respondent: [ ] [ ] [ ]

Interviewer Name: ____________________________ Interviewer Number: [ ] [ ] [ ] [ ] [ ]

Date: ___ / ___ / ____

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
F16. Non-resident parent questionnaire (white)
Growing Up in Ireland – national longitudinal study of children
Strictly Confidential

Non Resident Father 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 (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 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:

<table>
<thead>
<tr>
<th>Nowhere near enough</th>
<th>Not quite enough</th>
<th>About right</th>
<th>A little too much</th>
<th>Way too much</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
<td>[ ] 5</td>
</tr>
</tbody>
</table>

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 [ ]
- Court-imposed custody rules [ ]
- Other physical distance between self and child [ ]
- Other [ ]

Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

<table>
<thead>
<tr>
<th>Rank</th>
</tr>
</thead>
</table>
| At your home
| At the other parent’s home
| At another relative’s home (e.g. child’s grandparents)
| Recreational/amenity area (e.g. park, swimming pool)
| Shopping centre / cinema / McDonald’s etc
| Specific events (e.g. football match)
| Other |
Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child

Court-imposed arrangements ........................................... □
Formal, negotiated arrangements other than legal (e.g. counsellor) □
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).

<table>
<thead>
<tr>
<th>Rank</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Showing my child love and affection</td>
</tr>
<tr>
<td></td>
<td>Taking time to play with my child</td>
</tr>
<tr>
<td></td>
<td>Taking care of my child financially</td>
</tr>
<tr>
<td></td>
<td>Giving my child moral and ethical guidance</td>
</tr>
<tr>
<td></td>
<td>Making sure my child is safe and protected</td>
</tr>
<tr>
<td></td>
<td>Teaching my child and encouraging his or her curiosity</td>
</tr>
<tr>
<td></td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

Q10. Do you use any of the following to communicate with the study child? Please tick all that apply

Landline phone ......................................................... □ 1
Mobile phone ......................................................................................... □ 2
Internet chat-room ............................................................................. □ 3
MSN Messenger or similar ................................................................. □ 4
Email ........................................................................................................ □ 5
Other ....................................................................................................... □ 6

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 tick one box to 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:

Prepare a meal for the child at home ........................................... □ Every day  □ At least once a week  □ At least once a month  □ Several times a year  □ Rarely or never  □
Put the child to bed ........................................................................... □
Help the child with his/her homework ........................................... □
Take the child to doctor/dentist/hairdresser etc ............................. □
Take the child to or from school ....................................................... □

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 ............................................................ □ 1
Yes, I pay a contribution ................................................................... □ 2
No, I don’t pay towards the rent or mortgage directly ........................ □ 3 Go to Q16
There is no rent or mortgage owing on the home .............................. □ 4 Go to Q16

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 ……… □₁
Yes……… □₂   REGULAR payment of € __________ per month (excluding direct rent/mortgage payment)
Yes……… □₃ 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 ……………………………………… □₁
Mutual agreement with mother ………………… □₂
Legally imposed arrangement …………………… □₃

Q18. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never ……… □₁, Yes, occasionally ……… □₂, Yes, frequently ……… □₃

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 ………………… □₁ Go to Q20
Cohabiting/living as married ………………… □₂ Go to Q20
Separated ……………………………………… □₃ Go to Q20
Divorced ……………………………………… □₄ Go to Q20
Going out but not living together …………… □₅ Go to Q20
Just friends …………………………………… □₆ Go to Q21
No relationship ……………………………… □₇ Go to Q21

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 ………………………□₁

Q21. Are you named on the study child’s birth certificate?

Yes ………………………□₁, No ………………………□₂, Not sure ………………………□₃

Q22. If you have never been married to the Study Child’s mother have you ever applied for guardianship of Study Child? If you were married, please go to Q24

No ……… □₁, Yes, through mother only ……… □₂, Yes, through court ……… □₃

Q23. If yes, was this application successful?

Yes…… □₁, No…… □₂, Ongoing…… □₃

Q24. How often do you talk about the Study Child with the Study Child’s mother?

Every day ………………………………………□₁
Several times a week ………………………… □₂
About once a week ………………………… □₃
A few times a month ………………………… □₄
Several times a year ………………………… □₅
Not at all .............................................. □₆

Q25. How well do you get on with the Study Child’s mother? Would you say your relationship is . . . ?

Very positive □₁, Somewhat positive □₂, Neutral □₃, Somewhat negative □₄, Very negative □₅
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:

<table>
<thead>
<tr>
<th>A lot of influence</th>
<th>Some influence</th>
<th>No influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discipline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values and attitudes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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 .........................................................□  
- Primary ...............................................................................□  
- Junior Cert. or equivalent ...................................................□  
- Leaving Cert. or equivalent ...............................................□  
- Trade Qualification ................................................................□  
- Certificate ...........................................................................□  
- Diploma ...............................................................................□  
- Degree ..................................................................................□  
- Postgraduate Degree ............................................................□  

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

- Single ..................................................................................□  
- First marriage .......................................................................□  
- Remarried following divorce .................................................□  
- Separated ...............................................................................□  
- Divorced ...............................................................................□  
- Widowed ................................................................................□  
- Remarried following Widowhood .........................................□  

Q33. Are you currently living with a partner?

Yes .........................................................□  
No.................................................................□  or Go to Q35

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
F17. Non-cohort caregiver questionnaire – home-based (white)
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 .................................. □
- Grandfather .................................. □
- Neighbour .................................. □
- Nanny/au pair .................................. □
- Other relative .................................. □
- Registered childminder .................. □
- Friend of parent .......................... □
- Unregistered childminder ............ □

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 .................................. □
- No .................................. □

Q3. Do you care for the study child in his / her own home, in your home or somewhere else?

- Study Child's home .................................. □
- My own home .................................. □
- Somewhere else (please specify where) .................. □

Q4. How long have you been caring for the study child? _____ years _____ months _____ weeks

Q5. How many hours per week do you care for the study child? ________ hours

Q6. How many days per week do you care for the study child? ________ days

Q7. 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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>All 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>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Using a computer</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Reading</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Doing homework</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Playing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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 |

We would also like some general information on the environment in which you look after the study child.

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 .................................. ________
- 7-9 years .................................. _____
- 1- 3 years .................................. ________
- 10 - 12 years .................................. ________
- 4-6 years .................................. ________
- 12 years and over .................................. ________
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 for first regular job .................................. □
Looking after home/family ................................... □
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 ........................................ □
Primary ..................................................... □
Junior Cert. or equivalent .................................. □
Leaving Cert. or equivalent .............................. □
Certificate ................................................... □
Diploma ..................................................... □
Degree ....................................................... □
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 ............................................... □
National school teaching ................................ □
Other education .......................................... □
Child psychology/development ..................... □
Nutrition/Diet ........................................... □
Sign language ............................................ □
Special needs assistance ............................... □
Speech and language therapy ....................... □
Nursing ..................................................... □
Other ........................................................ □
First aid .................................................... □

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
F18. Non-cohort caregiver questionnaire – centre-based (white)
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.

All of the time Frequently Occasionally Rarely Never
Watching television/videos/DVDs
Using a computer
Reading
Doing homework
Playing

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 Neither 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 Category</th>
<th>Number</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) ...................... □
- Arts materials .......................................................... □
- Other toys (dolls, teddies, etc) .................................. □
- Pretend play items ..................................................... □
- Television/Video/DVD ............................................. □
- Organised team games ............................................. □
- 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 ............................................... □
- 21 – 30 .................................................................. □
- More than 30 ....................................................... □

Q17. Are parents allowed to leave sick children into the centre?

- Never ...................................................... □
- Rarely .............................................. □
- Frequently .......................................... □
- Always..................................................... □

Finally, we would like to know some things about you.

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 ........................................ □
- Youth centre ................................................................ ⬤
- Study group/homework club ................................. □
- Other (please specify) ............................................. □

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 ............................................. □

Q24. Please indicate the subject area in which the qualification was obtained:

- Childcare ..................................................... □
- National school teaching ..................................... □
- Other education ................................................... □
- Child psychology/development ......................... □
- Special needs assistance ....................................... □
- Speech and language therapy .............................. □
- Nursing ................................................................. □
- Other ....................................................................... □
- First aid .................................................................. □

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 ......................... □
- 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 childcare? _______ 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.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLODED PRE-PAID ENVELOPE.
F19. Time-use survey (blue)
T1. Would you describe the diary day as: [Tick all that apply]

- An ordinary day
- A holiday or family celebration
- A school holiday
- A parent took some time off work
- The family dealt with a crisis
- A family member was away from home
- One of the Study Child’s parents was ill
- The Study Child was ill
- We had guests staying with us

T2. When did you fill in the diary? Please tick (v) 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 if 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 revealed 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 ______________
### Activity

<table>
<thead>
<tr>
<th>Time</th>
<th>08.00 am</th>
<th>09.00 am</th>
<th>10.00 am</th>
<th>11.00 am</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. SLEEPING</td>
<td>2. RESTING/RELAXING (doing nothing, 'time out')</td>
<td>3. PERSONAL CARE (washing, dressing, toilet)</td>
<td>4. EATING/DRINKING/HAVING A MEAL</td>
</tr>
<tr>
<td></td>
<td>5. TRAVELLING TO AND FROM SCHOOL</td>
<td>6. OTHER TRAVELLING (incl. leisure and domestic trips; dropping to games, matches etc)</td>
<td>7. AT SCHOOL</td>
<td>8. HOMEWORK</td>
</tr>
<tr>
<td></td>
<td>9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet,dance)</td>
<td>10. PLAYING BOARD GAMES, CARDS etc (card games, snakes &amp; ladders, Monopoly, Trivial Pursuit etc)</td>
<td>11. GENERAL PLAY (with toys, dolls, cars etc dressing up, 'playing house', 'imaginary or make believe games')</td>
<td>12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc)</td>
</tr>
<tr>
<td></td>
<td>13. COMPUTER/INTERNET /PLAY STATION / X-BOX etc (playing on computer, with computer games)</td>
<td>14. EMAIL/ BLOG / MSN / TEXTING/ ON THE PHONE (contacting, messaging friends or others)</td>
<td>15. WATCHING TV AND VIDEOS/DYDs etc</td>
<td>16. READING BOOKS, COMICS, MAGAZINES etc</td>
</tr>
<tr>
<td></td>
<td>17. HOUSEHOLD CHORES / HOUSEWORK</td>
<td>18. VISITS TO A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY</td>
<td>19. ON A FAMILY OUTING (a trip out as a family)</td>
<td>20. ON A SHOPPING TRIP (shopping for groceries, clothes etc)</td>
</tr>
<tr>
<td></td>
<td>21. RELIGIOUS ACTIVITY (attending religious services, prayer etc)</td>
<td>22. NOT SURE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Activity

<table>
<thead>
<tr>
<th>Time</th>
<th>12.00 noon</th>
<th>01.00 pm</th>
<th>02.00 pm</th>
<th>03.00 pm</th>
<th>04.00 pm</th>
<th>05.00 pm</th>
<th>06.00 pm</th>
<th>07.00 pm</th>
<th>08.00 pm</th>
<th>09.00 pm</th>
<th>10.00 pm</th>
<th>11.00 pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. SLEEPING</td>
<td>2. RESTING/RELAXING (doing nothing, 'time out')</td>
<td>3. PERSONAL CARE (washing, dressing, toilet)</td>
<td>4. EATING/DRINKING/HAVING A MEAL</td>
<td>5. TRAVELLING TO AND FROM SCHOOL</td>
<td>6. OTHER TRAVELLING (incl. leisure and domestic trips; dropping to games, matches etc)</td>
<td>7. AT SCHOOL</td>
<td>8. HOMEWORK</td>
<td>9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet,dance)</td>
<td>10. PLAYING BOARD GAMES, CARDS etc (card games, snakes &amp; ladders, Monopoly, Trivial Pursuit etc)</td>
<td>11. GENERAL PLAY (with toys, dolls, cars etc dressing up, 'playing house', 'imaginary or make believe games')</td>
<td>12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc)</td>
</tr>
</tbody>
</table>
F20. Mother/ Lone Father questionnaire – Twin Module (yellow)
GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE – TWIN MODULE

AREA ___________________________ HOUSEHOLD ___________________________ RESPONDENT ___________________________

Interviewer Name ___________________________ Interviewer Number ___________________________

Time Interview 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 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...............□ h No...............□ b

A2. Int: Record gender of parent 1

Male ............. □ h Female ............. □ b

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 ................. □ k
B. Adoptive mother/ father ................. □ 2 F. Aunt/uncle ................. □ k
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...............□ h No...............□ b

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>Field</th>
<th>Always/most of the time</th>
<th>Sometimes</th>
<th>Never/hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Other family members</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
<tr>
<td>Other people</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

A6. At what age did you first start to notice differences, if any, between the twins in terms of . . .?

<table>
<thead>
<tr>
<th>Field</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>□ 1</td>
</tr>
<tr>
<td>Weight</td>
<td>□ 1</td>
</tr>
<tr>
<td>Facial features</td>
<td>□ 1</td>
</tr>
<tr>
<td>Voice</td>
<td>□ 1</td>
</tr>
<tr>
<td>Personality</td>
<td>□ 1</td>
</tr>
</tbody>
</table>

A7. Which twin was born first? ___________ (child’s first name only)

A8. Were the twins a result of fertility treatment? Yes □ 1  No □ 2

A8a. If yes, please specify the type of fertility treatment

A9. Are you personally a twin (or triplet)? Yes □ 1  No □ 2

A10. Have you had any other multiple births? Yes □ 1  No □ 2

A11. Have any of the following women in your family had multiple births? (Tick all that apply)

- Your mother .................................. □ 1
- Your maternal grandmother .............. □ 2
- Your paternal grandmother .............. □ 3
- Twins' father's mother ..................... □ 4
- Twins' father's maternal grandmother .... □ 5
- Twins' father's paternal grandmother .... □ 6
- Other close blood relative (please specify) .................................... □ 7

A12. Compared to typical siblings of a similar age, would you say that the twins’ relationship is?

- Much closer □ 1
- Somewhat closer □ 2
- About the same □ 3
- Somewhat more distant □ 4
- Much more distant □ 5

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 ....... □ 9

B2. [Show Card B2] Was the <Study Child's twin> born late, on time or early?
Late birth (42 weeks or more) ......... □ 1
On time (37-41 weeks) ...................... □ 2
Somewhat early (33-36 weeks) .......... □ 3
Very early (32 weeks or less) .......... □ 4
Don't know .................................. □ 5

B3. [Show Card B3] What was the mode of delivery? [Int. Use codes only]
A. Normal birth ......................... □ 3
B. Suction assisted birth .............. □ 2
C. Forceps assisted birth ............. □ 3
D. Elective Caesarean ................. □ 4
E. Emergency Caesarean ............. □ 5
F. Other [please specify] .......... □ 6 Don't Know ..□ 7

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 .................................. □ 1
No .................................. □ 2
Don't know .................................. □ 3

B4b. How old was Study Child when he/she came home from hospital (or special care)?
Less than 1 week .................. □ 1
1-4 weeks ...................... □ 2
5-8 weeks .................. □ 3
9-12 weeks ................ □ 4
3-6 months .................. □ 5
7-12 months ................ □ 6
More than 12 months .......... □ 7
Don't Know .................. □ 8

B5. Was the <Study Child's twin> ever breastfed, even if only for a short time?
Yes .................. □ 1
No .................. □ 2
Don't know ....□ 3

B6. For how many months was the Study Child breastfed? months □ DK / Can't Remember ..... □ 9

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 .............. □ 1
Healthy, but a few minor problems .... □ 2
Sometimes quite ill .................. □ 3
Almost always unwell ............. □ 4

B8. Does the <Study Child's twin> have any on-going chronic physical or mental health problem, illness or disability?
Yes .............. □ 1
No .............. □ 2

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

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

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]
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 many visits has <Study Child’s twin> 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 physical, emotional or mental health of the <Study Child’s twin>?

<table>
<thead>
<tr>
<th>N times</th>
<th>None</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>A general practitioner (GP)..................................</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Another medical doctor e.g. in a hospital ..................</td>
<td>□2</td>
<td>□3</td>
<td>□4</td>
</tr>
<tr>
<td>Other professional, psychologist, psychiatrist, counsellor etc.</td>
<td>□1</td>
<td>□3</td>
<td>□4</td>
</tr>
</tbody>
</table>

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

C5. Why did the <Study Child’s twin> not get the medical care or treatment? Was this because

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

| a) You couldn’t afford to pay .................................. | Yes | No |
| b) The necessary medical care wasn’t available or accessible to you | □1 | □2 |
| c) You could not take time off work to visit the doctor | □1 | □2 |
| d) Wanted to wait and see if the problem got better | □1 | □2 |
| e) Child refused / fear of doctor | □1 | □2 |
| f) Still on the waiting list | □1 | □2 |
| g) Other (specify) | □1 | □2 |

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

C7. Why did the <Study Child’s twin> not get the dental care or treatment? Was this because

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

| a) You couldn’t afford to pay | □1 | □2 |
| b) The necessary dental care wasn’t available or accessible to you | □1 | □2 |
| c) You could not take time off work to visit the dentist | □1 | □2 |
| d) Wanted to wait and see if the problem got better | □1 | □2 |
| e) Child refused / fear of dentist | □1 | □2 |
| f) Still on the waiting list | □1 | □2 |
| g) Other (specify) | □1 | □2 |

C8. Does the <Study Child’s twin> brush his/her teeth at least once per day? Yes ............ □1 No ........ □2
C9. Which of the following best describes how regularly the <Study Child’s twin> visits the dentist?

<table>
<thead>
<tr>
<th>At least once a year</th>
<th>Only when there is a problem</th>
<th>Once every two years</th>
<th>Never/April. never</th>
</tr>
</thead>
</table>

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 | Yes, in the past | No |

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 | Glasses | Surgical operation | Other, please specify | Patch | No treatment |

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 | Yes, in the past | No |

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 | Other, please specify | Grommets | No treatment | Cochlear implant |

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 | Yes, a little | Yes, a lot | Don’t know |

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 | F. Voice sounds unusual | B. Speech not clear to the family | G. Stutters, stammers or lisps | C. Speech not clear to others | H. Lisps | D. Difficulty finding words | I. Other | E. Difficulty putting words together | J. Don’t know |

C16. Does the <Study Child’s twin> usually require ongoing support to be able to move around?

| Yes | No |

C17. What supports does the <Study Child’s twin> require? [Int. Tick all that apply]

| Braces | Crutches | A stick | Wheelchair |

C18. Does the <Study Child’s twin> need the help of another person to get around in the wheelchair?

| Yes | No |

C19. Is <Study Child’s twin> right or left-handed?

| Right handed | Left handed |
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</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: ☐
- ½-1 pint: ☐
- 1-1½ pints: ☐
- More than 1½ pints: ☐

D3. Does the <Study Child’s twin> usually have something to eat before school? Yes: ☐

D4. Which of the following does he/she usually eat? [Int. Tick all that apply]

- Cereal: ☐
- Cooked breakfast: ☐
- Toast / Bread: ☐
- Yoghurt / Cheese: ☐
- Fruit: ☐
- Eggs: ☐
- Porridge: ☐
- Other Specify: ☐

D5. Does the <Study Child’s twin> usually have a meal in the evening during the week?

Yes: ☐

D6. Who would usually eat with the <Study Child’s twin> at that meal? [Int. Tick all that apply]

- Father: ☐
- Other unrelated adults (childminder, nanny etc.): ☐
- Mother: ☐
- Friend(s): ☐
- Brothers / Sisters/ other children in the household: ☐
- Someone else (specify): ☐
- Other relatives: ☐
- No one / child eats alone: ☐

D7. Does the <Study Child’s twin> usually sit at a table for this meal? Yes: ☐

D8. Is <Study Child’s twin> on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

- No: ☐
- Yes, coeliac: ☐
- Yes, vegetarian: ☐
- Yes, other (specify): ☐
- Yes, vegan: ☐

[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:

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

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.

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] 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.

none ................................................................. 1
1 to 2 days ........................................................... 2
3 to 5 days ........................................................... 3
6 to 8 days ........................................................... 4
9 or more days ....................................................... 5

D12. How far away is the school from the <Study Child’s twin>’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’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>[ ]</td>
</tr>
<tr>
<td>2. By public transport ....................................</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. School bus/coach ........................................</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. By car .....................................................</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. Rides a bicycle ..........................................</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. Other (please describe) ..................................</td>
<td>[ ]</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>[ ]</td>
</tr>
<tr>
<td>5-less 10 mins .............................................</td>
<td>[ ]</td>
</tr>
<tr>
<td>10-less 20 mins ............................................</td>
<td>[ ]</td>
</tr>
<tr>
<td>20-less 30 mins ..........................................</td>
<td>[ ]</td>
</tr>
<tr>
<td>30 mins or more .........................................</td>
<td>[ ]</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?

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] 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.

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] 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.

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] 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.

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’s twin> have the following in his/her bedroom?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video/DVD player</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer or laptop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games console (playstation etc)</td>
<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>
</tr>
<tr>
<td>B. Restless, overactive, cannot stay still for long</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C. Often complains of headaches, stomach aches or sickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Shares readily with other children (treats, toys, pencils etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Often has temper tantrums or hot tempers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Rather solitary, tends to play alone</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>J. Constantly fidgeting or squirming</td>
<td></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>
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</tr>
<tr>
<td>N. Generally liked by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. Easily distracted, concentration wanders</td>
<td></td>
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<tr>
<td>P. Nervous or clinging in new situations, easily loses confidence</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>S. Picked on or bullied by other children</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>V. Steals from home, school or elsewhere</td>
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<td></td>
<td></td>
</tr>
<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>
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<tr>
<td>Y. Sees tasks through to the end, good attention span</td>
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</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>
<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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<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>
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<tr>
<td>G. When child moves about, he usually moves slowly</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>
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<tr>
<td>J. Child finds people more stimulating than anything else</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>K. Child often fusses and cries</td>
<td></td>
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<td></td>
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<tr>
<td>L. Child is very sociable</td>
<td></td>
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<td></td>
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<tr>
<td>M. Child is very energetic</td>
<td></td>
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<tr>
<td>N. Child takes a long time to warm up to strangers</td>
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<td></td>
</tr>
<tr>
<td>O. Child gets upset easily</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>P. Child is something of a loner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. Child prefers quiet, inactive games to more active ones</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. When alone, child feels isolated</td>
<td></td>
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<td></td>
<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>
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, Maionra etc?

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

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>Child minded at home by me or resident partner</th>
<th>Paid childminder in his/her own home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking after him/herself or cared for by a sibling</td>
<td>Au Pair / Nanny</td>
</tr>
<tr>
<td>Child minded by non-resident partner</td>
<td>Paid after-school care in group setting</td>
</tr>
<tr>
<td>Unpaid relative (or family friend) in your home</td>
<td>Homework club</td>
</tr>
<tr>
<td>Unpaid relative (or family friend) in his/her own home</td>
<td>After-school activity-based facility</td>
</tr>
<tr>
<td>Paid relative (or family friend) in your home</td>
<td>Special needs facility</td>
</tr>
<tr>
<td>Paid relative (or family friend) in his/her own home</td>
<td>Activity Camps (sport recreation arts/crafts etc)</td>
</tr>
<tr>
<td>Paid childminder in your own home</td>
<td>Other</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>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cultural activities (dance, ballet, music, arts, drama etc.)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Youth club</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Scouts/ Guides/ Boy’s Brigade / Girl’s Brigade</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Homework club</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>Yes</td>
<td>No</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?

<table>
<thead>
<tr>
<th>Days</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1 - 3 days</td>
<td>2</td>
</tr>
<tr>
<td>4 to 6 days</td>
<td>3</td>
</tr>
<tr>
<td>7 to 10 days</td>
<td>4</td>
</tr>
<tr>
<td>11 to 20 days</td>
<td>5</td>
</tr>
<tr>
<td>More than 20 days</td>
<td>6</td>
</tr>
<tr>
<td>Not in school last year</td>
<td>7</td>
</tr>
</tbody>
</table>

J9. [Show Card J9] What was the main reason for <Study Child’s twin> being absent from school?

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health reasons (illness or injuries)</td>
<td>1</td>
</tr>
<tr>
<td>Problems with transportation</td>
<td>2</td>
</tr>
<tr>
<td>Problems with the weather</td>
<td>3</td>
</tr>
<tr>
<td>A family vacation</td>
<td>4</td>
</tr>
<tr>
<td>A fear of school (school phobia)</td>
<td>5</td>
</tr>
<tr>
<td>A problem with the teacher</td>
<td>6</td>
</tr>
<tr>
<td>A problem with children at school</td>
<td>7</td>
</tr>
<tr>
<td>Difficulties with childcare arrangements</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>
J10. How often is the <Study Child’s twin> given homework? [Card J10]

Never ........................................................................ 1
Less than once a month .............................................. 2
Once a month ............................................................. 3
A few times a month .................................................... 4
Don’t Know .................................................................... 5

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 ................................................................ 1
16 to 30 minutes ......................................................... 2
31 minutes to less than one hour ................................. 3
1 to less than 1.5 hours ............................................... 4
1.5 to less than 2 hours ............................................... 5
2 to less than 3 hours .................................................. 6
3 to less than 4 hours .................................................. 7
4 hours or more .......................................................... 8

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

Always/ Nearly Always ................................................ 1
Regularly ....................................................................... 2
Now and Again ............................................................ 3
Rarely ............................................................................ 4
Never ............................................................................ 5
Child rarely gets homework ........................................... 6

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 ........................................................................ 1
Below average ............................................................. 2
Average ......................................................................... 3
Excellent ....................................................................... 4
Above average............................................................. 5

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 ........................................................................ 1
Below average ............................................................. 2
Average ......................................................................... 3
Excellent ....................................................................... 4
Above average............................................................. 5

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

Never .......................................................................... 1
1 day a week .... ......................................................... 2
2-3 days a week .......................................................... 3
4-5 days a week .......................................................... 4
6-7 days a week .......................................................... 5

J16. About how many close friends does the <Study Child’s twin> have?

None ........................................................................ 1
1 ................................................................................. 2
2 or 3 ........................................................................... 3
4 or 5 ........................................................................... 4
6 or more ...................................................................... 5

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 .................................................................... 7

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
Verbal bullying ............................................................. 2
Electronic bullying [phone messaging, emails, Bebo etc.] 3
Written messages/notes etc........................................ 4
Exclusion ....................................................................... 5
Other (specify) ............................................................ 6

J20. [Show Card J20] What was the reason for the bullying?

Ethnicity ...................................................................... 1
Physical/Learning disability ........................................ 2
Religion ......................................................................... 3
Class performance ...................................................... 4
Physical appearance (clothes, glasses, weight etc.) ...... 5
Gender role .................................................................... 6
Teacher’s pet .................................................................. 7
Family background .................................................... 8
Other (specify) ............................................................ 9
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 ..........□2
ADHD ...........................................□3 Dyspraxia ...........................................□4
Autism .............................................□5 Slow progress (reasons unclear) ..............□7
Aspergers Syndrome ...................................□8

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 .........................................□2
6-12 months .........................................□3 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 ........................................□2
Less than 10 ...............................................□3 More than 30 ....................................□4
10 to 20 ...................................................□5

J26. Do you use the Public Library for the <Study Child’s twin>? ....... Yes ..........□1 No ..........□2

K: FAMILY CONTEXT

K1. Do you feel you have fun with the <Study Child’s twin> every day? ....... Yes ..........□1 No ..........□2

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.

A. I share an affectionate, warm relationship with my child. □1 □2 □3 □4 □5
B. My child and I always seem to be struggling with each other. □1 □2 □3 □4 □5
C. If upset, my child will seek comfort from me. □1 □2 □3 □4 □5
D. My child is uncomfortable with physical affection or touch from me. □1 □2 □3 □4 □5
E. My child values his/her relationship with me. □1 □2 □3 □4 □5
F. My child appears hurt or embarrassed when I correct him/her. □1 □2 □3 □4 □5
G. My child does not want to accept help when he/she needs it. □1 □2 □3 □4 □5
H. When I praise my child, he/she beams with pride. □1 □2 □3 □4 □5
I. My child reacts strongly to separation from me. □1 □2 □3 □4 □5
J. My child spontaneously shares information about himself/herself. □1 □2 □3 □4 □5
K. My child is overly dependent on me. □1 □2 □3 □4 □5
L. My child easily becomes angry at me. □1 □2 □3 □4 □5
M. My child tries to please me. □1 □2 □3 □4 □5
N. My child feels that I treat him/her unfairly. □1 □2 □3 □4 □5
O. My child asks for my help when he/she really does not need help. □1 □2 □3 □4 □5
P. It is easy to be in tune with what my child is feeling. □1 □2 □3 □4 □5
Q. My child sees me as a source of punishment and criticism. □1 □2 □3 □4 □5

12
K8. Does the <Study Child’s twin> belong to any religious denomination
   Yes ...... 1  No ...... 2

K9. [Show Card K9] 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
   Refuse/no answer ........................................................... 9

K10. How regularly does the <Study Child’s twin> attend religious service?
   Daily ................................................................. 1
   Weekly .................................................................. 2
   Monthly ............................................................... 3
   Less Often ......................................................... 4
   Special Occasions .................................................. 5
   Never .................................................................. 6
   Refused ............................................................. 7
   N/a to their religion ................................................. 8

K11. How fair or unfair 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

L1. Does the <Study Child’s twin> have his/her own bedroom?  Yes ...... 1  No ...... 2

L2. How many others does the Study Child share a bedroom with?  

L3. And is <Study Child’s twin> a citizen of Ireland?  Yes .. 1  No ........ 2  DK ....... 3

L4. What citizenshiphip does he / she hold?  

L5. Was the <Study Child’s twin> born in Ireland?  Yes........ 1  No ........ 2

L6. In which country was he/she born?  

L7. How long ago did he/she first come to live in Ireland?
   Within the last year ....................................................... 1
   1-5 years ago ................................................................ 2
   6-10 years ago ............................................................ 3
   Don’t know ...... ......................................................... 8

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.  Int Refer back to question J2 page 12 of the questionnaire
   Yes, regular care 8 hrs per week or more ......... 1
   No regular care 8 hrs per wk or more......... 2  Go to L61

L9. 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

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 .... 2
    No, does not have contact details for regular carer .... 3

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

Time Interview Ended .............................. (24 hour clock)
F21. Father / Partner questionnaire – Twin Module (yellow)
GROWING UP IN IRELAND – the national longitudinal study of children

STRictedly Confidential

Father Questionnaire – Twin Module

Area

Household

Respondent

Interviewer Name

Interviewer Number

Time Section Started

(24 hour clock)

Date

day

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.

I share an affectionate, warm relationship with my child... Definitely applies

My child and I always seem to be struggling with each other. Not really

If upset, my child will seek comfort from me... Neutral, not sure

My child is uncomfortable with physical affection or touch from me... Applies somewhat

My child values his/her relationship with me... Definitely applies

My child appears hurt or embarrassed when I correct him/her... Definitely applies

My child does not want to accept help when he/she needs it... Definitely applies

When I praise my child, he/she beams with pride... Definitely applies

My child reacts strongly to separation from me... Definitely applies

My child spontaneously shares information about himself/herself... Definitely applies

My child is overly dependent on me... Definitely applies

My child easily becomes angry at me... Definitely applies

My child tries to please me... Definitely applies

My child feels that I treat him/her unfairly... Definitely applies

1
My child asks for my help when he/she really does not need help. ......................................................... 1 2 3 4 5 6
It is easy to be in tune with what my child is feeling.......................... 1 2 3 4 5
My child sees me as a source of punishment and criticism. .................. 1 2 3 4 5
My child expresses hurt or jealousy when I spend time with other children........................................ 1 2 3 4 5
My child remains angry or is resistant after being disciplined. ................ 1 2 3 4 5
When my child is misbehaving, he/she responds to my look or tone of voice. ........................................ 1 2 3 4 5
Dealing with my child drains my energy. .................................................. 1 2 3 4 5
I’ve noticed my child copying my behaviour or ways of doing things. .............................................. 1 2 3 4 5
When my child is in a bad mood, I know we’re in for a long and difficult day. ........................................ 1 2 3 4 5
My child’s feelings toward me can be unpredictable or can change suddenly.................................................. 1 2 3 4 5
Despite my best efforts, I’m uncomfortable with how my child and I get along........................................ 1 2 3 4 5
I often think about my child when at work.................................................. 1 2 3 4 5
My child whines or cries when he/she wants something from me.................................................. 1 2 3 4 5
My child is sneaky or manipulative with me.................................................. 1 2 3 4 5
My child openly shares his/her feelings and experiences with me.................................................. 1 2 3 4 5
My interactions with my child make me feel effective and confident as a parent........................................ 1 2 3 4 5

Time Section Ended ........................................ (24 hour clock)