

Appendices to the Report on Pre-Pilot, Pilot and Dress Rehearsal Exercises for Wave 2 of the Infant Cohort (at 3 Years)

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A13: Ages and Stages Questionnaire

A14: Other related contact information

- Letter to Non-resident Parent
- Letter to Home-based Carer
- Letter to Centre-based Carer
- ASQ reminder letter

Appendix A1: Initial Contact Documents

- Initial Contact Letter to Respondents
- Initial Information Sheet
- Consent Form
- Combined Consent Form

Date:
Our ref :

Dear,

We are writing to you about the second round of interviews for the *Growing Up in Ireland* study. As you may remember, *Growing Up in Ireland* is the first and most important study of children ever to take place in this country.

Almost two years have now passed since you and your family were interviewed as part of the pilot phase of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

As you may remember *Growing Up in Ireland* is the first and most important of its kind ever to take place in this country. As well as improving our understanding of children and their development it will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social & Family Affairs and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

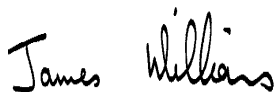
As with your first interview taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,



James Williams
(Research Professor, ESRI and
Principal Investigator, *Growing Up in Ireland* study).



Sheila Greene
(Director, Children's Research Centre, TCD
Co-director, *Growing Up in Ireland* study)

INFORMATION FOR PARENTS / GUARDIANS

Almost two years have now passed since you and your family kindly agreed to be part of the *Growing Up in Ireland* Pilot Study. As you know, *Growing Up in Ireland* is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

Your child was one of 200 children and their families who took part in the Pilot phase of the study. We would like to re-interview you to find out how your child has grown and changed since our last visit.

A reminder about what *Growing Up in Ireland* is all about...

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

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

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

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

What has been happening since our last visit?

When we last visited your home we were preparing to carry out the main study. A total of 11,000 families of 9-month-old infants were invited to take part in this and have now been interviewed. A further 8,500 9-year-old children and their parents have also been interviewed for another part of the study.

We are now working on analysing all the information we collected from those families and the first report from the study on the 9-year-old children was published in December 2009. The first report on the 9-month-old children will follow next year.

Why should my family take part in the follow-up interview?

Your participation in the Pilot Study is crucial in helping us to prepare for the main study; we could not do this work without your help.

GROWING UP IN IRELAND

The information collected during the first round of interviews in the main study is now being analysed and will be used in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.

The real value of this study will come in having more information on the same children as it will help us better understand the changes which happen in children's lives as they grow and, very importantly, why children grow and develop at different rates.

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 and Youth Affairs in association with the Department of Social & Family Affairs and the Central Statistics Office.

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

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview.

Step One: An interviewer will contact you to make arrangements to come back and interview you and your spouse/partner (where relevant).

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

Step Three: Now that your child is a little older we would like to get him/her involved in the study. With your consent we would like to administer two short assessment tests to your child. This is a short task which involves showing your child some pictures and asking him/her to name the items in those pictures. The second involves the child matching shapes. Both of these tests are used very widely in research with children. Most children like doing them but there is no problem in stopping them at any point if your child doesn't like them. They will take about 20 minutes. Your child will need to be awake and alert for this part of the visit. The results of these tests will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or your family or anyone outside the Study Team.

Step Four: If there is another parent living outside the home or someone else, such as a childminder, who looks after the child on a regular basis, we would, with your permission, like to send them a questionnaire in the post.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

Confidentiality

As with the previous interview, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your partner, childminder, and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

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

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:

- your child's health and temperament
- his/her daily routines
- your own health
- your family life and experiences as a parent

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family's income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is five-years-old.

In the meantime we will keep you up to date on the progress of the study results and the possibility of a further interview through our newsletter *GUI News*.

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). They are Officers of Statistics appointed by the Central Statistics Office and are similar to those who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

GROWING UP IN IRELAND

Each interviewer has been specially trained for the study and has vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 8632000.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

An interviewer will call to your home to discuss the study with you, and you can tell him or her whether or not you would like to take part.

Your participation counts.

Just as before, taking part in *Growing Up in Ireland* is voluntary. Your participation will play a major role in the success of the study.

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

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

Where can I find out more information?

Phone: Freephone 1800 200 434

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

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

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



PARENT'S /GUARDIAN'S CONSENT FORM

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

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the *Growing Up in Ireland* study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child's other parent and my spouse or partner (where different), and his or her childminder (if relevant).
- I understand that the information provided by me and my family will have our names, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child's other parent (where different) or childminder (if relevant).
- I understand that the results of the child's short assessment test are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the Study.
- I understand that, because this study looks at children's development over time, I may be asked to participate in a follow-up study when my child is 5 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____ Contact telephone: _____

GROUP: **HHOLD:**



FOLLOW UP / TRACING INFORMATION

R1 Thank you very much for your participation in the *Growing Up in Ireland* survey.

We will be sending you updates on our progress from time to time. Could you give me the name and address (or 'phone number) of two relatives, friends, neighbours or any other persons or organisations who may be able to help us in contacting you, should you move over the next few years.

[Int: Record details on two contacts below].

Contact 1

Name: _____

Address : _____

Phone: (_____) _____

Relationship to respondent: _____

Contact 2

Name: _____

Address : _____

Phone: (_____) _____

Relationship to respondent: _____

Qualitative Study

R2 As part of the *Growing Up in Ireland* study we will be randomly selecting a small sample of households for inclusion in what we describe as a qualitative study. This involves a further interview of your family, though in a slightly less structured way to the one which we have just completed. We will be selecting the households for this qualitative sample in about 2-3 months time. Would it be OK if we were to include your family among those to be considered for inclusion in that qualitative study? Please note that there is no guarantee that your family would be selected for the qualitative study.

OK to include family in qualitative study.....₁

Do not include family in qualitative study₂

Nested Study

R3 Finally, as part of the *Growing up in Ireland* project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called 'nested studies' arose we would write to relevant households and ask whether or not we could approach them for interview. Would it be OK if we were to include your family among those to be considered for inclusion in one of these nested studies, should they arise?

OK to include family in nested study₁

Do not include family in nested study₂

Signature of Parent / Guardian: _____

GROUP: **HHOLD:**

Appendix A2: Primary Caregiver Main Questionnaire



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



University of Dublin
Trinity College
College Green
Dublin 2



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at wave 1> still resident in the household?

Yes ₁ No..... ₂ →

A1b. Do you have a spouse/partner who lives here with you in the household?

Yes ₁ No..... ₂

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

A2. *The name, sex, date of birth, and relationship of each person to the <primary respondent at wave 1> and <child> will be checked and edited where necessary and their residency in the household at wave 2 confirmed.*****

No.	First name	Sex		Date of Birth	If DOB not available	Still resident?		Relationship of each member to mother and child.		(E) Show Card A2F											
						Y	N			Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other					
						R'SHIP TO:															
		M	F																		

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. Father / Partner on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

A3. Has anyone else joined the household since we last spoke and is currently living with you?

Yes 1 No..... 2 Go to A5

No	First Name	Sex		Date of Birth	If DOB not available	Relationship of each member to mother and child		Since when have they been living with you		Resident	Show Card A2F											
						Mother (Card A2E1)	Child (Card A2E2)	Month	Year		Y/N	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other				
21																						
22																						
23																						
24																						
25																						

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 1 - ADD THEM TO THE NEW GRID BELOW]

A4. So that's a total of _____ people who live here in the household at present. Is that correct?

Yes _1

No..... _2 → [INT: Check Household Grid]

Go to A5

[ASK ONLY IF <WAVE 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.

A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes _1 Go to A9a

No..... _2

A6a. Why is that? -----

IF PRIMARY CAREGIVER FROM TIME 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:
A6b. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes _1

No..... _2 [[BLAISE INSTRUCTION - END OF THE INTERVIEW]]

[INT: ARRANGE TO INTERVIEW RESIDENT SPOUSE/PARTNER AS THE PCG]

A6c. We would also like to interview you as the secondary caregiver of child on this occasion. Is that ok?

Yes _1 Go to A9a

No..... _2 [BLAISE INSTRUCTION - NO SECONDARY CARER QUESTIONNAIRE]

IF NEW HOUSEHOLD ENTRANT AT TIME 2 IDENTIFIES HIM/HERSELF AS THE PCG OF CHILD THEN ASK A6d

A6d. [Card A6d] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

- | | | | |
|--|-----------------------------|------------------------------|-----------------------------|
| Biological mother/ father | <input type="checkbox"/> _1 | Grand parent | <input type="checkbox"/> _5 |
| Adoptive mother/ father | <input type="checkbox"/> _2 | Aunt/uncle | <input type="checkbox"/> _6 |
| Step-mother / Step-father / Partner of child's parent | <input type="checkbox"/> _3 | Other relative/ in law | <input type="checkbox"/> _7 |
| Foster mother / father | <input type="checkbox"/> _4 | Unrelated guardian..... | <input type="checkbox"/> _8 |

Go to A9a

IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK A7a – A9.

A7a. Are you the legal parent / guardian of <baby> who usually provides the most care to him/her?

Yes _1

No _2 → [INT: Ask to speak to PCG]

A7b. Can you please tell me which of the following best describes your relationship to <child>?

[Interviewer use codes only]

- | | | | |
|--|-----------------------------|------------------------------|-----------------------------|
| Biological mother/ father | <input type="checkbox"/> _1 | Grand parent | <input type="checkbox"/> _5 |
| Adoptive mother/ father | <input type="checkbox"/> _2 | Aunt/uncle | <input type="checkbox"/> _6 |
| Step-mother / Step-father / Partner of child's parent | <input type="checkbox"/> _3 | Other relative/ in law | <input type="checkbox"/> _7 |
| Foster mother / father | <input type="checkbox"/> _4 | Unrelated guardian..... | <input type="checkbox"/> _8 |

A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex M F	Date of Birth	If DOB not availa ble	Was this Person Resident at Wave 1?		Relationship of each member to mother and child.		(E) Show Card A2F							
					Y	N	<u>R'SHIP TO:</u> CARD A2E1 Mother	<u>R'SHIP TO:</u> CARD A2E2 Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
51		<input type="checkbox"/> <input type="checkbox"/>	____	<input type="checkbox"/>	<input type="checkbox"/>		///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52		<input type="checkbox"/> <input type="checkbox"/>	____	<input type="checkbox"/>	<input type="checkbox"/>		///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53		<input type="checkbox"/> <input type="checkbox"/>	____	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54		<input type="checkbox"/> <input type="checkbox"/>	____	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55		<input type="checkbox"/> <input type="checkbox"/>	____	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A8b. Was that person born into the household or did they join for another reason?

Born into the household ₁

Joined for another reason (specify) _____ ₂

A8c. Since when has this person being living here in the household? ____ month ____ year

Go to A9a

A9a. Does the study child have any brother(s) or sister(s) who live outside the household? Please include full, half or step brothers or sisters?

Yes ₁ No ₂

A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? ____ n

A9c. For each full/half/step brother/sister who lives outside the household, can you tell me:

1) their gender

2) their Date of Birth (DOB)

3) their relationship to <child>

Male Female Date of Birth Relationship to <child>
1. ₁ ₂ ____ / ____ / ____ SHOW CARD A5D2

Male Female Date of Birth Relationship to <child>
2. ₁ ₂ ____ / ____ / ____ SHOW CARD A5D2

3. Male 1 Female 2 Date of Birth ___/___/___ Relationship to <child> SHOW CARD A5D2

Section B - Child's Habits and Routines

I'd like to begin by asking you a few things about <child>'s development

NEW QUESTION

B1. How old was <child> [in months] when he/she took his/her first steps unsupported?

Interviewer: By unsupported I mean that the baby walked on his/her own without holding onto someone else or something else for support.

_____ months 99 child cannot walk

I'd now like to ask you a few questions about <child's> habits and routines.

(GUIA – Wave 2)

B2. Does <child> go to bed at a regular time?

Always 1 Usually 2 Sometimes 3 Rarely 4 Never 5

B3a. In general, what time in the evening does <child> usually go to sleep? _____ (24 hour clock)

B3b. On a normal day, what time does <child> get up at in the morning? _____ (24 hour clock)

B4. On an average day how many hours would the child <sleep> during the day _____ hours

(GUIA – Wave 1+2)

B5. How much is <child's> sleeping pattern or habits a problem for you?

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

(GUIA – Wave 2)

B6. Does <child> have any of these problems on 4 or more nights a week, that is, more than half of the time?

[TICK ALL THAT APPLY]

- (a) Difficulty getting off to sleep..... 1
- (b) Not happy to sleep alone..... 2
- (c) Waking during the night/restless sleep..... 3
- (d) Nightmares/night terrors..... 4
- (e) Sleepwalking..... 5
- (f) Crying at night..... 6
- (g) Won't stay in bed..... 7
- (h) Other problems (please specify)..... 8

(GUII 9 month Wave 1)

B7a. Does <child> usually sleep:

- In a room on his/her own..... 1
- In a room with other children..... 2
- In your bedroom..... 3
- Elsewhere..... 4

(GUIA 9 month – Wave 1)

B7b. Approximately how many nights per week would <child> spend at least some part of the night in your bed or you spend some part of the night in their bed? ____ (Range 0 – 7)

B8. Does <child> wear nappies

	Always	Sometimes	Never
(a) during the day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) at night	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

(ALSPAC C4 – Child Questionnaire 38 months)

B9. I just wanted to ask you a few questions about where <child> is with his/her potty/toilet training. Is <child>:

INT - READ OUT: 'Dry' means peeing on potty or toilet only.
INT – READ OUT: 'Clean' means pooing on potty or toilet only.

INT: IF CHILD WEARS NAPPIES/TRAINING PANTS AT NIGHT – MARK 'SOMETIMES FOR THIS ITEM'

	Always	Sometimes	Never
(a) dry during the day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) dry during the night	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(c) clean during the day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(d) clean during the night	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

(ALSPAC E28 (a) (b) – Child Questionnaire 38 months)

B10. How often does he/she suck a soother or his/her thumb or finger(s)?

	Most of the time	Sometimes	Never
(a) Soother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) Thumb/finger(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

(ALSPAC E28(c) – Child Questionnaire 38 months)

c) Apart from his/her finger, thumb or a soother does he/she have a special object that he/she uses for comfort such as a blanket or cuddly toy?

Yes ₁ No ₂

B11. What does <child> usually drink from during the daytime...READ OUT

A bottle ₁
A beaker [lid and spout] ₂
A cup ₃

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

(GUII 9 month – Wave 1)

C1. In general, how would you describe <child's> current health?

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

MbHisi01 (GUS – Wave 2)

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes ₁ No ₂ → **Go to C7**

C3. [Card C3] What is this?

[INT – code for up to 3 illnesses]

- a. Asthma 1
- b. Bronchitis/Wheezy breathlessness 2
- c. Cystic Fibrosis 3
- d. Heart abnormalities 4
- e. Eczema or any kind of skin allergy 5
- f. Any kind of respiratory allergy (including hayfever) 6
- g. Any kind of food or digestive allergy 7
- h. Problem with non-food allergies, such as to dust, animals or medicine 8
- i. Bone, joint or muscle problems 9
- j. A problem using his/her arms or legs 10
- k. A problem using his/her hands or fingers 11
- l. Hyperactivity/Problems with attention 12
- m. Severe behavioural problems 13
- n. Diabetes 14
- o. Kidney disease 15
- p. Migrainous headaches 16
- q. Epilepsy or seizures 17
- r. Down syndrome 18
- s. Spina bifida/hydrocephalis 19
- t. Cerebral palsy 20
- u. Autism Spectrum Disorder 21
- v. Other (please specify) 22

[INT – CODE FOR UP TO 3 ILLNESSES]

C4. Has this illness, condition or disability been diagnosed by a medical professional?

Yes 1 No 2

C5. Since when has <child> had this illness, condition or disability? ___ month ___ year

C6. Do any of these illnesses hamper <child> in his/her daily activities?

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

ASK ONLY OF THOSE WHO INDICATED THEIR CHILD SUFFERS FROM ASTHMA OR BRONCHITIS AT C3 ABOVE.

Questions C3z1 to C3z_3 - ALSPAC – 81 month parent questionnaire

C3z_1. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes 1 No 2

C3z_2. How many separate times has this happened in the past 12 months?

- Once 1
- Twice 2
- Three to four times 3
- Five or more times 4

C3z_3. Has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths in the past 12 months?

Yes 1 No 2

(New Question)

C7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?

Yes ₁

No ₂

C8. In the past 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical health?

IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK

- A general practitioner (GP) _____ N
- A paediatrician _____ N
- A public health nurse _____ N
- A practice nurse (i.e. a nurse in a G.P's surgery/clinic).... _____ N
- A psychiatrist/psychologist..... _____ N
- Accident and Emergency _____ N
- Outpatient clinic _____ N
- Another consultant/hospital doctor _____ N
- A social worker..... _____ N
- Another healthcare professional _____ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes ₁

No ₂

C9b. In total how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. Since the time of the last interview, approximately how many nights has <child> spent in hospital? _____ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

(GUII 9 year – Wave 1)

C11. Most children have accidents at some time. Has <child> ever had an accident or injury that required hospital treatment or admission?

Yes

No ₂

**C12. How many separate accidents has <child> ever had that required hospital treatment or admission?
_____ accidents**

C13. How many of these accidents involved bone fractures or breaks? _____

(GUII 9 year – Wave 1)

C14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently..... ₁

Yes, in the past ₂

No ₃

(GUII 9 year – Wave 1)

C15. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently..... ₁

Yes, in the past..... ₂

No ₃

(GUII 9 year – Wave 1)

C16. Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it?

Yes ₁

No ₂

C17. Why did <CHILD> not get the medical care or treatment? Was this because

[INT: Yes or No to each]:

- (a) You couldn't afford to pay..... 1 2
- (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 with <child> 1 2
- (d) You wanted to wait and see if the problem got better 1 2
- (e) Child refused/fear of doctor 1 2
- (f) Child is still on the waiting list..... 1 2
- (g) Other reason (please specify) 1 2

(GUII 9 year – adapted from LSAC)

C18. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

- No..... 1 Yes, a little..... 2 Yes, a lot 3 Don't know 4

C19. In which areas does child have difficulties? What speech problems does the Study Child have? [TICK ALL THAT APPLY]

- | | |
|--|---|
| A. Reluctant to speak <input type="checkbox"/> 1 | G. Voice sounds unusual..... <input type="checkbox"/> 7 |
| B. Speech not clear to the family <input type="checkbox"/> 2 | H. Stutters, stammers..... <input type="checkbox"/> 8 |
| C. Speech not clear to others <input type="checkbox"/> 3 | I. Lisp or difficulty pronouncing certain letter combination ... <input type="checkbox"/> 9 |
| D. Speech is developing slowly <input type="checkbox"/> 4 | J. Other (please specify) <input type="checkbox"/> 10 |
| E. Difficulty finding words <input type="checkbox"/> 5 | K. Don't know <input type="checkbox"/> 99 |
| F. Difficulty putting words together..... <input type="checkbox"/> 6 | |

(New Question)

C20. Has <child> received any treatment for his/her speech or language problem?

- Yes 1 No..... 2

(New Question)

C21. Why has <child> not received any treatment for his/her speech or language problem?

[INT: Yes or No to each]

- | | Yes | No |
|---|----------------------------|----------------------------|
| (a) You couldn't afford to pay..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (b) Speech and language services are not available or accessible to you..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (c) You could not take time off work to visit the speech therapist with <child> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (d) You wanted to wait and see if his/her speech improved | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (e) Child refused to attend | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (f) Child is still on the waiting list..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (g) Other reason (please specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

C22. Do you have any concerns about any aspects of <child's> behaviour or development?

- Yes 1 No..... 2

C23. What concerns do you have?

(National Health and Nutrition Examination Survey)

C24. How would you describe the condition of <child's> teeth? Would you say ...

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

C25. Getting children to brush their teeth is a challenge faced by many parents. I'd like to ask you a few questions about <child's> teeth. How often is a toothbrush used to clean < child's > teeth?

- More than twice a day..... 1
- Twice a day..... 2
- Once a day..... 3
- Less often than once a day..... 4
- Rarely 5
- Not at all..... 6 → Go to C27

MbHtee04 adapted (GUS – Wave 2)

C26. Which of these statements best describes how you organise cleaning <child's> teeth?

- You clean his/her teeth yourself..... 1
- You supervise him/her in cleaning his/her teeth..... 2
- <Child> does it his/herself without supervision..... 3
- Shared by adult and child 4

C27. Has <child> been to visit the dentist because of a problem with his/her teeth?

- Yes 1
- No..... 2

C28. Is the household on:

- Mains water supply 1
- Group scheme 2
- Private well 3
- Don't know how my water is supplied..... 4

[BLAISE CONDITION: ASK ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

C29. When we last interviewed you in _____, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]

- Yes 1
- No..... 2

C30. How old was <child> [in months] when he/she completely stopped being breastfed? _____Months

[Int: Only Accept answer in Months]

[BLAISE CONDITION: ASK ONLY OF THOSE WHO HAD NOT RECEIVED SOLID FOODS AT 9 MONTHS OF AGE].

C31. I'm now going to ask when <child> first had (other) different types of milk. Please include any eaten with cereal. How old was <child> when he/she first had:

- Formula milk, such as Cow & Gate or SMA? _____MonthsNever had 1
- Cow's milk? _____MonthsNever had 1
- Any other type of milk, such as soya milk? _____MonthsNever had 1

C32. How old was <child> [in months] when he/she first had solid food regularly? _____Months

REGULARLY = MORE THAN TWICE A DAY FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

(LSAC Sallis-Amherst Diet Inventory adapted)

C33. [Card C33] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

- | | Once | More than
Once | Not
At All |
|--|----------------------------|----------------------------|----------------------------|
| A. Fresh fruit..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. Cooked vegetables..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. Raw vegetables or salad..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. Hamburger, hot dog, sausage or sausage roll, meat pie,..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| E. Hot chips or French fries..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| F. Crisps or savoury snacks..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| G. Biscuits, doughnuts, cake, pie or chocolate..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

- H. Sweets..... 1 2 3
- I. Cheese/yoghurt/ fromage frais 1 2 3
- J. Low fat Cheese/ low fat yoghurt..... 1 2 3
- K. Water (tap water / still water/ sparkling water) 1 2 3
- L. Soft drinks / minerals / cordial / squash (not diet)..... 1 2 3
- M. Soft drinks / minerals / cordial / squash (diet)..... 1 2 3
- N. Full cream milk or full cream milk products 1 2 3
- O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products..... 1 2 3

MbFsnk01 (GUS – Wave 2)

C34. Some children just have snacks all day while others wait for meals. How would you describe <child>? Would you say he/she...READ OUT...

- Snacks all day and has no real meals 1
- Snacks during the day but also has meals 2
- Doesn't snack much, just has meals 3
- Something else (please describe) 4

(New Question)

C35a. Is <child> on any type of special diet?

- No..... 1
- Yes, vegetarian (no meat, fish or fowl) 2
- Yes, vegan (no meat, fish, fowl, or dairy products)..... 3
- Yes, pescetarian (no meat or fowl, but eats fish)..... 4
- Yes, coeliac (gluten free) 5
- Yes, dairy-free..... 6
- Yes, lactose intolerant..... 7
- Yes, other (please specify) 8

C35b. Why is <child> on this special diet?

- Parent / guardian preference 1
- Allergy 2
- Medical condition / GP advice..... 3
- Religion 4
- Other (specify) 5

(Items adapted from the Parental Feeding Questionnaire – Wardle et al,)

C36. [Card C36] Please read the following statements and indicate the answer which best describes how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.

- | | Never | Rarely | Sometimes | Often | Always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. How often are you firm about what your child should eat?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. How often do you treat your child with food for good behaviour? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. How often are you firm about <i>when</i> your child should eat? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. If your child is unhappy how often do you use food to cheer them up? ... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. How often do you allow your child to eat between meals? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. Is a snack between meals considered a treat for good behaviour? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g. How often do you allow your child a free choice of what to eat?..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| h. Do you use food as a way of distracting your child (e.g. if they are preventing you from doing chores | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

(Items adapted from the Food Choice Questionnaire – Steptoe and Pollard 1995)

C37. [Card C37] Look at the following statements and tell how important you think these things are in relation to the food you choose for <child>. It is important to me that the food I give my child to eat on a typical day:

- | | Not important at all | A little important | Moderately important | Very important |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Can be bought in shops close to where I work or live ... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Has a texture they like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Contains lots of vitamins and minerals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Looks nice | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- e. Is what they usually eat..... 1..... 2..... 3..... 4
- f. Is not expensive 1..... 2..... 3..... 4
- g. Tastes good 1..... 2..... 3..... 4
- h. Is familiar to my child 1..... 2..... 3..... 4
- i. Is easy to prepare 1..... 2..... 3..... 4
- j. Is low in fat 1..... 2..... 3..... 4
- k. Is good value for money..... 1..... 2..... 3..... 4
- l. Is high in fibre and roughage..... 1..... 2..... 3..... 4

(LSAC – Wave 2)

C38. Which of these best describes <child's> weight?

- Underweight..... 1
- Normal weight 2
- Somewhat overweight..... 3
- Very Overweight 4

C39. Where do you tend to do most of your shopping?

- Local convenience store/shop 1
- Local supermarket 2
- Other (please specify)..... 3

C40. Do you buy fruit and vegetables when you shop?

- Yes 1
- No..... 2

C41. Thinking of the place where you buy fruit and vegetables, would you say that they stock READ OUT...

- A good selection of fruit and vegetables 1
- A reasonable selection of fruit and vegetables 2
- A limited selection of fruit and vegetables 3
- Virtually no fruit or vegetables..... 4

MbFaff04 (GUS – Wave 2)

C42. How much does the cost of food affect what you give <child> to eat?

- A lot..... 1
- A fair amount... .. 2
- A little..... 3
- Not at all..... 4

C43. About how old was <child> in months when he/she

- (a) Started walking up stairs alone? _____ months
- (b) Started saying his/her first words? _____ months
- (c) Started turning pages of a picture book, one page at a time? _____ months
- (d) Started opening a door by turning the knob and pulling?..... _____ months
- (e) Started playing with other children, doing things with them (e.g. cars, dolls, building)? _____ months

Section D - Parental Health

Now I'd like to ask you a few questions about your own health.

(Questions D1 – D14 used at GUII Wave 1)

D1. In general, how would you say your current health is?

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

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

- Yes 1
- No 2

D3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

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

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

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

Yes, severely1 Yes, to some extent2 No3

D6. [Card D6] Since <baby> was born have you suffered from any chronic physical or mental health problem, illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

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

D7. Does anyone in your household CURRENTLY have any chronic physical or mental health problem, illness or disability which adversely affects <baby>?

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

D8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent.....1 Brother / Sister2 Other relative3 Non relative.....4

D9. Do you currently smoke daily, occasionally or not at all?

Daily1 Occasionally2 Not at all3

D10. Have you ever smoked? Was it:

Daily1 Occasionally ...2 Never3

D11. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

D12. Including yourself, how many members of the household smoke? ____N

D13. [Card D13] Which of the following best describes how often you usually drink alcohol?

- 1. Never.....1
- 2. Less than once a month.....2
- 3. 1-2 times a month3
- 4. 1-2 times a week4
- 5. 3-4 times a week5
- 6. 5-6 times a week6
- 7. Every day7

If currently drink alcohol between everyday and 1-2 times a month ask:

D14. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____ (c) Measures of Spirits ____ (d)Bottles of alcopops ____

D15a. Thinking about your job, in general would you say you are...

- Very physically active.....1
- Fairly physically active2
- Not very physically active.....3
- Not at all physically active.....4
- Not applicable5

D15b. Thinking about your free-time, in general would you say you are...

- Very physically active.....1

Fairly physically active ₂
 Not very physically active..... ₃
 Not at all physically active..... ₄

(Questions D16 – D18 - GUII 9 month – Wave 1)

D16. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card ₁ Yes, GP only ₂ Not covered..... ₃

D17. Does the family have private medical insurance?

Yes ₁ No ₂

D18. Does that insurance include the cost of GP visits?

Yes, in full..... ₁ Yes, partially ₂ No..... ₃

D19. What is your height without shoes? _____ feet _____ inches **OR** Metres _____

D20. What is your weight without clothes and shoes? _____ stones _____ lbs **OR** _____ Kilograms

Section E - Child's play and activities

The next section is about activities you may carry out with <child> We are interested in the various kinds of activities that children do with their families. I would like you to think about activities that <child> might do with the family or at home. Please think about the usual pattern for <child> at the moment.

(Question E1 adapted the MCS – Wave 2)

E1. Now I'd like to ask you about activities you or other members of the family might do with <child>.

a) On how many days in an average week does anyone at home read to <child>

0 days **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

b) On how many days in an average week does anyone at home ever help <child> learn the ABC or alphabet

0 days **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

c) On how many days in an average week does anyone at home try to teach <child> numbers or counting

0 days **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

d) On how many days in an average week does anyone at home try to teach <child> any songs, poems or nursery rhymes

0 days **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc. with child]

0 days **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

f) On how many days in an average week does <child> paint or draw at home

0 days **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

g) On how many days in an average week does anyone at home spend time just having a conversation with the child?

0 days _0..... 1 day _1..... 2 days _2..... 3 days _3..... 4 days _4..... 5 days _5..... 6 days _6..... 7 days _7

h) On how many days in an average week does <child> play outside?

0 days _0..... 1 day _1..... 2 days _2..... 3 days _3..... 4 days _4..... 5 days _5..... 6 days _6..... 7 days _7

(GUII 9 year cohort – Wave 1)

E2. About how many *children's books* does <child> have access to in your home now, including any library books? Would you estimate:

None..... _1 21 to 30..... _4
 Less than 10..... _2 More than 30..... _5
 10 to 20..... _3

(MCS adapted – Wave 2)

E3. Typically, how many hours a day does <child> watch television or videos/dvds?
 _____ hours _____ minutes

MbAtv.. (GUS – Wave 2)

E4. Would <child> be most likely to watch television by him/herself, with you or another adult, or with other children?

By his/her self..... _1
 With parent or other adult _2
 With other children _3

(GUIA adapted – Wave 2)

E5a. And are there rules in your family about how many hours <child> may watch television each day?

Yes _1 No..... _2

(New Question)

E5b. And are there rules in your family about what <child> may watch on television?

Yes _1 No..... _2

(GUIA adapted – Wave 2)

E6. Is there a television in the child's bedroom?

Yes _1 No..... _2

(LSAC – Wave 2) adapted

E7. What does <child> prefer to do when he/she has a choice about how to spend free time?

Usually chooses inactive pastimes like TV, drawing or playing with toys in one place..... _1
 Usually chooses active pastimes like running around, riding push-cars, kicking balls..... _2
 Just as likely to choose active as inactive _3

Section F - Child's Functioning and relationships

Now I'd like to ask you some questions about <child's> emotional health and wellbeing.

(The Strengths and Difficulties Questionnaire – Parent/Teacher version for 3-4 year olds)

F1. [CARD F1] Listed below 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.

Not Somewhat Certainly

	True	True	True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often argumentative with adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Can stop and think things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

(Items adapted from the Australian Temperament Project – used by LSAC at Wave 2)

F2. [CARD F2] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

	Almost Never	Not Often	Variable usually does not	Variable usually does	Frequently	Almost always
A. This child is pleasant (smiles, laughs) when first arriving In unfamiliar places.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. This child plays continuously for more than 10 minutes at a time with a favourite toy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. This child responds to frustration intensely (screams, yells)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. This child smiles when an unfamiliar adult plays with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. This child goes back to the same activity after a brief interruption (snack, trip to toilet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. This child has moody "off" days when he/she is irritable all day.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. This child is outgoing with adult strangers outside the home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. This child stays with a routine task (dressing, picking up toys) for 5 minutes or more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
J. This child is still wary of strangers after 15 minutes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
K. This child stops to examine objects thoroughly (5 minutes or more)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
L. This child reacts strongly (cries, screams) when unable to complete a play activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
M. This child practices a new skill (throwing, building, drawing for 10 or more minutes)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

F3. Overall, compared to other children of the same age, do you think <child> is:

- Easier than average..... ₁
 About average..... ₂
 More difficult than average..... ₃

F4. Does <child> have any brothers or sisters?

- Yes ₁ No ₂

F5. In general, how well does <child> get on with his/her siblings?

- Gets on well with his/her siblings ₁
 Mixed ₂
 Does not get on well with his/her siblings ₃

(ALSPAC)

F6. How often does (child) play with other children (other than brothers or sisters)?
 [INT: DO NOT INCLUDE TIME SPENT IN CHILDCARE]

- Every day ₁ Less than once a week ₄
 2-6 times a week ₂ Not at all ₅
 Once a week ₃

Section G – Childcare Arrangements

Now I'd like to ask you some questions about childcare arrangements.

G1. Is <child> currently being minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

- Yes ₁ No ₂

[IF RESPONDENT USED MAIN CHILDCARE PROVIDER AT TIME 1 FOR MORE THAN 8 HOURS PER WEEK – GO TO G12]
 [IF RESPONDENT DID NOT USE CHILDCARE AT T1 AND DOES NOT USE CARE CURRENTLY – GO TO G14a]

- G2. (a) Who minds <child> on a regular basis each week?**
(b) number of days per week <child> spends in each type of childcare
(c) number of hours per week <child> spends in each type of childcare
(d) how much you pay for this childcare for <child> per week
(e) whether this is your main type of childcare

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

- | | | | | |
|---|--------|--------|---------|---------------------------------------|
| a. A relative in your home..... <input type="checkbox"/> ₁ Go to G3a | _____N | _____N | € _____ | <input type="checkbox"/> ₄ |
| b. A non-relative in your home..... <input type="checkbox"/> ₂ Go to G4a | _____N | _____N | € _____ | <input type="checkbox"/> ₄ |
| c. A relative in their home..... <input type="checkbox"/> ₃ Go to G3b | _____N | _____N | € _____ | <input type="checkbox"/> ₄ |
| d. A non-relative in their home..... <input type="checkbox"/> ₄ Go to G4b | _____N | _____N | € _____ | <input type="checkbox"/> ₄ |
| e. Centre-based caregiver (e.g. Crèche / Day nursery)..... <input type="checkbox"/> ₅ Go to G5 | _____N | _____N | € _____ | <input type="checkbox"/> ₄ |
| f. Other (please specify) <input type="checkbox"/> ₄ Go to G6 | _____N | _____N | € _____ | <input type="checkbox"/> ₄ |

G3a. Please specify how this person is related to <child>

- a. Grandmother of <baby>..... ₁
 b. Grandfather of <baby> ₂
 c. Aunt /Uncle of <baby> ₃
 d. Brother / Sister of <baby> ₄
 e. Non-resident Parent ₅

G3b. Please specify how this person is related to <child>

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

- f. Cousin of <baby> 6
- g. Other relative 7

G4a. Which of the following best describes that person?

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

G4b. Which of the following best describes that person?

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

G5. What type of centre is it?

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

G6. What age was <child> when you started to use the main childcare arrangement? _____ months

[INT: IF ANSWER AT G2 IS (A) OR (B) PLEASE GO TO G9]

G7a. In total, how many children (including <child>) are looked after in the place where <child> is cared for?

_____ number of children

G7b. In total, how many adults supervise the children in the place where <child> is cared for?

_____ number of adults

G8. On average how long does it take to travel from home to where <child> is cared for? _____ minutes

[Int. if time differs between getting there and coming home record the longer of the two]

(ITEMS G9a-d taken from the Oregon Child Care Research Instrument)

G9a. [Card G9] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

	Never	Rarely	Sometimes	Often	Always
a. My child gets a lot of individual attention	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. There are plenty of toys, books, pictures and music for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. My caregiver knows a lot about children and their needs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is happy in this arrangement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child has plenty of opportunities to interact with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. The place where my child is cared for is kept clean	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G9b. How often would you or your spouse/partner discuss <child> with your carer?

- Every day 1 Now and again 4
- 1-2 times per week..... 2 Almost never 5
- 3-4 times per week..... 3

G9c. Do you consider that your carer is a good source of information on bringing up <child>?

- Yes 1 No 2

G9d. Do you consider that your carer is a good support in bringing up <child>?

- Yes 1 No 2

G10. If you had the option to change this childcare arrangement, would you change it?

- Yes 1 No 2

G11. Why is that? [Tick all that apply]

- The quality of the childcare is not good enough 1
- Child care costs are too expensive 2

- Childcare is too far from my home 3
- I'd prefer to look after him/her myself..... 4
- Childcare hours are inconvenient/inflexible 5
- <Child> is unsettled or unhappy..... 6
- Other (please specify) 7

GO TO G14

[BLAISE CONDITION: ASK IF PRIMARY CAREGIVER WAS USING A CHILDCARE ARRANGEMENT FOR 8 HOURS OR MORE PER WEEK AT TIME 1 BUT NO CHILDCARE ARRANGEMENT AT TIME 2]

G12. The last time we spoke, to you in [mm/yy] you told us that <child> was being cared for, for 8 hours or more per week. Can I ask, what was your main reason for ending that arrangement?

- a. The quality of the childcare was not good enough 1
- b. Childcare costs were too expensive 2
- c. Childcare was too far from my home 3
- d. I/My spouse/partner wanted to look after him/her ourselves 4
- e. Childcare hours were inconvenient/inflexible..... 5
- f. Child was unsettled or unhappy..... 6
- g. Change in my/my spouse/partner's employment circumstances 7
- h. Other reason (please specify)..... 8

G13. When did you stop using this childcare arrangement? _____ mth _____ year

G14a. Have you heard of and do you intend to avail of the free preschool year scheme?

["All children aged between 3 years 3 months and 4 years 6 months at September 1st each year are eligible for the free pre-school year scheme which entitles them to receive free pre-school provision of **2 hours and 15 minutes per day.**"]

- 1. Have heard of and plan to avail of..... 1
- 2. Have never heard of the preschool scheme 2
- 3. Have heard of but don't plan to avail of..... 3

G14b. Why not? _____

[BLAISE CONDITION: IF <CHILD> IS IN CARE FOR 8 OR MORE HOURS PER WEEK ASK:]

G15. You said that <child> is cared for on a regular basis for 8 or more hours per week. We would like to send a short questionnaire to the person/centre who provides this care to <child>. Would you be able to provide us with the contact details for the person or centre which provides this care to <child>?

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

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

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

H1. How many times in the past week has the family sat down to eat an evening meal together? _____ (range 0 – 7)

Pianta Child-Parent Relationship Scale (MCS – Wave 2)

H2. [CARD H2] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise child he/she beams with pride	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

- g. My child spontaneously shares information about his/herself 1..... 2..... 3..... 4..... 5
- h. My child easily becomes angry at me 1..... 2..... 3..... 4..... 5
- i. It is easy to be in tune with what my child is feeling 1..... 2..... 3..... 4..... 5
- j. My child remains angry or resistant after being disciplined 1..... 2..... 3..... 4..... 5
- k. Dealing with my child drains my energy..... 1..... 2..... 3..... 4..... 5
- l. When my child is in a bad mood I know we're in for a long and difficult day 1..... 2..... 3..... 4..... 5
- m. My child's feelings toward me can be unpredictable or change suddenly..... 1..... 2..... 3..... 4..... 5
- n. My child is sneaky or manipulative with me..... 1..... 2..... 3..... 4..... 5
- o. My child openly shares his/her feelings/experiences with me 1..... 2..... 3..... 4..... 5

(MCS – Wave 2 - adapted)

H3. [CARD H3] How often do you do the following when the Study Child misbehaves

- | | Never | Rarely | Now and Again | Regularly | Always | Can't say |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| A. Discuss/Explain why behaviour was wrong | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| B. Ignore him/her | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| C. Smack him/her | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| D. Shout or yell at him/her | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| E. Send him/her out of the room or to their bedroom..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| F. Take away treats | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| G. Tell him/her off | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| H. Bribe him/her | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |
| I. Naughty step/bold corner/time-out..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... | <input type="checkbox"/> 8 |

(Parental Authority Questionnaire Revised (PAQR – Reitman et al, 2002) – Adapted

H4. Listed below are a set of statements about parenting. Please tell us the extent to which you agree or disagree with each statement. There are no right or wrong answers. We are looking for your overall impression regarding each statement.

- | | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| a. In a well run home children should have their way as often as parents do | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| b. When I ask my children to do something, I expect it to be done Immediately without any questions..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| c. Children need to be free to make their own decisions about activities, Even if this disagrees with what a parent might do | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| d. I do not allow my children to question the decisions I have made | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| e. I direct the activities and decisions of my children by talking with them and using rewards and punishments | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| f. My children do not need to obey rules simply because people in Authority have told them to | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| g. Most of the time I do what my children want when making family decisions | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| h. I tell my children what they should do, but I explain why I want them to do it | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| i. Most problems in society would be solved if parents would let their Children choose their activities, make their own decisions, and follow Their own desires when growing up | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| j. I let my children know what behaviour is expected and if they don't Follow the rules they get punished | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| k. I listen to my children when making decisions, but I do not decide something simply because my children want it | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| l. I expect my children to follow my directions, but I am always willing to listen to their concerns and discuss the rules with them | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| m. Most problems in society could be solved if parents were stricter when Their children disobey..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| n. I often tell my children exactly what I want them to do and how I expect them to do it | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| o. If I make a decision that hurts my children, I am willing to admit that mistake..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |

H5. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

- | Strongly Disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree | N/A |
|-------------------|----------|----------------------------|-------|----------------|-----|
|-------------------|----------|----------------------------|-------|----------------|-----|

Because of your work responsibilities:

- A. You have missed out on home or family activities that you would have liked to have taken part in..... 1..... 2..... 3..... 4..... 5 6
- B. Your family time is less enjoyable and more pressured..... 1..... 2..... 3..... 4..... 5 6

Because of your family responsibilities:

- C. You have to turn down work activities or opportunities that you would prefer to take on..... 1..... 2..... 3..... 4..... 5 6
- D. The time you spend working is less enjoyable and more pressured..... 1..... 2..... 3..... 4..... 5 6

H6. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

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

H7. Have you registered or enrolled <child> with a primary school?

- No..... 1
- Yes, with one school..... 2
- Yes, with more than one school..... 3

H8. When do you think <child> will start primary school?

- The September after their 4th birthday..... 1
- The September after their 5th birthday..... 2
- Other (please specify)..... 3

H9a. Does <child> get regular pocket money to spend by him/herself?

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

H9b. How much does he/she receive per week?

€ _____ per week..... 1

H10. [Show Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:

- A. Death of a parent..... 1
- B. Death of close family member, other than a parent..... 2 _____
- C. Death of a close friend..... 3 _____
- D. Divorce/separation of parents..... 4
- E. Moving house within Ireland..... 5
- F. Moving country..... 6
- G. Stay in foster home/ residential care..... 7
- H. Serious illness/injury..... 8
- I. Serious illness/injury of a family member..... 9
- J. Drug taking/alcoholism in the immediate family..... 10
- K. Mental health problem in the immediate family..... 11
- L. Conflict between parents..... 12
- M. Parent in prison..... 13
- N. Other disturbing event (please specify)..... 14 _____
- O. None of the above..... 15

J: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

J1. I would now like to ask you some questions about your accommodation: Is this accommodation a:
House..... 1

Apartment / Flat/ Bedsit 2
 Other (specify) 3

J2. Does your accommodation have access to a garden or common space (either private or shared)?

Yes 1 No 2

J3. [Card J3] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

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

J4. How many separate bedrooms are in the accommodation? _____ bedrooms

J5. [Card J5] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as at work]

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. Employee (incl. apprenticeship or Community Employment) <input type="checkbox"/> 1 2. Self employed outside farming <input type="checkbox"/> 2 3. Farmer <input type="checkbox"/> 3 | <ul style="list-style-type: none"> 4. Student full-time <input type="checkbox"/> 4 5. On State training scheme (FAS, Faighte Ireland etc.) <input type="checkbox"/> 5 6. Unemployed, actively looking for a job <input type="checkbox"/> 6 7. Long-term sickness or disability <input type="checkbox"/> 7 8. Home duties / looking after home or family <input type="checkbox"/> 8 9. Retired <input type="checkbox"/> 9 10. Other (please specify) <input type="checkbox"/> 10 |
|--|--|

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK:]

J6. When did you return to work? _____ mth _____ year

J7. 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

J8. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

_____ minutes [Int. if respondent works at home enter '0' for minutes]

J9. [Card J9] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
 RETAIL STORE MANAGER
 SECONDARY TEACHER
 ELECTRICAL ENGINEER

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

J10. Do you supervise or manage any personnel in your job?

Yes 1 No 2

J11. How many? _____

J12. How many employees (if any) do you have? _____ employees N A 99

J13. [Ask only if Farmer at J5.] What is the acreage of the farm? _____ acres

Go to J23

J14. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 Go to J19

J15. In what year did you last work in that full-time job? _____ year

J16. When you last worked in that full-time job were you?

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

J17. [Card LJ9] What (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as: RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER
Do not use general terms such as: MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

J18. [Ask only if Farmer at JL16.] What was the acreage of the farm? _____ acres

J19. Do you currently have a part time job outside the home? Yes 1 No 2 Go to J22

J20. On average, how many hours per week do you work in that part-time job? _____ hours

J21. [Card J9] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as: RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER
Do not use general terms such as: MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to J23

J22. [Card J22] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- A. I can't find a job _____
B. I chose not to work _____
C. I am caring for an elderly or ill relative or friend .. _____
F. I cannot find suitable childcare..... _____
G. There are no suitable jobs available for me .. _____
H. My family would lose Social Welfare or

D. I prefer be at home to look after my children myself
 E. I cannot earn enough to pay for childcare

medical benefits if I was earning
 I. Other reason (specify)

Go to J23

J23. [Card J9] What is the occupation of your spouse / partner?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
 RETAIL STORE MANAGER
 SECONDARY TEACHER
 ELECTRICAL ENGINEER

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

HOUSEHOLD INCOME

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

J24. Looking at Card J24/J25, 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]

J25. [Card J24/J25] And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B]

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

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

J26. 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. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO J27. IF EXACT FIGURE GIVEN GO TO J29]

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

J27 [Card J27] I know that it is difficult to give an exact figure for household income but on Card J27 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

<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> → Section C, Card L27

€461 to under €575 €2,001 to under €2,500 €24,001 to under €30,000 ... D ₄ → Section D, Card L27
 €576 to under €800 €2,501 to under €3,500 €30,001 to under €42,000 ... E ₅ → Section E, Card L27
 €801 to under €925 €3,501 to under €4,000 €42,001 to under €48,000 ... F ₆ → Section F, Card L27
 €926 to under €1,150 €4,001 to under €5,000 €48,001 to under €60,000 ... G ₇ → Section G, Card L27
 €1,151 to under €1,500 €5,001 to under €6,500 €60,001 to under €78,000 ... H ₈ → Section H, Card L27
 €1,501 to under €1,850 €6,501 to under €8,000 €78,001 to under €96,000 ... I ₉ → Section I, Card L27
 €1,851 or more €8,001 or more €96,001 or more J ₁₀ → Section J, Card L27
 Refused ₇₇ Don't Know ₈₈

J28. Would that be [Int: *Show Card J28* and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

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

J29.[Card J29] Looking at Card J29 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

None Less than 5% 5% to less than 20% 20% to less than 50% 50% to less than 75% 75% to less than 100% 100%

₁ ₂ ₃ ₄ ₅ ₆ ₇

J30. [Card J30] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason?

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

i. Does the household buy presents for family or friends at least once a year? 1..... 2..... 3

J31. [Card J31] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

With great difficulty With difficulty With some difficulty Fairly easily Easily Very easily
1 2 3 4 5 6

J32 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

J33a Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes 1 No 2

J33b. Why was that?

Didn't want to..... 1 Couldn't leave the children 4

		Necessary		<name> has it		If no at (b)	
		Yes	No	Yes	No	Don't want	Can't afford
A.	Three meals a day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B.	Toys (e.g. dolls, play figures, teddies etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C.	Leisure equipment (e.g. sports equipment or a bicycle)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D.	Computer games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E.	A warm waterproof coat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F.	Books of his or her own	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G.	A bike, new or second hand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
H.	Construction toys such as Duplo or Lego	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I.	Educational games	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
J.	New, properly fitted, shoes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
K.	At least 7 pairs of new underpants in good condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
L.	At least 4 jumpers, cardigans or sweatshirts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
M.	At least 4 pairs of trousers, leggings, jeans or jogging bottoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
N.	At least €1 a week to spend on sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
O.	Some new, not second-hand, clothes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
P.	Meat, fish or vegetarian equivalent at least twice a day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Q.	Fresh fruit or vegetables at least once a day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
R.	A garden to play in	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
S.	A carpet or equivalent in his/her bedroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
T.	A bed and bedding to her/himself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Have a full social life in other ways 2 Illness..... 5
 Couldn't afford to 3 Other (specify) 6

(ONS Omnibus Module 234 June 1999)

J34. Now I would like to you look at the items on this Card. Thinking about <child name> could you tell me whether or not you think each is (a) necessary; (b) <child name> has it and (c) if <child name> doesn't have it is it because you don't want it or because you can't afford it.

Survey on Income and Living Conditions (SILC) Questionnaire Manual 2008

J35. Has the household had to go into debt within the last 12 months to meet ordinary living expenses such as mortgage repayments, rent, food, Christmas or back-to-school expenses?

Yes 1 No 2

(J36a – J36b EU SILC 2005)

J36a. Do you have a car?

Yes ₁

No ₂

J36b. Would you like to have a car but you cannot afford it?

Yes ₁

No ₂

J37a. Since our last interview when <child> was 9 months old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:

**A very significant effect
on your family**

**A significant effect
on your family**

**A small effect
on your family**

**No effect at all
on your family**

₁

₂

₃

₄

J37b. How has it affected your family? _____

Section K – About You

Now some more questions about yourself

K1. [Card K1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ₁

2. Primary education..... ₂

Second Level

3. Lower Secondary ₃

(Junior/Intermediate/Group Certificate. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

4. Upper Secondary..... ₄

(Leaving Certificate (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent)

5. Technical or Vocational qualification ₅

(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

6. Both Upper Secondary and Technical or Vocational qualification ₆

Third Level

7. Non Degree ₇

(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)

8. Primary Degree ₈

(Third Level Bachelor Degree)

9. Professional qualification (of Degree status at least) ₉

10. Both a Degree and a Professional qualification..... ₁₀

11. Postgraduate Certificate or Diploma ₁₁

12. Postgraduate Degree (Masters) ₁₂

13. Doctorate (Ph.D) ₁₃

K2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education]

K3a. [Card K3a] Looking at Card K3a, what language or languages do you and your partner speak with the study child most often at home? [Int. Tick all that apply]

a. English ₁

b. Irish..... ₂

c. Arabic..... ₃

d. French..... ₄

e. Polish..... ₅

f. Russian ₆

g. Czech... ₇

h. Latvian..... ₇

- i. Portuguese 8
- j. Spanish 9
- k. Chinese 10
- l. Lithuanian 11
- m. Romanian 12
- n. German 13
- o. Other (please specify) 14

K3b. What is <child's> first language?

- English 1
- Irish 2
- Other (please specify) 3

[BLAISE CONDITION: ASK K4 – K6 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

K4. 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 your native language?

- Yes 1
- No 2

K5. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes 1
- No 2

K6. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1
- No 2

[BLAISE CONDITION: ASK K7 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT WAVE 1]

K7. 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

K8. Do you belong to any religion?

- Yes 1
- No 2

[BLAISE CONDITION: ONLY ASK QUESTION K9 IF NEW RESPONDENT AT THIS WAVE]

K9. Which religion?

- 1. Christian – no denomination 1
- 2. Roman Catholic 2
- 3. Anglican/Church of Ireland/Episcopalian 3
- 4. Other Protestant 4
- 5. Jewish 5
- 6. Muslim 6
- 7. Other (please specify) 7

Irish Social & Political Attitudes Survey adapted

K10. Apart from special occasions such as weddings, funerals and christenings, how often nowadays do you attend religious services?

- More than once a week 1
- Every week/almost every week 2
- About once a month 3
- Only on major religious occasions 4
- Never/practically never 5

(ECLS CS020 Adapted – Birth cohort)

K11. How important are your religious beliefs in influencing how you raise <child>? Would you say...READ OUT

- Very important 1
- Important 2
- Somewhat important 3

Not at all important.....4

[ONLY ASK K12 – K17 IF NEW RESPONDENT AT TIME 2]

K12. Are you a citizen of Ireland? Yes.....1 No2

K13. What citizenship do you hold? _____

K14. Were you born in Ireland? Yes.....1 No2

K15. In which country were you born? _____

K16. 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 88

[CSO Census of population]

K17. Looking at card K17, can you tell me, what is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

- 1. White
 - Irish.....1
 - Irish Traveller2
 - Any other White background.....3
- 2. Black or Black Irish
 - African.....4
 - Any other Black background.....5
- 3. Asian or Asian Irish
 - Chinese6
 - Any other Asian background.....7
- 4. Other, including mixed background.....8

K18. How often would you be involved in local voluntary organizations such as school groups, church groups, community, sporting or ethnic associations?

- Several times a week.....1
- About once a week2
- About twice a month3
- A few times a year4
- Not at all.....5

K19. Do you intend to continue living in Ireland?

Yes1 No.....2

K20. This study wants to understand the factors that promote and hinder children's wellbeing. We are especially interested in how your child's social and psychological make-up is influenced by his/her genes and how genes are related to characteristics such as the child's family, education, community etc.in influencing the child's development.

If we had information relating to your child's genetic make-up it would help us to understand health and illness in future years. To get information on your child's genes we would need a sample of his/her saliva (spit) in a special container. It would be sent to a laboratory in St James Hospital in Dublin and stored for study by scientists at a later date.

The sample of saliva could be provided to investigate **specific** questions related to the genetic background of the child's emotional development, physical health, illnesses such as Attention Deficit Disorder, allergies, bronchitis and so on. Alternatively, the saliva sample could be used to carry out genetic research into a range of **unspecified** research issues, some of which have not even been thought of yet

I am NOT asking you for a sample of your child's saliva. I would like to know, however, if you, as a parent/guardian of <child> would, **in principle**, be willing to provide a sample of his/her saliva to be used in genetic research into **specified** or **unspecified** research issues.

So, looking at the responses on this card, if you were asked to provide a saliva sample from your child would you be willing to provide it:

- To investigate **specific** research questions, such as emotional or physical health 1
- To investigate any **unspecified** research questions which may arise in the future 2
- It would depend (please elaborate) 3
- I would not like to provide a sample 4

Again, please note that we are not asking for a saliva sample. We are just asking what your view would be, in principle, on collecting one in a survey like this.

L. Neighbourhood / Community

Time Section Started (24 hour clock)

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

L1. How long have you lived in your local area? _____ years OR _____ months

L2. To what extent do you agree or disagree with these statements about your local area?

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

L3. 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?

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

L4. Do you have any family living in this area, including your partner's family (if relevant)?

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

L5. To what extent do you feel you and your family are integrated into your local community through volunteering/involvement in local activities etc.

Fully integrated **Quite integrated** **Not very integrated** **Not at all integrated**
1.....2.....3.....4

L6. Would you describe the place where the household is situated as being.....?

- | | | | |
|---------------------------------|----------------------------|--|-----------------------------|
| In open country | <input type="checkbox"/> 1 | Waterford city | <input type="checkbox"/> 7 |
| In a village (200-1,499) | <input type="checkbox"/> 2 | Galway city | <input type="checkbox"/> 8 |
| In a town (1,500-2,999) | <input type="checkbox"/> 3 | Limerick city..... | <input type="checkbox"/> 9 |
| In a town (3,000-4,999) | <input type="checkbox"/> 4 | Cork city..... | <input type="checkbox"/> 10 |
| In a town (5,000-9,999) | <input type="checkbox"/> 5 | Dublin city (incl. Dun Laoghaire) | <input type="checkbox"/> 11 |
| In a town (10,000 or more)..... | <input type="checkbox"/> 6 | Dublin county (outside Dublin city) urban..... | <input type="checkbox"/> 12 |
| | | Dublin county (outside Dublin city) rural..... | <input type="checkbox"/> 13 |

Appendix A3: Primary Caregiver Sensitive Questionnaire



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University of Dublin
Trinity College
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GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

Primary Caregiver – SUPPLEMENTARY SECTION

GROUP HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS1 – AS3]:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

- He/she is deceased ₁
- We separated/divorced ₂
- He/she moved out to set up own household.. ₃
- Long-term absence (e.g. hospital, prison,
military service abroad) ₄
- Other (please specify) ₅

AS2. When did <Person from Wave 1> stop living with you: Since what year? [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

S1. Are you the biological parent of <child>?

Yes..... ₁ → **Go to S12** No..... ₂ → **Go to S2**

S2. Are you the adoptive parent of <child>?

Yes..... ₁ No..... ₂ → **Go to S7**

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

Domestic..... ₁

Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was <child> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes.....1

No.....2 → **Go to S12**

S8. How long has <child> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has <child> been in? _____ previous placements DK...99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family1

Own family2

Institutional care3

NOW PLEASE GO TO S12

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

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

Married and living with husband / wife1 **Go to S16**

Married and separated from husband / wife2 **Go to S13**

Divorced3 **Go to S13**

Widowed4 **Go to S13**

Never married5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes.....1

No2 **Go to S24**

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days.....1 → **Go to S18**

At least once a week.....2 → **Go to S18**

Less than once a week.....3 → **Go to S18**

Hardly ever.....4 → **Go to S18**

Never.....5 → **Go to S21**

S18. How often would you argue about the child(ren)?

Most days.....1

At least once a week.....2

Less than once a week.....3

Hardly ever.....4

Never.....5

S19. When you and your partner argue, how often do you

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

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

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

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

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

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

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

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

—————→						
0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A little unhappy	Happy	Very Happy	Extremely Happy	Perfect

S24. Apart from your current partner (if relevant) have you had any other partners since <child> was 9 months of age who had a close relationship with or influence on <child>?

Yes..... 1 No..... 2 →Go to S27a

S25. How many?

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

(Parental Stressors Subscale from the Parental Stress Scale - Berry & Jones, 1995)

S27a. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. The major source of stress in my life is my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Having a child leaves little time and flexibility in my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(GUS – Wave 2)

S27b. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

Not very good at being a parent 1

A person who has some trouble being a parent 2

An average parent 3

A better than average parent 4

A very good parent..... 5

[BLAISE CONDITION: ASK S27c ONLY OF FEMALE RESPONDENTS]

S27c. Are you currently pregnant? Yes..... 1 No..... 2

S28. Have you ever:

- (a) contacted parentline Yes ₁ No ₂
 (b) attended a parenting course Yes ₁ No ₂
 (c) sought help for parenting Yes ₁ No ₂

(d) From whom? _____
 (e) About what? Please elaborate as fully as possible _____

S29a. How often do you have 6 or more drinks on one occasion? [ASK S29a ONLY OF FEMALE RESPONDENTS]

- Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S29b. How often do you have 8 or more drinks on one occasion? [ASK S29b ONLY OF MALE RESPONDENTS]

- Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S29c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S29d. How often during the last year have you failed to do what was expected of you because of drinking?

- Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S29e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- No.....₁ Yes, on one occasion.....₂ Yes on more than one occasion.....₃

S30. Does anyone smoke in the same room as <child>?

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

S31. Do you take any of the following regularly, occasionally or not at all?

- | | Regularly | Occasionally | Not at all |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Sleeping pills..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Tranquillisers..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Pills for depression..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Cannabis / Marijuana..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Painkillers (aspirin, paracetamol, etc.)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Amphetamines or other stimulants..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Heroin, Methadone, Crack, Cocaine..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Anticonvulsants..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i. Steroids..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| j. Weight loss medication..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

S32. Since the time of the last interview when <child> was 9 months of age, have you been treated by a medical professional for clinical depression, anxiety or 'nerves'?

- Yes.....₁ No..... ₂

S33. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

Rarely or none of the time (less than 1 day) Some or a little of the time (1-2 days) Occasionally or a moderate amount of the time (3-4 days) Most or all of the time (5-7 days)

- a. I felt I could not shake off the blues even with help from my family or friends..... 1..... 2..... 3..... 4
- b. I felt depressed 1..... 2..... 3..... 4
- c. I thought my life had been a failure 1..... 2..... 3..... 4
- d. I felt fearful 1..... 2..... 3..... 4
- e. My sleep was restless 1..... 2..... 3..... 4
- f. I felt lonely 1..... 2..... 3..... 4
- g. I had crying spells 1..... 2..... 3..... 4
- h. I felt sad..... 1..... 2..... 3..... 4

S34. Have you ever been in trouble with the Gardai (other than for traffic offences)?

Yes..... 1 No 2 → Go to S36

S35. Have you ever been to prison? Yes 1 No 2

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here..... 1 → Go to S48
- Deceased 2 → Go to S48
- Temporarily lives elsewhere 3 → Go to S48
- Lives elsewhere 4 → Go to S37

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

Yes, married to... 1 Yes, lived with 2 No 3 Go to S39 Adoptive / Foster parent 4 Go to S48

S38. When did you separate or split up with <child's> biological father / mother?

- Before <child> was born 1
- When <child> was less than 1 year old 2
- When <child> was 1-2 years old..... 3
- In the last year 4

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal..... 1 Informal..... 2 No parenting arrangement ... 3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

- Court imposed arrangements 1
- Formal negotiated arrangements other than legal (e.g. counsellor)..... 2
- Mutual agreement with no third party negotiator 3

S42. How far does <child's> biological father / mother live from here?

- Within ½ hour's drive from here 1 More than 1 hour's drive from here..... 3
- Between ½ and 1 hour's drive from here.. 2 Outside the country..... 4

S43. How often does <child> have contact with his / her biological father / mother?

- Daily 1 Monthly 5
- Once or twice a week..... 2 Less than once a month 6
- Weekly 3 No contact..... 7
- Every second week / weekend 4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <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

S45. How often do you talk to <child's> biological father/ mother about <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

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

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

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes 1
No, I do not wish other parent to be contacted 2
No, I do not have contact details for other parent 3



Please give contact details

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

Appendix A4: Secondary Caregiver
Main Questionnaire

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

GROUP HHOLD. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTNER AT TIME 2 OR SECONDARY AT TIME 1 OR NON-RESPONDENT AT TIME 1]

A1. Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

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

Section B - Parental Health

Now I'd like to ask you a few questions about your own health.

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

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

B2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes _1 No _2

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
 [Int. please record diagnosis – not symptoms of the problem.]

B4. Since when have you had this problem, illness or disability? _____ (year) _____ (month)

B5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely _1 Yes, to some extent _2 No _3

B6. [Card B6] Since <child> was born have you suffered from any chronic physical or mental health problem, illness or disability which made it difficult for you to look after <child>? (e.g. feeding, changing nappy, lifting, bringing to doctor, communicating with <child>)

	Some difficulty			
No Difficulty	Just a little	A moderate level	A lot of difficulty	Cannot do at all
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

B7. Do you currently smoke daily, occasionally or not at all?

Daily _1 Occasionally _2 Not at all _3

B8. Have you ever smoked? Was it:

Daily _1 Occasionally ... _2 Never _3

B9. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

B10. [Card B10] Looking at Card B10, which of the following best describes how often you usually drink alcohol?

- 1. Never..... _1
- 2. Less than once a month..... _2
- 3. 1-2 times a month _3
- 4. 1-2 times a week _4
- 5. 3-4 times a week _5
- 6. 5-6 times a week _6
- 7. Every day _7

If currently drink alcohol between everyday and 1-2 times a month ask:

B11. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____ (c) Measures of Spirits ____ (d) Bottles of alcopops ____

B12a. Thinking about your job, in general would you say you are...

- Very physically active..... _1
- Fairly physically active _2
- Not very physically active..... _3
- Not at all physically active..... _4
- Not applicable _5

B12b. Thinking about your free-time, in general would you say you are...

- Very physically active..... _1
- Fairly physically active _2
- Not very physically active..... _3
- Not at all physically active..... _4

B13. What is your height without shoes? _____ feet _____ inches **OR** Metres _____

B14. What is your weight without clothes and shoes? _____ stones _____ lbs **OR** _____ Kilograms

Section C – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

Child-Parent Relationship Scale

C1. [Card C1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise child he/she beams with pride	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or resistant after being disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My child openly shares his/her feelings/experiences with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(Parental Authority Questionnaire Revised (PAQR – Reitman et al, 2002) – Adapted

C2. Listed below are a set of statements about parenting. Please tell us the extent to which you agree or disagree with each statement. There are no right or wrong answers. We are looking for your overall impression regarding each statement.

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. In a well run home children should have their way as often as parents do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. When I ask my children to do something, I expect it to be done immediately without any questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Children need to be free to make their own decisions about activities, even if this disagrees with what a parent might do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I do not allow my children to question the decisions I have made	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I direct the activities and decisions of my children by talking with them and using rewards and punishments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My children do not need to obey rules simply because people in authority have told them to.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Most of the time I do what my children want when making family decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. I tell my children what they should do, but I explain why I want them to do it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. Most problems in society would be solved if parents would let their children choose their activities, make their own decisions, and follow their own desires when growing up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. I let my children know what behaviour is expected and if they don't Follow the rules they get punished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. I listen to my children when making decisions, but I do not decide something simply because my children want it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. I expect my children to follow my directions, but I am always willing to listen to their concerns and discuss the rules with them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. Most problems in society could be solved if parents were stricter when their children disobey.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. I often tell my children exactly what I want them to do and how I expect them to do it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. If I make a decision that hurts my children, I am willing to admit that mistake.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(GUII 9 month – Wave 1)

C3. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

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

D: SOCIO-DEMOGRAPHICS

Time Section Started **(24 hour clock)**

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, which of these descriptions *BEST* describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as at work]

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

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK:]

D2. When did you return to work? _____ mth _____ year

**D3. 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**

**D4. On a typical work day, how much time in total do you spend commuting to and from work
(outward and return journey combined)?**

_____ minutes [Int. if respondent works at home enter '0' for minutes]

D5. [Card D5] What is your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

D6. Do you supervise or manage any personnel in your job?

Yes 1 No 2

D7. How many?

D8. How many employees (if any) do you have? _____ employees N A 99

D9. [Ask only if Farmer at E1.] What is the acreage of the farm? _____ acres

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... ₁ No... ₂ **Go to D15**

D11. In what year did you last work in that full-time job? _____ year

D12. When you last worked in that full-time job were you?

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

D13. [Card D5] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION _____

D14. [Ask only if Farmer at D12] What was the acreage of the farm? _____ acres

D15. Do you currently have a part time job outside the home? Yes ₁ No..... ₂ **Go to D18**

D16. On average, how many hours per week do you work in that part-time job? _____ hours

D17. [Card D5] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION _____

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

D18. [Card D18] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | | | |
|---|-------|--|-------|
| A. I can't find a job | _____ | F. I cannot find suitable childcare | _____ |
| B. I chose not to work | _____ | G. There are no suitable jobs available for me | _____ |
| C. I am caring for an elderly or ill relative or friend | _____ | H. My family would lose Social Welfare or | |
| D. I prefer be at home to look after my children myself | _____ | medical benefits if I was earning..... | _____ |
| E. I cannot earn enough to pay for childcare | _____ | I. Other reason (specify) | _____ |

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education 1
2. Primary education..... 2

Second Level

3. Lower Secondary 3
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary..... 4
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)
5. Technical or Vocational qualification 5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification 6

Third Level

7. Non Degree 7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree 8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) 9
10. Both a Degree and a Professional qualification..... 10
11. Postgraduate Certificate or Diploma..... 11
12. Postgraduate Degree (Masters) 12
13. Doctorate (Ph.D) 13

E2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education]

[BLAISE CONDITION: ASK E3-E5 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E3. 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 your native language?

- Yes 1 No..... 2

E4. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes 1 No..... 2

E5. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1 No..... 2

[BLAISE CONDITION: ASK E6 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E6. 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

E7. Do you belong to any religion?

- Yes 1 No..... 2

[BLAISE CONDITION: ONLY ASK QUESTION E8 IF NEW RESPONDENT AT THIS WAVE]

E8. Which religion?

- Christian – no denomination 1
Roman Catholic 2
Anglican/Church of Ireland/Episcopalian 3
Other Protestant..... 4
Jewish 5
Muslim 6
Other (please specify) 7

Irish Social & Political Attitudes Survey adapted

E9. Apart from special occasions such as weddings, funerals and christenings, how often nowadays do you attend religious services?

- More than once a week..... 1
- Every week/almost every week..... 2
- About once a month..... 3
- Only on major religious occasions..... 4
- Never/practically never..... 5

(ECLS CS020 Adapted – Birth cohort)

E10. How important are your religious beliefs in influencing how you raise <child>? Would you say...READ OUT

- Very important..... 1
- Important..... 2
- Somewhat important..... 3
- Not at all important..... 4

[BLAISE CONDITION ASK E11 – E16 IF NEW RESPONDENT AT TIME 2]

E11. Are you a citizen of Ireland? Yes..... 1 No 2

E12. What citizenship do you hold? _____

E13. Were you born in Ireland? Yes..... 1 No 2

E14. In which country were you born? _____

E15. 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 88

[CSO Census of population]

E16. What is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

- 1. White
 - Irish..... 1
 - Irish Traveller..... 2
 - Any other White background..... 3
- 2. Black or Black Irish
 - African..... 4
 - Any other Black background..... 5
- 3. Asian or Asian Irish
 - Chinese..... 6
 - Any other Asian background..... 7
- 4. Other, including mixed background..... 8

E17. To what extent do you feel you and your family are integrated into your local community through volunteering/involvement in local activities etc.

- Fully integrated** 1.....
- Quite integrated** 2.....
- Not very integrated** 3.....
- Not at all integrated** 4.....

Appendix A5: Secondary Caregiver
Sensitive Questionnaire



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

Secondary Caregiver – SUPPLEMENTARY SECTION

GROUP HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

S1. Are you the biological parent of <child>?

Yes.....1 → Go to S12 No.....2 → Go to S2

S2. Are you the adoptive parent of <child>?

Yes.....1 No.....2 → Go to S7

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

Domestic.....1

Inter-country2

S4. Was this a within family adoption?

Yes 1 No 2

S5. From which country?

S6. What age was <child> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes.....1 No.....2 → Go to S12

S8. How long has <child> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has <child> been in? _____ previous placements DK...99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family1 Own family2 Institutional care3

NOW PLEASE GO TO S12

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

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

- Married and living with husband / wife 1 **Go to S16**
- Married and separated from husband / wife 2 **Go to S13**
- Divorced 3 **Go to S13**
- Widowed 4 **Go to S13**
- Never married 5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No 2 **Go to S24**

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days 1 **→Go to S18**
- At least once a week 2 **→Go to S18**
- Less than once a week 3 **→Go to S18**
- Hardly ever 4 **→Go to S18**
- Never 5 **→Go to S21**

S18. How often would you argue about the child(ren)?

- Most days 1
- At least once a week 2
- Less than once a week 3
- Hardly ever 4
- Never 5

S19. When you and your partner argue, how often do you

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

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

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

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

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

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

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

S29b. How often do you have 8 or more drinks on one occasion? [ASK S29b ONLY OF MALE RESPONDENTS]

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S29c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S29d. How often during the last year have you failed to do what was expected of you because of drinking?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S29e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No.....1 Yes, on one occasion.....2 Yes on more than one occasion.....3

S30. Does anyone smoke in the same room as <child>?

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

S31. Do you take any of the following regularly, occasionally or not at all?

	Regularly	Occasionally	Not at all
a. Sleeping pills.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Tranquillisers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Pills for depression.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Cannabis / Marijuana.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Amphetamines or other stimulants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Anticonvulsants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Steroids.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Weight loss medication.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

S32. Since the time of the last interview when <child> was 9 months of age, have you been treated by a medical professional for clinical depression, anxiety or 'nerves'?

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

S33. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

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

S34. Have you ever been in trouble with the Gardai (other than for traffic offences)?

Yes.....1

No2 → Go to S36

S35. Have you ever been to prison?

Yes1

No2

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

Lives here.....1 → Go to S48

Deceased2 → Go to S48

Temporarily lives elsewhere3 → Go to S48

Lives elsewhere4 → Go to S37

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

Yes, married to...1

Yes, lived with ...2

No 3 Go to S39

Adoptive / Foster parent 4 Go to S48

S38. When did you separate or split up with <child's> biological father / mother?

Before <child> was born1

When <child> was less than 1 year old2

When <child> was 1-2 years old.....3

In the last year4

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal.....1

Informal.....2

No parenting arrangement ...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

Court imposed arrangements1

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

Mutual agreement with no third party negotiator3

S42. How far does <child's> biological father / mother live from here?

Within ½ hour's drive from here1

More than 1 hour's drive from here.....3

Between ½ and 1 hour's drive from here..2

Outside the country.....4

S43. How often does <child> have contact with his / her biological father / mother?

Daily1

Monthly5

Once or twice a week.....2

Less than once a month6

Weekly3

No contact.....7

Every second week / weekend4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment1

Yes, he/she makes a regular payment2

Yes, he/she makes payments as required.....3

S45. How often do you talk to <child's> biological father/ mother about <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

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

Very
positive
1

Positive
2

Neither positive nor
negative
3

Somewhat
negative
4

Very negative
5

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes 1
- No, I do not wish other parent to be contacted 2
- No, I do not have contact details for other parent 3



Please give contact details

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

Appendix A6: Primary Caregiver Twin Questionnaire



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NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE – TWIN MODULE

GROUP HHOLD RESPONDENT TWIN
(HHold grid code)

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section B - Child's Habits and Routines

I'd like to begin by asking you a few things about <child>'s development

NEW QUESTION

B1. How old was <child> [in months] when he/she took his/her first steps unsupported?

Interviewer: By unsupported I mean that the baby walked on his/her own without holding onto someone else or something else for support.

_____ months 99 child cannot walk

I'd now like to ask you a few questions about <child's> habits and routines.

(GUIA – Wave 2)

B2. Does <child> go to bed at a regular time?

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

B3a. In general, what time in the evening does <child> usually go to sleep? _____ (24 hour clock)

B3b. On a normal day, what time does <child> get up at in the morning? _____ (24 hour clock)

B4. On an average day how many hours would the child <sleep> during the day _____ hours

(GUIA – Wave 1+2)

B5. How much is <child's> sleeping pattern or habits a problem for you?

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

(GUIA – Wave 2)

B6. Does <child> have any of these problems on 4 or more nights a week, that is, more than half of the time?

[TICK ALL THAT APPLY]

- (a) Difficulty getting off to sleep..... 1
- (b) Not happy to sleep alone..... 2
- (c) Waking during the night/restless sleep..... 3
- (d) Nightmares/night terrors..... 4
- (e) Sleepwalking..... 5
- (f) Crying at night..... 6
- (g) Won't stay in bed..... 7
- (h) Other problems (please specify)..... 8

(GUII 9 month Wave 1)

B7a. Does <child> usually sleep:

- In a room on his/her own..... 1
- In a room with other children..... 2
- In your bedroom..... 3
- Elsewhere..... 4

(GUIA 9 month – Wave 1)

B7b. Approximately how many nights per week would <child> spend at least some part of the night in your bed or you spend some part of the night in their bed? _____ (Range 0 – 7)

B8. Does <child> wear nappies

- | | | | |
|-------------------------|---------------------------------|---------------------------------|---------------------------------|
| | Always | Sometimes | Never |
| (a) during the day..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |
| (b) at night..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |

(ALSPAC C4 – Child Questionnaire 38 months)

B9. I just wanted to ask you a few questions about where <child> is with his/her potty/toilet training. Is <child>:

INT - READ OUT: 'Dry' means peeing on potty or toilet only.
INT – READ OUT: 'Clean' means pooing on potty or toilet only.

INT: IF CHILD WEARS NAPPIES/TRAINING PANTS AT NIGHT – MARK 'SOMETIMES FOR THIS ITEM'

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| | Always | Sometimes | Never |
| (a) dry during the day..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |
| (b) dry during the night..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |
| (c) clean during the day..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |
| (d) clean during the night..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |

(ALSPAC E28 (a) (b) – Child Questionnaire 38 months)

B10. How often does he/she suck a soother or his/her thumb or finger(s)?

- | | | | |
|--------------------------|---------------------------------|---------------------------------|---------------------------------|
| | Most of the time | Sometimes | Never |
| (a) Soother..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |
| (b) Thumb/finger(s)..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... |

(ALSPAC E28(c) – Child Questionnaire 38 months)

c) Apart from his/her finger, thumb or a soother does he/she have a special object that he/she uses for comfort such as a blanket or cuddly toy?

Yes ₁

No..... ₂

B11. What does <child> usually drink from during the daytime...READ OUT

A bottle ₁

A beaker [lid and spout] ₂

A cup ₃

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

(GUII 9 month – Wave 1)

C1. In general, how would you describe <child's> current health?

Very healthy, no problems ₁

Healthy, but a few minor problems ₂

Sometimes quite ill ₃

Almost always unwell ₄

MbHisi01 (GUS – Wave 2)

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes ₁

No..... ₂ → **Go to C7**

C3. [Card C3] What is this?

[INT – code for up to 3 illnesses]

- a. Asthma ₁
- b. Bronchitis/Wheezy breathlessness ₂
- c. Cystic Fibrosis ₃
- d. Heart abnormalities ₄
- e. Eczema or any kind of skin allergy ₅
- f. Any kind of respiratory allergy (including hayfever) ₆
- g. Any kind of food or digestive allergy ₇
- h. Problem with non-food allergies, such as to dust, animals or medicine ₈
- i. Bone, joint or muscle problems ₉
- j. A problem using his/her arms or legs ₁₀
- k. A problem using his/her hands or fingers ₁₁
- l. Hyperactivity/Problems with attention ₁₂
- m. Severe behavioural problems ₁₃
- n. Diabetes ₁₄
- o. Kidney disease ₁₅
- p. Migrainous headaches ₁₆
- q. Epilepsy or seizures ₁₇
- r. Down syndrome ₁₈
- s. Spina bifida/hydrocephalis ₁₉
- t. Cerebral palsy ₂₀
- u. Autism Spectrum Disorder ₂₁
- v. Other (please specify) ₂₂

[INT – CODE FOR UP TO 3 ILLNESSES]

C4. Has this illness, condition or disability been diagnosed by a medical professional?

Yes ₁

No..... ₂

C5. Since when has <child> had this illness, condition or disability? ____ month ____ year

C6. Do any of these illnesses hamper <child> in his/her daily activities?

Yes, severely ₁

Yes, to some extent ₂

No..... ₃

ASK ONLY OF THOSE WHO INDICATED THEIR CHILD SUFFERS FROM ASTHMA OR BRONCHITIS AT C3 ABOVE.

Questions C3z1 to C3z_3 - ALSPAC – 81 month parent questionnaire

C3z_1. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes _1 No..... _2

C3z_2. How many separate times has this happened in the past 12 months?

Once..... _1
Twice..... _2
Three to four times _3
Five or more times _4

C3z_3. Has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths in the past 12 months?

Yes _1 No..... _2

(New Question)

C7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?

Yes _1 No..... _2

C8. In the past 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical health?

IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK

A general practitioner (GP) _____ N
A paediatrician _____ N
A public health nurse _____ N
A practice nurse (i.e. a nurse in a G.P's surgery/clinic).... _____ N
A psychiatrist/psychologist..... _____ N
Accident and Emergency _____ N
Outpatient clinic _____ N
Another consultant/hospital doctor _____ N
A social worker..... _____ N
Another healthcare professional _____ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes _1 No..... _2

C9b. In total how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. Since the time of the last interview, approximately how many nights has <child> spent in hospital? _____ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

(GUII 9 year – Wave 1)

C11. Most children have accidents at some time. Has <child> ever had an accident or injury that required hospital treatment or admission?

Yes _1 No..... _2

C12. How many separate accidents has <child> ever had that required hospital treatment or admission? _____ accidents

C13. How many of these accidents involved bone fractures or breaks? _____

(GUII 9 year – Wave 1)

C14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently....._1 Yes, in the past_2 No....._3

(GUII 9 year – Wave 1)

C15. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently....._1 Yes, in the past....._2 No....._3

(GUII 9 year – Wave 1)

C16. Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it?

Yes_1 No_2

C17. Why did <CHILD> not get the medical care or treatment? Was this because

[INT: Yes or No to each]:

- (a) You couldn't afford to pay....._1_2
- (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 with <child>_1_2
- (d) You wanted to wait and see if the problem got better_1_2
- (e) Child refused/fear of doctor_1_2
- (f) Child is still on the waiting list....._1_2
- (g) Other reason (please specify)_1_2

(GUII 9 year – adapted from LSAC)

C18. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No....._1 Yes, a little....._2 Yes, a lot_3 Don't know_4

C19. In which areas does child have difficulties? What speech problems does the Study Child have?

[TICK ALL THAT APPLY]

- A. Reluctant to speak_1
- B. Speech not clear to the family_2
- C. Speech not clear to others....._3
- D. Speech is developing slowly_4
- E. Difficulty finding words....._5
- F. Difficulty putting words together....._6
- G. Voice sounds unusual....._7
- H. Stutters, stammers....._8
- I. Lisp or difficulty pronouncing certain letter combination ..._9
- J. Other (please specify)_10
- K. Don't know_99

(New Question)

C20. Has <child> received any treatment for his/her speech or language problem?

Yes_1 No....._2

(New Question)

C21. Why has <child> not received any treatment for his/her speech or language problem?

[INT: Yes or No to each]

- | | Yes | No |
|---|-----------------------------|-----------------------------|
| (a) You couldn't afford to pay..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| (b) Speech and language services are not available or accessible to you..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| (c) You could not take time off work to visit the speech therapist with <child> | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| (d) You wanted to wait and see if his/her speech improved..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| (e) Child refused to attend | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| (f) Child is still on the waiting list..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| (g) Other reason (please specify) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |

C22. Do you have any concerns about any aspects of <child's> behaviour or development?

Yes _1

No..... _2

C23. What concerns do you have?

(National Health and Nutrition Examination Survey)

C24. How would you describe the condition of <child's> teeth? Would you say . . .

Excellent..... _1

Very good..... _2

Good _3

Fair _4

Poor _5

MbHtee01 (GUS – Wave 2)

C25. Getting children to brush their teeth is a challenge faced by many parents. I'd like to ask you a few questions about <child's> teeth. How often is a toothbrush used to clean < child's > teeth?

More than twice a day..... _1

Twice a day _2

Once a day..... _3

Less often than once a day..... _4

Rarely _5

Not at all..... _6

→ Go to C27

MbHtee04 adapted (GUS – Wave 2)

C26. Which of these statements best describes how you organise cleaning <child's> teeth?

You clean his/her teeth yourself..... _1

You supervise him/her in cleaning his/her teeth..... _2

<Child> does it his/herself without supervision..... _3

Shared by adult and child _4

C27. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes _1

No..... _2

C28. Is the household on:

Mains water supply _1

Group scheme _2

Private well _3

Don't know how my water is supplied..... _4

[BLAISE CONDITION: ASK ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

C29. When we last interviewed you in _____, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]

Yes _1

No..... _2

C30. How old was <child> [in months] when he/she completely stopped being breastfed? ____ Months

[Int: Only Accept answer in Months]

[BLAISE CONDITION: ASK ONLY OF THOSE WHO HAD NOT RECEIVED SOLID FOODS AT 9 MONTHS OF AGE].

C31. I'm now going to ask when <child> first had (other) different types of milk. Please include any eaten with cereal. How old was <child> when he/she first had:

Formula milk, such as Cow & Gate or SMA? ____ MonthsNever had _1

Cow's milk? ____ MonthsNever had _1

Any other type of milk, such as soya milk? ____ MonthsNever had _1

C32. How old was <child> [in months] when he/she first had solid food regularly? _____ Months

REGULARLY = MORE THAN TWICE A DAY FOR SEVERAL CONTINUOUS WEEKS
 SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

C33. [Card C33] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

	Once	More than Once	Not At All
A. Fresh fruit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Cooked vegetables.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Raw vegetables or salad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Hamburger, hot dog, sausage or sausage roll, meat pie,.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Hot chips or French fries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Crisps or savoury snacks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Sweets.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Cheese/yoghurt/ fromage frais.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Water (tap water / still water/ sparkling water).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Soft drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Soft drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Full cream milk or full cream milk products.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

C34. Some children just have snacks all day while others wait for meals. How would you describe <child>? Would you say he/she...READ OUT...

- Snacks all day and has no real meals 1
- Snacks during the day but also has meals 2
- Doesn't snack much, just has meals 3
- Something else (please describe) 4

C35a. Is <child> on any type of special diet?

- No..... 1
- Yes, vegetarian (no meat, fish or fowl) 2
- Yes, vegan (no meat, fish, fowl, or dairy products)..... 3
- Yes, pescetarian (no meat or fowl, but eats fish)..... 4
- Yes, coeliac (gluten free) 5
- Yes, dairy-free..... 6
- Yes, lactose intolerant..... 7
- Yes, other (please specify) 8

C35b. Why is <child> on this special diet?

- Parent / guardian preference 1
- Allergy 2
- Medical condition / GP advice..... 3
- Religion 4
- Other (specify) 5

(Items adapted from the Parental Feeding Questionnaire – Wardle et al,)

C38. Which of these best describes <child's> weight?

- Underweight..... 1
- Normal weight 2
- Somewhat overweight..... 3
- Very Overweight 4

C43. About how old was <child> in months when he/she

- (a) Started walking up stairs alone? _____ months
- (b) Started saying his/her first words? _____ months
- (c) Started turning pages of a picture book, one page at a time? _____ months
- (d) Started opening a door by turning the knob and pulling? _____ months
- (e) Started playing with other children, doing things with them (e.g. cars, dolls, building)? _____ months

Section E - Child's play and activities

The next section is about activities you may carry out with <child> We are interested in the various kinds of activities that children do with their families. I would like you to think about activities that <child> might do with the family or at home. Please think about the usual pattern for <child> at the moment.

E1. Now I'd like to ask you about activities you or other members of the family might do with <child>.

a) On how many days in an average week does anyone at home read to <child>

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

b) On how many days in an average week does anyone at home ever help <child> learn the ABC or alphabet

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

c) On how many days in an average week does anyone at home try to teach <child> numbers or counting

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

d) On how many days in an average week does anyone at home try to teach <child> any songs, poems or nursery rhymes

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc. with child]

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

f) On how many days in an average week does <child> paint or draw at home

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

g) On how many days in an average week does anyone at home spend time just having a conversation with the child?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

h) On how many days in an average week does <child> play outside?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/> 0.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7.....

E3. Typically, how many hours a day does <child> watch television or videos/dvds?

_____ hours _____ minutes

E4. Would <child> be most likely to watch television by him/herself, with you or another adult, or with other children?

By his/her self..... 1
With parent or other adult 2
With other children 3

(GUIA adapted – Wave 2)

E6. Is there a television in the child’s bedroom?

Yes 1

No..... 2

(LSAC – Wave 2) adapted

E7. What does <child> prefer to do when he/she has a choice about how to spend free time?

Usually chooses inactive pastimes like TV, drawing or playing with toys in one place 1

Usually chooses active pastimes like running around, riding push-cars, kicking balls..... 2

Just as likely to choose active as inactive 3

Section F - Child’s Functioning and relationships

Now I’d like to ask you some questions about <child’s> emotional health and wellbeing.

(The Strengths and Difficulties Questionnaire – Parent/Teacher version for 3-4 year olds)

F1. [CARD F1] Listed below 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.

	Not True	Somewhat True	Certainly True
A. Considerate of other people’s feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often argumentative with adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Can stop and think things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F2. [CARD F2] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

	Almost Never	Not Often	Variable usually does not	Variable usually does	Frequently	Almost always
A. This child is pleasant (smiles, laughs) when first arriving In unfamiliar places.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. This child plays continuously for more than 10 minutes at a time with a favourite toy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. This child responds to frustration intensely (screams, yells).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. This child smiles when an unfamiliar adult plays with him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. This child goes back to the same activity after a brief interruption (snack, trip to toilet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. This child has moody "off" days when he/she is irritable all day.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. This child is outgoing with adult strangers outside the home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. This child stays with a routine task (dressing, picking up toys) for 5 minutes or more.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
J. This child is still wary of strangers after 15 minutes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
K. This child stops to examine objects thoroughly (5 minutes or more).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
L. This child reacts strongly (cries, screams) when unable to complete a play activity.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
M. This child practices a new skill (throwing, building, drawing for 10 or more minutes).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

F3. Overall, compared to other children of the same age, do you think <child> is:

Easier than average..... 1
 About average..... 2
 More difficult than average..... 3

F4. Does <child> have any brothers or sisters?

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

F5. In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings..... 1
 Mixed..... 2
 Does not get on well with his/her siblings..... 3

(ALSPAC)

**F6. How often does (child) play with other children (other than brothers or sisters)?
[INT: DO NOT INCLUDE TIME SPENT IN CHILDCARE]**

Every day..... 1 Less than once a week..... 4
 2-6 times a week..... 2 Not at all..... 5
 Once a week..... 3

Section G – Childcare Arrangements

Now I'd like to ask you some questions about childcare arrangements.

G1. Is <child> currently being minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

Yes _1 No..... _2

[IF RESPONDENT USED MAIN CHILDCARE PROVIDER AT TIME 1 FOR MORE THAN 8 HOURS PER WEEK – GO TO G12]

[IF RESPONDENT DID NOT USE CHILDCARE AT T1 AND DOES NOT USE CARE CURRENTLY – GO TO G14a]

G2. (a) Who minds <child> on a regular basis each week?

- (b) number of days per week <child> spends in each type of childcare
 (c) number of hours per week <child> spends in each type of childcare
 (d) how much you pay for this childcare for <child> per week
 (e) whether this is your main type of childcare

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

a. A relative in your home..... <input type="checkbox"/> _1 Go to G3a	_____N	_____N	€ _____	<input type="checkbox"/> _4
b. A non-relative in your home..... <input type="checkbox"/> _2 Go to G4a	_____N	_____N	€ _____	<input type="checkbox"/> _4
c. A relative in their home..... <input type="checkbox"/> _3 Go to G3b	_____N	_____N	€ _____	<input type="checkbox"/> _4
d. A non-relative in their home..... <input type="checkbox"/> _4 Go to G4b	_____N	_____N	€ _____	<input type="checkbox"/> _4
e. Centre-based caregiver (e.g. Crèche / Day nursery)..... <input type="checkbox"/> _5 Go to G5	_____N	_____N	€ _____	<input type="checkbox"/> _4
f. Other (please specify)..... <input type="checkbox"/> _4 Go to G6	_____N	_____N	€ _____	<input type="checkbox"/> _4

G3a. Please specify how this person is related to <child>

- a. Grandmother of <baby>..... _1
 b. Grandfather of <baby>..... _2
 c. Aunt /Uncle of <baby>..... _3
 d. Brother / Sister of <baby>..... _4
 e. Non-resident Parent..... _5
 f. Cousin of <baby>..... _6
 g. Other relative..... _7

G3b. Please specify how this person is related to <child>

- a. Grandmother of <baby>..... _1
 b. Grandfather of <baby>..... _2
 c. Aunt /Uncle of <baby>..... _3
 d. Brother / Sister of <baby>..... _4
 e. Non-resident Parent..... _5
 f. Cousin of <baby>..... _6
 g. Other relative..... _7

G4a. Which of the following best describes that person?

- a. Au pair / Nanny..... _1
 b. Friend..... _2
 c. Neighbour..... _3
 d. Registered childminder..... _4
 e. Unregistered childminder..... _5
 f. Other..... _6

G4b. Which of the following best describes that person?

- a. Au pair / Nanny..... _1
 b. Friend..... _2
 c. Neighbour..... _3
 d. Registered childminder..... _4
 e. Unregistered childminder..... _5
 f. Other..... _6

G5. What type of centre is it?

- a. Work-based crèche..... _1
 b. Other crèche/nursery..... _2
 c. Montessori..... _3
 d. Playschool or pre-school..... _4
 e. Naoinra..... _5
 f. Other..... _6

G6. What age was <child> when you started to use the main childcare arrangement? _____ months

[INT: IF ANSWER AT G2 IS (A) OR (B) PLEASE GO TO G9]

G7a. In total, how many children (including <child>) are looked after in the place where <child> is cared for?

_____ number of children

G7b. In total, how many adults supervise the children in the place where <child> is cared for?

_____ number of adults

G8. On average how long does it take to travel from home to where <child> is cared for? _____ minutes

[Int. if time differs between getting there and coming home record the longer of the two]

(ITEMS G9a-d taken from the Oregon Child Care Research Instrument)

G9a. [Card G9] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

- | | Never | Rarely | Sometimes | Often | Always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. My child gets a lot of individual attention | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. There are plenty of toys, books, pictures and music for my child..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. My caregiver knows a lot about children and their needs..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. My child is happy in this arrangement | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. My child has plenty of opportunities to interact with other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. The place where my child is cared for is kept clean | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

G9b. How often would you or your spouse/partner discuss <child> with your carer?

- | | | | |
|-------------------------|----------------------------|---------------------|----------------------------|
| Every day | <input type="checkbox"/> 1 | Now and again | <input type="checkbox"/> 4 |
| 1-2 times per week..... | <input type="checkbox"/> 2 | Almost never | <input type="checkbox"/> 5 |
| 3-4 times per week..... | <input type="checkbox"/> 3 | | |

G9c. Do you consider that your carer is a good source of information on bringing up <child>?

- Yes 1 No 2

G9d. Do you consider that your carer is a good support in bringing up <child>?

- Yes 1 No 2

G10. If you had the option to change this childcare arrangement, would you change it?

- Yes 1 No 2

G11. Why is that? [Tick all that apply]

- The quality of the childcare is not good enough 1
- Child care costs are too expensive 2
- Childcare is too far from my home 3
- I'd prefer to look after him/her myself..... 4
- Childcare hours are inconvenient/inflexible 5
- <Child> is unsettled or unhappy..... 6
- Other (please specify) 7

GO TO G14

[BLAISE CONDITION: ASK IF PRIMARY CAREGIVER WAS USING A CHILDCARE ARRANGEMENT FOR 8 HOURS OR MORE PER WEEK AT TIME 1 BUT NO CHILDCARE ARRANGEMENT AT TIME 2]

G12. The last time we spoke, to you in [mm/yy] you told us that <child> was being cared for, for 8 hours or more per week. Can I ask, what was your main reason for ending that arrangement?

- a. The quality of the childcare was not good enough 1
- b. Childcare costs were too expensive 2
- c. Childcare was too far from my home 3
- d. I/My spouse/partner wanted to look after him/her ourselves 4
- e. Childcare hours were inconvenient/inflexible..... 5
- f. Child was unsettled or unhappy..... 6
- g. Change in my/my spouse/partner's employment circumstances 7
- h. Other reason (please specify)..... 8

G13. When did you stop using this childcare arrangement? _____ mth _____ year

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

H1. How many times in the past week has the family sat down to eat an evening meal together? _____ (range 0 – 7)

Pianta Child-Parent Relationship Scale (MCS – Wave 2)

H2. [CARD H2] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise child he/she beams with pride	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or resistant after being disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My child openly shares his/her feelings/experiences with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

(MCS – Wave 2 - adapted)

H3. [CARD H3] How often do you do the following when the Study Child misbehaves

	Never	Rarely	Now and Again	Regularly	Always	Can't say
A. Discuss/Explain why behaviour was wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
B. Ignore him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
C. Smack him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
D. Shout or yell at him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
E. Send him/her out of the room or to their bedroom.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
F. Take away treats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
G. Tell him/her off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
H. Bribe him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
I. Naughty step/bold corner/time-out.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

H7. Have you registered or enrolled <child> with a primary school?

No..... 1
 Yes, with one school..... 2
 Yes, with more than one school..... 3

H8. When do you think <child> will start primary school?

The September after their 4th birthday 1
 The September after their 5th birthday 2
 Other (please specify) 3

H9a. Does <child> get regular pocket money to spend by him/herself?

Yes 1 No 2

H9b. How much does he/she receive per week?
 € _____ per week 1

H10. [Show Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:

- A. Death of a parent 1
- B. Death of close family member, other than a parent 2 _____
- C. Death of a close friend 3 _____
- D. Divorce/separation of parents 4
- E. Moving house within Ireland 5
- F. Moving country 6
- G. Stay in foster home/ residential care..... 7
- H. Serious illness/injury..... 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in the immediate family..... 10
- K. Mental health problem in the immediate family 11
- L. Conflict between parents 12
- M. Parent in prison 13
- N. Other disturbing event (please specify) 14 _____
- O. None of the above 15

Appendix A7: Secondary Caregiver
Twin Questionnaire

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

GROUP HHOLD RESPONDENT TWIN
(HHold grid code)

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section C – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

Child-Parent Relationship Scale

C1. [Card C1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
f. When I praise child he/she beams with pride.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
h. My child easily becomes angry at me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
j. My child remains angry or resistant after being disciplined.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
k. Dealing with my child drains my energy.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or change suddenly.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
o. My child openly shares his/her feelings/experiences with me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5

(Parental Authority Questionnaire Revised (PAQR – Reitman et al, 2002) – Adapted

Appendix A8: Non-resident Parent Questionnaire



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

Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



Growing Up in Ireland – national longitudinal study of children Strictly Confidential

Non Resident Parent Questionnaire, 3-year Pilot

Group HHOLD 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 01 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 would an average or typical contact with the study child 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

 1

Not quite
enough

 2

About right

 3

A little too much

 4

Way too much

 5

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments 1

Commitments to other family/new partner 2

Physical distance between self and child 3

Other parent is uncooperative..... 4

Court-imposed custody rules 5

Other 6

Q7. When you are spending time with the study child, where do you 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 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 and your former spouse / partner arrived at the current arrangements for time spent with your child?

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

Q9. 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) _____

Q10. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent 1 2 3 4 5 *Very Poor*

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

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

We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the child's home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

- Yes, I pay the full amount due ₁ No, I don't pay towards the rent or mortgage directly ₃
 Yes, I pay a contribution ₂ There is no rent or mortgage owing on the home ₄

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? € _____ per month

Q14. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

- Never ... ₁
 Yes..... ₂ a regular payment to the value of € _____ per month (excluding direct rent/mortgage payment)
 Yes..... ₃ on an as-required basis (e.g. back to school) to the value of € _____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

- Your decision ₁
 Mutual agreement with mother ₂
 Legally imposed arrangement ₃

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never₁ Yes, occasionally₂ Yes, frequently₃

Q17. What was the status of your relationship with the Study Child’s mother when she became pregnant with the study child? (Please tick one box only).

Married and living together₁ Going out but not living together.....₅
Cohabiting/living as married₂ Just friends₆
Separated₃ No relationship₇
Divorced₄

Q18. What age was the study child when you separated from the Study Child’s mother for the first time?

AGE ___ months OR ___ weeks OR

Had separated before birth₁ OR Never lived with mother.....₂

Q19. Are you named on the Study Child’s birth certificate?

Yes₁ No₂ Not sure₃

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

No₁ Yes, through mother only₂ Yes, through court₃

Q21. If yes, was this application successful? Yes.....₁ No.....₂ Ongoing.....₃

Q22. How often do you talk about your child with the Study Child’s mother?

Every day₁ A few times a month₄
Several times a week₂ Several times a year₅
About once a week₃ Not at all₆

Q23. 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
₁ ₂ ₃ ₄ ₅

Q24. Often parents have to make major decisions concerning the Study Child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the Study Child:

A lot of influence Some influence No influence Don’t know
₁ ₂ ₃ ₄

Q25. Do you want to be involved in raising your child in the coming years?

Yes..... ₁ No ₂ Not sure.....₃

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

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

Finally, we just have a few questions about you.

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

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

Q29. How would you describe your current employment status?

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

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

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

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

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

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

Q33. Are you currently living with a partner?

- Yes1 No.....2

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None..... 1 _____ by same parent as Study Child's _____ by a different partner(s)

Q36. What nationality are you? _____

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

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

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

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 1800 200 434**

Appendix A9: Non-resident Parent Information Sheet

NON – RESIDENT PARENT’S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

The main phase of **Growing Up in Ireland** includes 11,000 3-year-old children and their families.

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

As part of the study he/she was asked for your contact details.

Why should I take part?

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

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

Who is running the study?

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

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

What do I do next?

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

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

NON – RESIDENT PARENT’S INFORMATION LEAFLET

Will this information be kept confidential?

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

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

The Study is being carried out under the Statistics Act (1993). This is the same legislation as used to carry out the Census of Population and ensures complete confidentiality of all information collected.

What are my rights if I take part?

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

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

Your participation counts.

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

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

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

Where can I find out more information?

Phone:

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

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

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



Appendix A10: Home-based Carer Questionnaire



GROWING UP IN IRELAND – national study of children

Strictly Confidential – HOME-BASED CARE

Group: Household 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.....	<input type="checkbox"/> 1	Neighbour	<input type="checkbox"/> 5
Grandfather	<input type="checkbox"/> 2	Nanny/au pair	<input type="checkbox"/> 6
Other relative	<input type="checkbox"/> 3	Registered childminder	<input type="checkbox"/> 7
Friend of parent	<input type="checkbox"/> 4	Unregistered childminder	<input type="checkbox"/> 8

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?

Yes 1 No 2

Q3. Do you care for the study child in his / her own home, in your home or somewhere else?

Study Child's home..... 1
My own home 2
Somewhere else (please specify where) 3

Q4. How long have you been caring for the study child? _____ years _____ months _____ weeks

Q5. How many hours per week do you care for the study child? _____ hours

Q6. How many days per week do you care for the study child? _____ days

We would also like some general information on the environment in which you look after the study child

Q7. On a typical day, how many other children are in your care (excluding the study child, but including your own children)? _____ children

Q8. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

0 – 11 months	<input type="checkbox"/> 1	_____ no. of children
1- 3 years	<input type="checkbox"/> 2	_____ no. of children
4-6 years	<input type="checkbox"/> 3	_____ no. of children
7-9 years	<input type="checkbox"/> 4	_____ no. of children
10-12 years	<input type="checkbox"/> 5	_____ no. of children
12 years and over	<input type="checkbox"/> 6	_____ no. of children

Q9. 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 3 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/DVD's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading [or being read to]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q10. When the Study Child is in your care 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

Q11. On average, how many minutes per day do you read to the child? _____ minutes

Q12. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q13. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q14. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

- Almost never 1 Sometimes 2 Often 3 Always 4

Q15. Do you have any of the following things at home that the study child may avail of while in your care. Please tick all that are currently available to him / her.

- A garden/outdoor play space 1
- Sports equipment (footballs, trampolines, etc)..... 2
- Educational toys (e.g. meccano, etc)..... 3
- Other toys (dolls, teddies, etc) 4
- Television/video/DVD 5
- Computer 7
- Video games / X-box/ Nintendo DS etc..... 8
- Musical equipment 9
- Arts materials 10
- Pretend play items 11
- Other (please specify) _____

Q16. For each of the following statements please tick the box which best describes the study child in the last month?

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys being minded by me							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

Q17. Listed below 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 in the last month.

- | | Not True | Somewhat True | Certainly True |
|---|----------------------------|----------------------------|----------------------------|
| A. Considerate of other people's feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. Restless, overactive, cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. Shares readily with other children (treats, toys, pencils etc.)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| E. Often has temper tantrums or hot tempers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| F. Rather solitary, tends to play alone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| G. Generally obedient, usually does what adults request..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| H. Many worries, often seems worried..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| I. Helpful if someone is hurt, upset or feeling ill..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| J. Constantly fidgeting or squirming..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| K. Has at least one good friend..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| L. Often fights with other children or bullies them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| M. Often unhappy, down-hearted or tearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| N. Generally liked by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| O. Easily distracted, concentration wanders..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| P. Nervous or clingy in new situations, easily loses confidence..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Q. Kind to younger children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| R. Often argumentative with adults..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| S. Picked on or bullied by other children..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

- T. Often volunteers to help others (parents, teachers, other children) 1 2 3
- U. Can stop and think things out before acting 1 2 3
- V. Can be spiteful to others..... 1 2 3
- W. Gets on better with adults than with other children..... 1 2 3
- X. Many fears, easily scared..... 1 2 3
- Y. Sees tasks through to the end, good attention span 1 2 3

Q18. Would you describe the quality of your relationship with this child as:

- Very good 1
- Good 2
- Fair 3
- Bad 4
- Very bad 5

Q19. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult
- 1 2 3 4 5

Q20. Do you have any concerns about any aspects of the Study Child's behaviour or development?

- Yes 1 No..... 2

Q21. What concerns do you have?

Q22. How worried are you about the Study child's language development?

- Not at all worried..... 1
- A little worried..... 2
- Worried 3
- Very worried..... 4

Q23. 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.

Q24. What is your date of birth?

Day		Month		Year		

Q25. What is your gender?

- Male 1 Female..... 2

Q26. What is your nationality?

Q27. Which of the following best describes your current employment status?

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

Q28. Is caring for children your main occupation?

- Yes 1 No 2

Q29. Do you get paid for this care?

- Yes 1 No 2

Q30. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').

Q31. What is the highest level of education that you have completed?

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

Q32. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- (a) No formal childcare qualification..... 1 → **Go to Q35**
- (b) FETAC Major Award in Childcare (Levels 4,5 or 6)..... 2
- (c) FETAC minor component award(s) in childcare at Levels 4,5 or 6..... 3
- (d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache
- (e) HETAC or Third Level
- (f) International awards in childcare at higher level
- (g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc)

Q33. Please indicate the subject area in which the qualification was obtained:

- | | | | |
|------------------------------------|----------------------------|-----------------------------------|----------------------------|
| Childcare | <input type="checkbox"/> 1 | Behaviour management..... | <input type="checkbox"/> 6 |
| National school teaching | <input type="checkbox"/> 2 | Speech and language therapy | <input type="checkbox"/> 7 |
| Other education | <input type="checkbox"/> 3 | Nursing | <input type="checkbox"/> 8 |
| Child psychology/development | <input type="checkbox"/> 4 | Other (please specify) | <input type="checkbox"/> 9 |
| Special needs assistance | <input type="checkbox"/> 5 | | |

Q34. When did you receive this qualification? Year: _____

Q35. Have you undertaken any other training relevant to caring for children? Tick all that apply.

- | | | | |
|------------------------|----------------------------|------------------------------|----------------------------|
| Child psychology | <input type="checkbox"/> 1 | Nutrition/Diet | <input type="checkbox"/> 4 |
| Sign language | <input type="checkbox"/> 2 | Other (please specify) | <input type="checkbox"/> 5 |
| First aid | <input type="checkbox"/> 3 | | |

Q36. For how long have you provided this type of childcare? _____ years _____ months

Q37. How many hours do you spend each week providing childcare? _____ hours

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Appendix A11: Centre-based Carer Questionnaire



GROWING UP IN IRELAND – national study of children
Strictly Confidential – CENTRE-BASED CARE (3 Years)

Group: Household Date ___ day ___ month ___ year

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.

The questionnaire should be completed by the person who has most contact with the child in question

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

We would also like some general information about the care centre.

Q4. Are you registered with the Health Service Executive?

Yes ₁ No ₂ Not sure ₃

Q5a. On a typical day, how many children in total are in the centre (including Study Child)? _____ children

Q5b. Thinking about these children (Please indicate the number of children in these age categories)

0 – 11 months ₁ _____ no. of children

1- 3 years ₂ _____ no. of children

4-6 years ₃ _____ no. of children

7-9 years ₄ _____ no. of children

10-12 years ₅ _____ no. of children

12 years and over ₆ _____ no. of children

Q6a. In some centres younger children may be cared for in separate rooms or sections of the centre. On a typical day how many children (including the study child) are in the room or section of the centre where the study child spends most of his/her time?

_____ children OR all children together in the centre ₁ Go to Q7

Q6b. What ages are the children who are in the same room or section of the centre as the study child? (Please indicate the number of children in these age categories)

0 – 11 months ₁ _____ no. of children

1- 3 years ₂ _____ no. of children

4-6 years ₃ _____ no. of children

7-9 years ₄ _____ no. of children

10-12 years ₅ _____ no. of children

12 years and over ₆ _____ no. of children

Q7. If there are more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes ₁ No ₂ Sometimes ₃

Q8. How many children in the centre (excluding the Study Child) are from a non-English speaking family background?
_____ children

Q9. How many children in the centre (excluding the Study Child) have a mental or physical disability?

_____ children

Q10. 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 3 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/DVD's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading [or being read to]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q11. When the Study Child is in your care how many children's books are available to the Study Child to look at / to be read from etc? Do you estimate...

None..... 1

Less than 10..... 2

Between 10 and 20..... 3

21 – 30 4

More than 30 5

Q12. On average, how many minutes per day does someone read to the child? [include time when the child is being read to as part of a group] _____ minutes

Q13. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q15. On a typical day, how often would you or another carer get the chance to talk to the child on a one-to-one basis?

Almost never 1 Sometimes 2 Often 3 Always 4

Q16. 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.....	<input type="checkbox"/> 1	Video games / X-box / Nintendo DS etc.....	<input type="checkbox"/> 8
Sports equipment (footballs, trampolines, etc)	<input type="checkbox"/> 2	Musical equipment	<input type="checkbox"/> 9
Educational toys (e.g. meccano, etc).....	<input type="checkbox"/> 3	Arts materials	<input type="checkbox"/> 10
Other toys (dolls, teddies, etc).....	<input type="checkbox"/> 4	Pretend play items	<input type="checkbox"/> 11
Television/video/DVD	<input type="checkbox"/> 5	Other (please specify) _____	
Computer	<input type="checkbox"/> 7		

Q17. For each of the following statements please tick the box which best describes the study child in the last month?

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys attending childcare							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

Q18. Listed below 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 in the last month.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often argumentative with adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Can stop and think things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q19. In general terms how would you rate the care provided to the Study Child by this centre?

Very good	Good	Neither good nor bad	Bad	Very bad
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q20. Do you feel that the personal care provided to Study Child by the centre meets his/her needs in terms of:

	Yes	No
(a) eating/drinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) toileting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) child's personal hygiene	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) sleeping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) mobility	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q21. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q22. Do you have any concerns about any aspects of the Study Child's behaviour or development?

Yes 1 No 2

Q23. What concerns do you have?

Q24. How worried are you about the Study child's language development?

- Not at all worried..... 1
- A little worried..... 2
- Worried 3
- Very worried..... 4

Q25. What is the total number of staff (whole-time equivalents) employed in the centre as a whole to look after the children (do not include administrative or maintenance staff, etc)? _____ staff

Q26. Now thinking of the room or section of the centre in which the Study Child is cared for, how many staff (full-time equivalents) are employed to look after these children? _____ staff

Q27. How many staff in the centre are qualified at FETAC Level 5 or above _____ no. of staff

Q28. How many of these child care staff have English (or Irish) as their first language? _____ no. of staff

Q29. Are parents allowed to leave sick children into the centre?

- Never..... 1
- Rarely 2
- Frequently 3
- Always..... 4

Finally, we would like to know some things about you.

Q30. Which of the following best describes your role in this child care centre?

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

Q31. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q32. Are you? Male..... 1 Female..... 2

Q33. What is your nationality? _____

Q34. Which of the following best describes the type of care your centre provides?

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

Q35. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- (a) No formal childcare qualification 1 → Go to Q38
- (b) FETAC Major Award in Childcare (Levels 4,5 or 6)..... 2
- (c) FETAC minor component award(s) in childcare at Levels 4,5 or 6..... 3
- (d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache..... 4
- (e) HETAC or Third Level 5
- (f) International awards in childcare at higher level 6
- (g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc)..... 5

Q36. Please indicate the subject area in which the qualification was obtained:

- Childcare 1
- National school teaching 2
- Other education 3
- Child psychology/development 4
- Special needs assistance 5
- Behaviour management..... 6
- Speech and language therapy 7
- Nursing 8
- Other (please specify) 9

Q37. When did you receive this qualification? Year: _____

Q38. Have you undertaken any other training relevant to caring for children? Tick all that apply.

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

Q39. Is caring for children your main occupation? Yes ₁ No ₂

Q40. If no, please describe your main occupation as fully as possible

Q41. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____ mths

Q42. How long have you worked in this particular care centre? _____ years _____ months

Q43. Will the centre participate in the free preschool year scheme? Yes ₁ No ₂

Q44. Overall, are you happy working in childcare?

Strongly Agree Agree Neutral Disagree Strongly Disagree
₁ ₂ ₃ ₄ ₅

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Appendix A12: Carer Information Sheet

CARER INFORMATION LEAFLET

What is the *Growing Up in Ireland* study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

Growing Up in Ireland includes 11,000 3-year-old children and their families.

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

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week and whether or not we could send a questionnaire to you about the child.

Why am I being asked to take part?

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

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

Who is running the study?

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

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

What do I do next?

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

The questionnaire asks you for some details on your care of the child as well as some questions about your background. It is very straightforward and involves ticking boxes.

CARER INFORMATION LEAFLET

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the child's parent/guardian. It will be used exclusively for research purposes and no-one, other than you, will have access to the information you provide.

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

The Study is being carried out under the Statistics Act (1993). This is the same legislation used to carry out the Census of Population and ensures complete confidentiality of all information collected.

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What are my rights if I take part?

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

Your participation counts.

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

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

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

Where can I find out more information?

Phone:

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

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

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



Appendix A13: Ages and Stages Questionnaire
(ASQ)

Group: _____ **Hsd:** _____
Interviewer No.: _____
Child DOB: _____
Date left: _____



AGES AND STAGES QUESTIONNAIRE FOR GROWING UP IN IRELAND 3 YEAR PILOT

36 Month * 3 Year Questionnaire

On the following pages are questions about activities children do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please tick the box to indicate whether your child is doing the activity regularly, sometimes, or not yet.

Important points to remember:

- ❖ If you are not sure whether your child is already doing a particular activity, please try the activity before answering the question.
- ❖ Try to make completing this questionnaire a game that is fun for you and your child.
- ❖ Make sure your child is rested, fed and ready to play.
- ❖ Please check that you have ticked one box for every item on the questionnaire.
- ❖ Please make a note of the time it took you to complete the questionnaire in the box below.
- ❖ Please return this questionnaire in the postage paid envelope provided.
- ❖ If you have any questions about completing this questionnaire, please call the Growing Up in Ireland field support team on (01) 863 2000 during office hours.
- ❖ Thank you for your assistance in this important project.

Time taken: _____ minutes.

YES SOMETIMES NOT YET




COMMUNICATION *Be sure to try each activity with your child.*

1. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least *seven* body parts? (She can point to parts of herself, you, or a doll.) _____
2. Does your child make sentences that are three or four words long? _____
Please give an example:

3. Without giving him help by pointing or using gestures, ask your child to "Put the shoe *on* the table" and "Put the book *under* the chair." Does your child carry out both of these directions correctly? _____
4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, "Barking," "Running," "Eating," and "Crying") You may ask, "What is the dog (or boy) doing?" _____
5. Show your child how a zipper on a coat moves up and down, and say, "See, this goes up and down." Put the zipper to the middle and ask your child to move the zipper *down*. Return the zipper to the middle and ask your child to move the zipper *up*. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say "up" and down when you say "down"? _____
6. When you ask, "What is your name?" does your child say both her first and last names? _____

COMMUNICATION TOTAL _____

GROSS MOTOR *Be sure to try each activity with your child.*

1. Without holding onto anything for support, does your child kick a ball by swinging his leg forward? _____

2. Does your child jump with both feet leaving the floor at the same time? _____

3. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.) _____


YES SOMETIMES NOT YET

GROSS MOTOR (continued)

4. Does your child stand on one foot for about 1 second without holding onto anything?



5. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand does not count.)



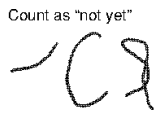
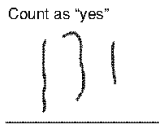
6. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?



GROSS MOTOR TOTAL _____

FINE MOTOR Be sure to try each activity with your child.

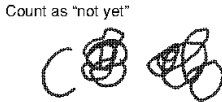
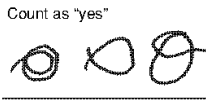
1. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?



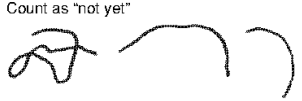
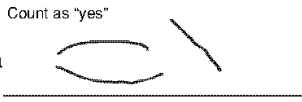
2. Does your child thread a shoelace through either a bead or an eyelet of a shoe?



3. After he watches you draw a single circle, ask your child to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?



4. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?



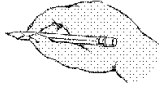
YES SOMETIMES NOT YET

FINE MOTOR *(continued)*

5. Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons.)



6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?



FINE MOTOR TOTAL _____

PROBLEM SOLVING *Be sure to try each activity with your child.*

1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up *four* objects in a row? (You can also use spools of thread, small boxes, or other toys.)



2. If your child wants something he cannot reach, does he find a chair or box to stand on to reach it?

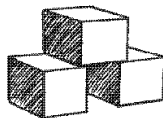
3. When you point to the figure and ask your child, "What is this?" does your child say a word that means a person? Responses like "snowman," "boy," "man," "girl," and "Daddy" are correct.



Please write your child's response here:

4. When you say, "Say seven three," does your child repeat *just* the two numbers in the correct order? *Do not repeat the numbers.* If necessary, try another pair of numbers and say, "Say eight two." Your child must repeat just one series of two numbers for you to answer "yes" to this question.

5. Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?



6. When you say, "Say five eight three," does your child repeat *just* the three numbers in the correct order? *Do not repeat these numbers.* If necessary, try another series of numbers and say, "Say six nine two." Your child must repeat just one series of three numbers for you to answer "yes" to this question.

PROBLEM SOLVING TOTAL _____

	YES	SOMETIMES	NOT YET	
PERSONAL-SOCIAL <i>Be sure to try each activity with your child.</i>				
1. Does your child use a spoon to feed herself with little spilling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
2. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
3. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
4. Can your child put on a coat, jacket, or shirt by himself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
5. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
6. Does your child take turns by waiting while another child or adult takes a turn?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___
	PERSONAL-SOCIAL TOTAL			___

Appendix A14: Other related contact information

- Letter to Non-resident Parent
- Letter to Home-based Carer
- Letter to Centre-based Carer
- ASQ reminder letter to Respondents

«non_res_title» «non_res_fname» «non_res_sname»
«non_res_parent_add1»
«non_res_parent_add2»
«non_res_parent_add3»
«non_res_parent_add4»

19 August 2014
Ref: «GROUP»/«HSD»

Dear «non_res_title» «non_res_sname»,

We are writing to you about ***Growing Up in Ireland***, a national study of children. The study has been commissioned by the Government and is being carried out by a research team based in the ESRI (Economic and Social Research Institute) and the Children's Research Centre, Trinity College Dublin.

Growing Up in Ireland includes 11,000 three-year-old children and their parents from across Ireland and aims to improve our understanding of all aspects of children and their development. We would like to talk to the families and carers of these children so we can paint a detailed picture of what life is like for families with children in Ireland today.

We are contacting you because your child, «Childs_Fn», is taking part in this important study. «Childs_Fn»'s other parent or guardian has provided us with your contact details so that we can invite you to take part as well. We think that it is important that input from both parents/guardians be included in this picture of the child's world so that it may be as complete as possible.

To take part in the Study, all you need to do is complete the enclosed questionnaire and return it to us in the postage paid envelope provided. Participation in the Study is completely voluntary but we hope you can take the time to fill out the questionnaire and return it to us. Enclosed in this pack is an information leaflet that has some more details about ***Growing Up in Ireland***. If you have further queries, please do not hesitate to contact us, by phone or at the above address or visit us online at www.growingup.ie.

Any information you provide to *Growing Up in Ireland* will be treated in the strictest confidence. No other participants, such as «Childs_Fn»'s other parent, will be able to access the details you provide.

Thanking you in anticipation



Dr Aisling Murray
Research Fellow, Growing Up in Ireland



ESRI, Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2
Tel: +353 1 863 2000 Fax: +353 1 863 2100
Email: growingup@esri.ie

«cm_title» «cm_fname» «cm_sname»
«cadd1»
«cadd2»
«cadd3»
«cadd4»

19 August 2014
Ref: «GROUP»/«HSD»

Dear «cm_title» «cm_sname»,

We are writing to you about *Growing Up in Ireland*, a national study of children. The study has been commissioned by the Government and is being carried out by a research team based in the ESRI (Economic and Social Research Institute) and the Children's Research Centre, Trinity College Dublin.

Growing Up in Ireland includes 11,000 three-year-old children and their parents from across Ireland and aims to improve our understanding of all aspects of children and their development. We would like to talk to the families and carers of these children so that we can paint a detailed picture of what life is like for families with children in Ireland today.

We are contacting you because «Childs_Fn» «Childs_Sn» is taking part in this important new study. «parent» has provided us with your contact details as a person who cares for this child on a regular basis for 8 or more hours per week. We would like to invite you to take part in this research project. We think that it is important that input from regular carers be included in this picture of the child's world so that it may be as complete as possible.

To take part in the Study, all you need to do is complete the enclosed questionnaire and return it to us in the postage paid envelope provided. Participation in the Study is completely voluntary but we hope you can take the time to fill out the questionnaire and return it to us. Enclosed in this pack is an information leaflet that has some more details about *Growing Up in Ireland*. If you have further queries, please do not hesitate to contact us, by phone or at the above address or visit us online at www.growingup.ie.

Any information you provide to *Growing Up in Ireland* will be treated in the strictest confidence. No other participants, such as «Childs_Fn»'s parent/guardian, will be able to access the information you provide.

Thanking you in anticipation

Dr Aisling Murray
Research Fellow, Growing Up in Ireland



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



University of Dublin
Trinity College
College Green
Dublin 2



ESRI, Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2
Tel: +353 1 863 2000
Email: growingup@esri.ie

Fax: +353 1 863 2100

«adresse»
«centre_name»
«cadd1»
«cadd2»
«cadd3»
«cadd4»

Ref: «GROUP»/«HSD»

19 August 2014

«salut»

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We are contacting you because «Childs_Fn» «Childs_Sn» is taking part in this study. «parent» has provided us with the contact details of your centre as the place where their child is cared for on a regular basis for 8 or more hours per week. We would like to invite you to take part in this research project. We think that it is important that input from regular carers be included in this picture of the child's world so that it may be as complete as possible.

To take part in the Study, all you need to do is complete the enclosed questionnaire and return it to us in the postage paid envelope provided. If you are not the person who provides most care to the child, please pass on this pack to the relevant person. Participation in the Study is completely voluntary but we hope you can take the time to fill out the questionnaire and return it to us. Enclosed in this pack is an information leaflet that has some more details about *Growing Up in Ireland*. If you have further queries, please do not hesitate to contact us, by phone or at the above address or visit us online at www.growingup.ie.

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Thanking you in anticipation

Dr Aisling Murray
Research Fellow, Growing Up in Ireland



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



University of Dublin
Trinity College
College Green
Dublin 2

25th February 2010

<Respondent Address>

Dear <respondent>

Thank you for your recent participation in the **Growing Up in Ireland** pilot project for children approaching 3 years of age. This pilot work is an important part of our work in developing final materials for the main study later this year.

As part of the pilot, we are asking parents/guardians to self-complete a booklet on things their children can do at this stage in their development, such as walking upstairs and copying lines. The booklet contains a standard set of questions called the Ages and Stages Questionnaire. It is an essential part of the information collected on the development of children growing up in Ireland.

The majority of Ages and Stages booklets were left in the home by the interviewer at the time of the interview; however some families are being sent the booklet directly from Head Office instead. We would like to encourage all families to complete and return the booklet to us so that we may assess its usefulness for the main study.

If you have not already returned a completed Ages and Stages booklet, we would be most grateful if you could take the time to complete the booklet and return it to us in the postage-paid envelope provided; a new booklet is enclosed for your convenience. It would greatly assist us if the booklet could be returned to us on or before Friday 5th March, 2010. If you have already returned your completed booklet, many thanks and apologies for the cross-posting of this letter.

If you have any queries regarding the Ages and Stages Questionnaire booklet, please call 1800 200 434 (during office hours) and ask to speak to a member of the **Growing Up in Ireland** team, or email us at growingup@esri.ie.

Yours sincerely

A handwritten signature in blue ink that reads "Aisling Murray".

Dr Aisling Murray
Research Fellow
Growing Up in Ireland



Appendix B: Questionnaires and Related Instruments used in the Dress Rehearsal phase of the Infant Cohort (at 3 years)

B1: Initial Contact Documents

- Contact letter A – GUI Genes Information Sheet not included
- Contact letter B – GUI Genes Information Sheet included
- Information Sheet for Parents
- Consent Form
- GUI-Genes Information Sheet
- GUI-Genes Consent form
- Tracing Information form

B2: Primary Caregiver Main Questionnaire

B3: Primary Caregiver Sensitive Questionnaire

B4: Secondary Caregiver Main Questionnaire

B5: Secondary Caregiver Sensitive Questionnaire

B6: Primary Caregiver Twin Questionnaire

B7: Secondary Caregiver Twin Questionnaire

B8: Non-resident Parent Questionnaire

B9: Non-resident Parent Information Sheet

B10: Home-based Carer Questionnaire

B11: Centre-based Carer Questionnaire

B12: Carer Information Sheet

Appendix B1: Initial Contact Documents

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- Contact letter B – GUI Genes Information Sheet included
- Information Sheet for Parents
- Consent Form
- GUI-Genes Information Sheet
- GUI-Genes Consent form
- Tracing Information form



Date:
Our ref :

Dear,

We are writing to you about the second round of interviews for the *Growing Up in Ireland* study. As you may remember, *Growing Up in Ireland* is the first and most important study of children ever to take place in this country.

Almost two years have now passed since you and your family were interviewed as part of the pilot phase of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

As well as improving our understanding of children and their development it will help us to understand the main issues facing families in Ireland today. *Growing Up in Ireland* will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

As with your first interview, taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

An additional feature of the Study this time is that we would like to take a sample of your child's saliva - so that we can do some DNA analysis. The interviewer will give you a separate information leaflet about this when s/he visits your home and you can decide whether or not you would like to participate in that part of the research. You can participate in the main *Growing Up in Ireland* project without providing the saliva sample if that is what you would prefer.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-8963378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

James Williams
(Research Professor, ESRI and
Principal Investigator, *Growing Up in Ireland* study).

Sheila Greene
(Director, Children's Research Centre, TCD
Co-director, *Growing Up in Ireland* study)





Date:
Our ref :

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Almost two years have now passed since you and your family were interviewed as part of the pilot phase of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

As well as improving our understanding of children and their development it will help us to understand the main issues facing families in Ireland today. *Growing Up in Ireland* will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

As with your first interview, taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

An additional feature of the Study this time is that we would like to take a sample of your child's saliva - so that we can do some DNA analysis. To allow you to decide whether or not you would like to participate in that part of the research we enclose a separate information leaflet about that aspect of the Study (known as GUI-Genes). You can participate in the main *Growing Up in Ireland* project without providing the saliva sample if that is what you would prefer.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-8963378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

James Williams
(Research Professor, ESRI and
Principal Investigator, *Growing Up in Ireland* study).

Sheila Greene
(Director, Children's Research Centre, TCD
Co-director, *Growing Up in Ireland* study)



INFORMATION FOR PARENTS / GUARDIANS

Almost two years have now passed since you and your family kindly agreed to be part of the pilot phase of the *Growing Up in Ireland* study. As you know, *Growing Up in Ireland* is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

Your child was one of 270 children and their families who took part in the pilot phase of the study. We would like to re-interview you to find out how your child has grown and changed since our last visit.

A reminder about what *Growing Up in Ireland* is all about...

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

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

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

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

What has been happening since our last visit?

When we last visited your home we were preparing to carry out the main study. A total of 11,000 families of 9-month-old infants were interviewed as part of that study. A further 8,500 9-year-old children and their parents have also been interviewed for another part of the study.

We are now working on analysing all the information we collected from those families and the first report from the study on the 9-year-old children was published in December 2009. The first report on the 9-month-old children will follow later this year.

Why should my family take part in the follow-up interview?

Your participation in this phase of the study is crucial in helping us to prepare for the main study; we could not do this work without your help.

The real value of this study will come in having more information on the same children as it will help us to better understand the changes which happen in children's lives as they grow and, very importantly, why children grow and develop at different rates.

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 and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

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

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview.

Step One: An interviewer will contact you to make arrangements to come back and interview you and your spouse/partner (where relevant).

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

Step Three: Now that your child is a little older we would like to get him/her involved in the study. With your consent we would like to administer two short assessment tests to your child. This is a short task which involves showing your child some pictures and asking him/her to name the items in those pictures. The second involves the child matching shapes. Both of these tests are used very widely in research with children. Most children like doing them but there is no problem in stopping them at any point if your child doesn't like them. They will take about 20 minutes. Your child will need to be awake and alert for this part of the visit. The results of these tests will be kept strictly confidential and are only for the purposes of the study.

Step Four: If there is another parent living outside the home or someone else, such as a childminder, who looks after the child on a regular basis, we would, with your permission, like to send them a questionnaire in the post.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

Confidentiality

As with the previous interview, all the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your partner, childminder, and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

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

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:

- your child's health and temperament
- his/her daily routines
- your own health
- your family life and experiences as a parent

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family's income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is five-years-old.

In the meantime we will keep you up to date on the progress of the study results and the possibility of a further interview through our newsletter, *Growing Up in Ireland News*.

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). The interviewer is an Officer of Statistics appointed by the Central Statistics Office and are similar to those who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 8632000.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

An interviewer will call to your home to discuss the study with you, and you can tell him or her whether or not you would like to take part.

Your participation counts.

Just as before, 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.

GUI Genes

During the visit to your home, the interviewer will talk to you about whether or not you would be interested in taking part in a separate and extra piece of research called GUI-Genes. This research will look at how children's health is affected by a combination of their genes, lifestyle and environment.

Taking part in GUI-Genes is entirely optional and up to you. You can still take part in the main *Growing Up in Ireland* study and decide not to take part in this extra piece of research.

If you decide to take part in GUI-Genes, a sample of your child's saliva/spit will be taken. DNA will be extracted from it to help study if certain genes can affect children's health.

GROWING UP IN IRELAND

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378

or call 01 8632000 and ask for the *Growing Up in Ireland* team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:

Growing Up in Ireland,

Economic & Social Research Institute,

Whitaker Square,

Sir John Rogerson's Quay,

Dublin 2





PARENT'S /GUARDIAN'S CONSENT FORM

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

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the *Growing Up in Ireland* study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child's other parent and my spouse or partner (where different), and his or her childminder (if relevant).
- I understand that the information provided by me and my family will have our names, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child's other parent (where different) or childminder (if relevant).
- I understand that the results of the child's short assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the Study.
- I understand that, because this study looks at children's development over time, I may be asked to participate in a follow-up study when my child is 5 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____ Contact telephone: _____

GROUP: HHOLD:



Trinity College, Dublin
The Royal College of Surgeons in Ireland
The Economic and Social Research Institute

GUI-Genes - INFORMATION FOR PARENTS / GUARDIANS

GUI-Genes is a new and separate piece of research being carried out as part of the *Growing Up in Ireland* study. This information leaflet will tell you all about the study and once you have read it you can decide whether or not you would like to take part. Taking part is entirely optional and up to you. You can take part in the main *Growing Up in Ireland* study without taking part in **GUI-Genes**.

What is the GUI-Genes study all about?

The aim of **GUI-Genes** is to find out how a child's emotional and physical health is affected by the interaction of their genes (their hereditary material or DNA) with their lifestyle and environment.

At the moment the main *Growing Up in Ireland* study is collecting a huge amount of information from thousands of children from around Ireland to find out what leads to a happy and healthy childhood.

By collecting DNA samples from these same children medical researchers can try to work out why some children develop particular conditions and illnesses while others do not. It will also help us to better understand the genetic causes of certain illness and hopefully help us find new ways of preventing such illnesses before they develop. This could not only benefit future generations of children but will also assist in improving public health policy.

What kinds of illnesses is GUI Genes researching?

GUI-Genes plans to look at number of different illness and disorders. In the first instance it will look at developmental, emotional and behavioural disorders such as ADHD, autism and learning difficulties

Who is running the GUI-Genes study?

GUI-Genes is being run by a group of researchers led by Trinity College, Dublin (TCD) with the Royal College of Surgeons in Ireland (RCSI) and the Economic and Social Research Institute (ESRI). Professor Tom O'Dowd, Professor of General Practice in TCD is leading the study.

What happens if I decide to take part?

If you decide to take part, a sample of your child's saliva or spit will be taken. This can be done by asking the child either to spit into a small container or by using what is called a cheek swab. A cheek swab is a sponge designed to be used like a toothbrush. Using it is simple, much like brushing your teeth and it only takes a few minutes. The interviewer will give the cheek swab to you and will show you how to rub the swab on the inside of your child's cheek. It does not hurt at all, it may just tickle somewhat. It will then be sent to Trinity College's laboratory in St. James's Hospital in Dublin where it will be stored for research.

What happens if I decide NOT to take part?

Taking part in **GUI-Genes** is optional and entirely up to you. If you decide not to take part, we hope you will continue to take part in the main *Growing Up in Ireland* study as normal.

What happens to my child's saliva sample at St James's Hospital?

Step One: The researchers at St. James's Hospital will extract DNA from all the saliva samples collected in the course of **GUI-Genes**.

Step Two: The genetic information obtained from the DNA will be stored on a computer and will be available to be used for research approved by a Research Ethics Committee which will oversee the project. The Research Ethics Committee is made up of a group of independent experts who are responsible for protecting and looking after the rights and best interests of those participating in the **GUI-Genes** study. No research on the DNA samples can be carried out without the permission of the Research Ethics Committee.

This research may be undertaken by the researchers directly involved in setting up the **GUI-Genes** project or by other researchers. Some of the research may include taking information and results from the main *Growing Up in Ireland* study and linking it to the information in **GUI-Genes**. This linkage will be done using the secure study identification number only and not your child's name or contact details. Again, we would assure you that all research undertaken would be approved by a Research Ethics Committee which will oversee the project.

Step Three: The actual sample of spit/saliva (from which the DNA is extracted) will be securely stored for up to 10 years at the laboratory in St James' Hospital, Dublin. No names will be stored with the sample, only identification numbers. If the researchers wish to store it for longer than 10 years, they will seek permission from the project's Research Ethics Committee.

Step Four: The DNA information stored on the computer will be stored indefinitely. It will be identified only by the secure study identification number.

Step Five: If researchers come up with new areas of research which they would like to study using the **GUI-Genes** samples, they must get permission from the project's Research Ethics Committee.

Step Six: Some investigation of the DNA information may have to take place in other laboratories, other than in those located in St. James's hospital. If that happens the DNA sample will be returned to the hospital afterwards for secure storage. Any information generated in other laboratories will also be returned to the investigators for analysis and storage. Once again, we emphasise that your child's name or contact details would not be stored with the DNA information or the sample of spit/saliva. These are identified only by the secure study identification number.

Confidentiality

As with all the information collected in the main *Growing Up in Ireland* study, the spit/saliva sample and DNA information taken from your child is strictly confidential and can be used only for research purposes.

Just like *Growing Up in Ireland*, **GUI-Genes** is being carried out under the Statistics Act (1993). This is the same legislation that is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

Your child's sample and DNA information will be stored using an identification number. All identifying information such as your child's name and address will be removed to make sure it is completely anonymous. The information will be stored on a computer archive that can be used **ONLY** for research purposes. It would be an offence to use it for any other reason.

Will I get feedback on my child's DNA?

We will **NOT** be able to give you any feedback of any sort on the sample collected as part of **GUI-Genes**. If you have any concerns about any aspect of your child's health you should talk to your GP. If you have concerns about hereditary diseases speak to your GP about them. Your GP may consider referring you to a geneticist about them.

What are my rights if I take part?

If you decide to take part in **GUI-Genes** you and your family may choose to withdraw from that part of the study at any time, even after the interviewer has collected the sample. If you decide you do not wish to be part of the **GUI-Genes** study anymore your child's sample and DNA information will be destroyed.

Who will be involved in researching my child's DNA?

It will be a combination of doctors who specialise in psychological problems and laboratory geneticists.

Will new drugs be developed?

Doctors and researchers are always seeking to develop new treatments. These are expensive to develop in terms of expertise and finance. If new treatments for psychological conditions are developed they will involve researchers from the university, who will be funded by the Government, and industrial partners who specialise in such treatments.

A large number of steps are needed to bring new treatments to patients and it is carefully controlled by the Government and ethics committees.

What do I do next?

If you would like to take part in the **GUI-Genes** study the interviewer will ask you to sign a consent form. You will keep one copy of the consent form and the interviewer will send another copy to the study team.

Where can I find out more information?

If you would like any more information on **GUI-Genes** or wish to withdraw your consent to the **GUI-Genes** project once you have provided your child's sample you can contact Prof. Tom O'Dowd, TCD, who is in charge of the **GUI-Genes** study.

Phone: 01 896 1087

Email: gui_genes@tcd.ie

Post: GUI-Genes, Department of Public Health and Primary Care, Trinity College, Dublin 2

Here are answers to some common questions that people often ask about DNA.

Can DNA samples be used for cloning?

No. The cheek cells which may be included in the saliva sample which the interviewer would take from your child are not living cells, they are already dead cells, and so they cannot be cloned.

Can DNA samples be used in Garda/Police investigations?

No. The DNA sample collected will always be kept completely confidential, without exception. In addition, if a criminal court ever wishes to conduct a DNA test, they can easily take their own DNA sample from saliva, so there would be no need for them to contact us. The DNA information will be used only for research purposes.

Can DNA samples ever be used to test who is my child's father?

No. The DNA sample collected will always be kept completely confidential, without exception. In addition, if a family court ever wishes to conduct a paternity test, they can easily take their own DNA sample, so there is no need for them to contact us. The DNA sample will be used only for research purposes.

Could the sample of my child's DNA be used by an employer or insurance company?

No. The DNA sample we collect can never be screened by, for example, any employer or insurance company. It is used only for research purposes. The **GUI-Genes** project is being carried out under the Statistics Acts, 1993. Under that Act it would not be lawful to use the information for any other purposes.

Can my GP contact you to find out the results of child's DNA sample?

No. The DNA sample will always be kept strictly confidential, without exception. The DNA sample will be used only for research purposes. If your GP ever wishes to conduct a DNA test for your child, the GP can easily take a DNA sample from your child's saliva or blood so there is no need for GP's to contact us.



GUI-Genes - PARENT'S /GUARDIAN'S CONSENT FORM

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

- I have read and understand the information sheet provided about the **GUI-Genes** study. I understand that I can ask any questions I may have at any time before or after a sample has been taken from my child.
- I understand that **GUI-Genes** is separate to the *Growing Up in Ireland* study.
- I consent to my child's saliva sample being included in research which will be conducted on the saliva samples being collected in the course of the **GUI-Genes** study.
- I understand that the main aim of the **GUI-Genes** study is to find out how a child's emotional and physical health is affected by the interaction of their genes with their lifestyle and environment. **GUI-Genes** plans to look at a number of different illness and disorders. In the first instance it will look at developmental, emotional and behavioural disorders such as ADHD, autism and learning difficulties
- I understand that a sample of my child's spit/saliva will be taken and will be sent to a laboratory in St. James's Hospital where it will be stored for research.
- I understand that the actual sample of my child's saliva will be stored for up to 10 years before being destroyed. If researchers wish to store it for longer than 10 years they will seek permission from the project's Research Ethics Committee to do so.
- I understand that the DNA information extracted from my child's saliva sample will be stored securely and indefinitely on computer so that it will be available to be used for research approved by a Research Ethics Committee which will oversee the project. This research may be undertaken by the researchers directly involved in setting up the GUI-Genes project or by other researchers.
- I understand that my child's cheek swab sample and DNA information will be stored using an I.D number and that neither my nor my child's name, address nor other identifying information will be stored with the DNA information. I understand that, under the Statistics Act (1993), the sample can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that some of the research may include taking information and results from the main *Growing Up in Ireland* study and linking it to the information collected as part of **GUI-Genes**. This linkage would be done using the secure study identification number only and not my or my child's name or contact details.
- I understand that I will NOT be able to get feedback on my child's DNA information or any details extracted from it.
- I understand that I may withdraw my child from the **GUI-Genes** part of the *Growing Up in Ireland* study at any time, including after the sample has been collected.

Name of Parent/Guardian: _____
 (BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____
 (BLOCK CAPITALS PLEASE)

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____

Address of parent/guardian not resident in your household: _____
 (BLOCK CAPITALS PLEASE)

Signature of parent/guardian not resident in your household: _____

Date: _____ Contact telephone: _____

GROUP:

--	--

HHOLD:

--	--	--	--



FOLLOW UP / TRACING INFORMATION

R1 Thank you very much for your participation in the *Growing Up in Ireland* survey.

We will be sending you updates on our progress from time to time. Could you give me the name and address (or phone number) of two relatives, friends, neighbours or any other persons or organisations who may be able to help us in contacting you, should you move over the next few years.

[Int: Record details on two contacts below].

Contact 1

Name: _____

Address : _____

Phone: (_____) _____

Relationship to respondent: _____

Contact 2

Name: _____

Address : _____

Phone: (_____) _____

Relationship to respondent: _____

GROUP: **HHOLD:**

Appendix B2: Primary Caregiver
Main Questionnaire



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



University of Dublin
Trinity College
College Green
Dublin 2



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE, DRESS REHEARSAL

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at time 1> still resident in the household?

Yes _1 No..... _2 →

A1b. Do you have a spouse/partner who lives here with you in the household?

Yes _1 No..... _2

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

A2. *The name, sex, date of birth, and relationship of each person to the <primary respondent at time 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.*****

No.	First name	Sex M F	Date of Birth	If DOB not available	Still resident? Y N	Relationship of each member to mother and child.		(E) Show Card A2F								
						R'SHIP TO: CARD A2E1 Mother	R'SHIP TO: CARD A2E2 Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other		
1		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>	////										
2		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>	////										
3		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/> <input type="checkbox"/>	____		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. Father / Partner on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT TIME 1 - ADD THEM TO THE NEW GRID BELOW]

A3. Has anyone else joined the household since we last spoke and is currently living with you?

Yes ₁

No ₂

Go to A4

No	First Name	Sex M F	Date of Birth	If DOB not available	Relationship of each member to mother and child		Since when have they been living with you		Resident Y/N	Show Card A2F						
					Mother (Card A2E1)	Child (Card A2E2)	Month	Year		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	____							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

A4. So that's a total of _____ people who live here in the household at present. Is that correct?

Yes _1 No..... _2 → [INT: Check Household Grid]

[ASK ONLY IF <TIME 1 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 2.

A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes _1 Go to A9a No..... _2

A6a. Why is that?

IF PRIMARY CAREGIVER FROM TIME 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:

A6b. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes _1 No..... _2 [[BLAISE INSTRUCTION - END OF THE INTERVIEW]

[INT: ARRANGE TO INTERVIEW RESIDENT SPOUSE/PARTNER AS THE PCG]

A6c. We would also like to interview you as the secondary caregiver of child on this occasion. Is that ok?

Yes _1 Go to A9a No..... _2 [BLAISE INSTRUCTION - NO SECONDARY CARER QUESTIONNAIRE]

IF NEW HOUSEHOLD ENTRANT AT TIME 2 IDENTIFIES HIM/HERSELF AS THE PCG OF CHILD THEN ASK A6d

A6d. [Card A6d] Can you please tell me which of the following best describes your relationship to <child>? [Interviewer use codes only]

- | | | | |
|--|-----------------------------|------------------------------|-----------------------------|
| Biological mother/ father | <input type="checkbox"/> _1 | Grand parent | <input type="checkbox"/> _5 |
| Adoptive mother/ father | <input type="checkbox"/> _2 | Aunt/uncle | <input type="checkbox"/> _6 |
| Step-mother / Step-father / Partner of child's parent | <input type="checkbox"/> _3 | Other relative/ in law | <input type="checkbox"/> _7 |
| Foster mother / father | <input type="checkbox"/> _4 | Unrelated guardian..... | <input type="checkbox"/> _8 |

Go to A9a

IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK A7a – A9.

A7a. Are you the legal parent / guardian of <baby> who usually provides the most care to him/her?

Yes _1 No _2 → [INT: Ask to speak to PCG]

A7b. Can you please tell me which of the following best describes your relationship to <child>? [Interviewer use codes only]

- | | | | |
|--|-----------------------------|------------------------------|-----------------------------|
| Biological mother/ father | <input type="checkbox"/> _1 | Grand parent | <input type="checkbox"/> _5 |
| Adoptive mother/ father | <input type="checkbox"/> _2 | Aunt/uncle | <input type="checkbox"/> _6 |
| Step-mother / Step-father / Partner of child's parent | <input type="checkbox"/> _3 | Other relative/ in law | <input type="checkbox"/> _7 |
| Foster mother / father | <input type="checkbox"/> _4 | Unrelated guardian..... | <input type="checkbox"/> _8 |

A7c. Do you have a spouse/partner who lives here with you in the household?

Yes _1 No..... _2

A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex		Date of Birth	If DOB not available	Was this Person Resident at time 1?	Relationship of each member to mother and child.	(E) Show Card A2F							
		M	F					Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
		Y	N												R'SHIP TO: CARD A2E1 Mother
51		<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>		////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52		<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>		////	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53		<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54		<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55		<input type="checkbox"/>	<input type="checkbox"/>	____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A8b. Was that person born into the household or did they join for another reason?

Born into the household ₁

Joined for another reason (specify) _____ ₂

A8c. Since when has this person being living here in the household? _____ month _____ year

Go to A9a

A9a. Does the study child have any brother(s) or sister(s) who live outside the household? Please include full, half or step brothers or sisters?

Yes ₁ No ₂

A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? _____ n

A9c. For each full/half/step brother/sister who lives outside the household, can you tell me:

1) their gender

2) their Date of Birth (DOB)

3) their relationship to <child>

1. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

2. Male ₁ Female ₂ Date of Birth ____ / ____ / ____ Relationship to <child> *SHOW CARD A9c*

Male Female Date of Birth Relationship to <child>

Section B - Child's Habits and Routines

I'd now like to ask you a few questions about <child's> habits and routines.

B1. Does <child> go to bed at a regular time?

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

B2a. On a normal day, what time in the evening does <child> usually go to sleep? _____ (24 hour clock)

B2b. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

B3. On an normal day how many hours would the child <sleep> during the day _____ hours

B4. How much is <child's> sleeping pattern or habits a problem for you?

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

B5. Why is that?

[TICK ALL THAT APPLY]

- (a) Difficulty getting to sleep..... ₁
- (b) Waking during the night..... ₂
- (c) Nightmares / Night terrors..... ₃
- (d) Other (please specify) _____ ₄

B6. Does <child> wear nappies / training pants / pullups?

	Always	Sometimes	Never
(a) during the day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) at night	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B7. How often does he/she suck a soother or his/her thumb or finger(s)?

	Most of the time	Sometimes	Never
(a) Soother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) Thumb/finger(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

(c) Apart from his/her finger, thumb or a soother does he/she have a special object that he/she uses for comfort such as a blanket or cuddly toy?

Yes ₁ No..... ₂

B8a. Does your child use a spoon to feed herself with little spilling?

Yes ₁ Sometimes ₂ Not Yet..... ₃

B8b. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn?

Yes ₁ Sometimes ₂ Not Yet..... ₃

B8c. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name?

Yes₁ Sometimes₂ Not Yet.....₃

B8d. Can your child put on a coat, jacket or shirt by himself?

Yes₁ Sometimes₂ Not Yet.....₃

B8e. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

Yes₁ Sometimes₂ Not Yet.....₃

B8f. Does your child take turns by waiting while another adult or child takes a turn?

Yes₁ Sometimes₂ Not Yet.....₃

B9. [CARD B9] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My child values his/her relationship with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. When I praise child he/she beams with pride.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My child spontaneously shares information about his/herself.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. My child easily becomes angry at me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. It is easy to be in tune with what my child is feeling.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child remains angry or resistant after being disciplined.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Dealing with my child drains my energy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. When my child is in a bad mood I know we're in for a long and difficult day.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My child's feelings toward me can be unpredictable or change suddenly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. My child openly shares his/her feelings/experiences with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B10. [Card B10] How often do you do the following when the Study Child misbehaves

	Never	Rarely	Now and Again	Regularly	Always	Can't say
A. Discuss/Explain why behaviour was wrong....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
B. Ignore him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
C. Smack him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
D. Shout or yell at him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
E. Send him/her out of the room or to their bedroom or Naughty step.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
F. Take away treats.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
G. Tell him/her off.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈
H. Bribe him/her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

C1. In general, how would you describe <child's> current health?

- Very healthy, no problems₁
- Healthy, but a few minor problems₂
- Sometimes quite ill.....₃
- Almost always unwell.....₄

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes _1

No..... _2 → **Go to C6z_1**

C3. [Card C3] What is this?

[INT – code for up to 3 illnesses]

- a. Asthma _1
- b. Cystic Fibrosis..... _2
- c. Heart abnormalities _3
- d. Eczema or any kind of skin allergy _4
- e. Any kind of respiratory allergy (including hayfever) _5
- f. Any kind of food or digestive allergy _6
- g. Problem with non-food allergies, such as to dust, animals or medicine _7
- h. Bone, joint or muscle problems..... _8
- i. A problem using his/her arms or legs _9
- j. A problem using his/her hands or fingers _10
- k. Hyperactivity/Problems with attention _11
- l. Severe behavioural problems _12
- m. Diabetes _13
- n. Kidney disease..... _14
- o. Migrainous headaches..... _15
- p. Epilepsy or seizures..... _16
- q. Down syndrome _17
- r. Spina bifida/hydrocephalis..... _18
- s. Cerebral palsy _19
- t. Autism Spectrum Disorder _20
- u. Other (please specify) _21

[INT – CODE FOR UP TO 3 ILLNESSES]

C4. Has this illness, condition or disability been diagnosed by a medical professional?

Yes _1

No..... _2

C5. Since when has <child> had this illness, condition or disability? ____month ____year

C6. Do any of these illnesses hamper <child> in his/her daily activities?

Yes, severely _1

Yes, to some extent _2

No..... _3

C6z_1. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes _1

No..... _2

C6z_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has the child had in the past 12 months? _____ N

C6z_3. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes _1

No..... _2

C7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?

Yes _1

No..... _2

C8. In the past 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical health?

[INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

- A general practitioner (GP) _N
- A paediatrician / consultant / hospital doctor _N
- A public health nurse _N
- A practice nurse (i.e. a nurse in a G.P's surgery/clinic).... _N
- A psychiatrist/psychologist..... _N
- Accident and Emergency..... _N
- A social worker..... _N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes _1

No..... _2

C9b. In total how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? _____ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C11. Most children have accidents at some time. Has <child> ever had an accident or injury that required hospital treatment or admission?

Yes _1

No..... _2

C12. How many separate accidents has <child> ever had that required hospital treatment or admission? _____ accidents

C13. How many of these accidents involved bone fractures or breaks? _____

C14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently..... _1

Yes, in the past _2

No..... _3

C15. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently..... _1

Yes, in the past..... _2

No _3

C16. Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it?

Yes _1

No _2

C17. Why did <CHILD> not get the medical care or treatment? Was this because

[INT: Yes or No to each]:

- (a) You couldn't afford to pay..... _1 _2
- (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 with <child> _1 _2
- (d) You wanted to wait and see if the problem got better _1 _2
- (e) Child refused/fear of doctor _1 _2
- (f) Child is still on the waiting list..... _1 _2
- (g) Other reason (please specify) _1 _2

C18. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No....._1 Yes, a little....._2 Yes, a lot_3 Don't know_4

C19. In which areas does child have difficulties? What speech problems does the Study Child have? [TICK ALL THAT APPLY]

- | | | | |
|---|-----------------------------|--|------------------------------|
| A. Reluctant to speak | <input type="checkbox"/> _1 | G. Voice sounds unusual..... | <input type="checkbox"/> _7 |
| B. Speech not clear to the family | <input type="checkbox"/> _2 | H. Stutters, stammers..... | <input type="checkbox"/> _8 |
| C. Speech not clear to others..... | <input type="checkbox"/> _3 | I. Lisp or difficulty pronouncing certain letter combination ... | <input type="checkbox"/> _9 |
| D. Speech is developing slowly | <input type="checkbox"/> _4 | J. Other (please specify) | <input type="checkbox"/> _10 |
| E. Difficulty finding words..... | <input type="checkbox"/> _5 | K. Don't know | <input type="checkbox"/> _99 |
| F. Difficulty putting words together..... | <input type="checkbox"/> _6 | | |

C20. Has <child> received any treatment for his/her speech or language problem?

Yes_1 No....._2

C21. Why has <child> not received any treatment for his/her speech or language problem?

[INT: Yes or No to each]

	Yes	No
(a) You couldn't afford to pay.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
(b) Speech and language services are not available or accessible to you.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
(c) You could not take time off work to visit the speech therapist with <child>	<input type="checkbox"/> _1	<input type="checkbox"/> _2
(d) You wanted to wait and see if his/her speech improved	<input type="checkbox"/> _1	<input type="checkbox"/> _2
(e) Child refused to attend	<input type="checkbox"/> _1	<input type="checkbox"/> _2
(f) Child is still on the waiting list.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
(g) Other reason (please specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

C22. How old was <child> [in months] when he/she took his/her first steps unsupported?

Interviewer: By unsupported I mean that the baby walked on his/her own without holding onto someone else or something else for support.

_____ months _99 child cannot walk

Interviewer: Show Card C23

C23a. Without holding onto anything for support does your child kick a ball by swinging his leg forward?

Yes_1 Sometimes_2 Not Yet....._3



C23b. Does your child jump with both feet leaving the floor at the same time?

Yes_1 Sometimes_2 Not Yet....._3



C23c. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step and the right foot is on the next). She may hold onto the railing or wall (you can look for this at a store, on a playground, or at home)

Yes_1 Sometimes_2 Not Yet....._3



C23d. Does your child stand on one foot for about 1 second without holding on to anything?

Yes₁ Sometimes₂ Not Yet.....₃



C23e. While standing, does your child throw a ball *overhand* by raising the ball forward? (Dropping the ball or throwing the ball underhand)

Yes₁ Sometimes₂ Not Yet.....₃



eight and throwing

C23f. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?

Yes₁ Sometimes₂ Not Yet.....₃



C24. Do you have any concerns about any aspects of <child's> behaviour or development?

Yes₁ No.....₂

C25. What concerns do you have?

[BLAISE CONDITION: ASK ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

C30. When we last interviewed you in _____, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]

Yes₁ No.....₂

C31. How old was <child> [in months] when he/she completely stopped being breastfed? ____ Months

[Int: Only Accept answer in Months]

C32. [Card C32] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

	Not At all	Once	More than Once
A. Fresh fruit.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Cooked vegetables.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Raw vegetables or salad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Hamburger, hot dog, sausage or sausage roll, meat pie,.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Hot chips or French fries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Crisps or savoury snacks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
H. Sweets.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I. Full fat cheese/yoghurt/ fromage frais.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
J. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
K. Water (tap water / still water/).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
L. Fizzy drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
M. Fizzy drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
N. Full cream milk or full cream milk products.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products ₁ ₂ ₃

C33. Some children just have snacks all day while others wait for meals. How would you describe <child>? Would you say he/she...READ OUT...

- Snacks all day and has no real meals ₁
- Snacks during the day but also has meals ₂
- Doesn't snack much, just has meals ₃
- Something else (please describe) ₄

C34. [Card C34] Please read the following statements and indicate the answer which best describes how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.

	Never	Rarely	Sometimes	Often	Always
1. I decide how many snacks my child should have.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. I give my child something to eat to make him/her feel better when s/he is feeling upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. I let my child decide when s/he would like to have her meal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. If my child misbehaves I withhold his/her favourite food	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. I give my child something to eat if s/he is feeling bored	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
6. I insist my child eats meals at the table	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
7. I use puddings as a bribe to get my child to eat his/her main course.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
8. I let my child eat between meals whenever s/he wants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C35. Which of these best describes <child's> weight?

- Underweight ₁
- Normal weight ₂
- Somewhat overweight..... ₃
- Very Overweight ₄

C36. [Card C36] How much do the following affect what you give your child to eat?

	A lot	A fair amount	A little	Not at all
(a) Cost	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(b) Convenience.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(c) Child's preference.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
(d) Nutritional value.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Section D - Parental Health

Now I'd like to ask you a few questions about your own health.

D1. In general, how would you say your current health is?

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

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

Yes ₁ No ₂

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

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

D5. Are you hampered in your daily activities by this problem, illness or disability?
 Yes, severely..... ₁ Yes, to some extent ₂ No ₃

D6. [Card D6] Since <baby> was born have you suffered from any chronic physical or mental health problem, illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

	Some difficulty			
No Difficulty <input type="checkbox"/> _1	Just a little <input type="checkbox"/> _2	A moderate level <input type="checkbox"/> _3	A lot of difficulty <input type="checkbox"/> _4	Cannot do at all <input type="checkbox"/> _5

D7. Thinking about your free-time, in general would you say you are...

- Very physically active..... _1
 Fairly physically active _2
 Not very physically active..... _3
 Not at all physically active..... _4

D8. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

- Yes, full card _1 Yes, GP only _2 Not covered..... _3

D9. Is <Study Child> covered by private medical insurance?

- Yes _1 No _2

D10. Does that insurance include the cost of GP visits?

- Yes, in full..... _1 Yes, partially _2 No..... _3

Section E - Child's play and activities

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

- | | Almost
Never | Not
Often | Variable
usually does
not | Variable
usually
does | Frequently | Almost
always |
|--|-----------------------------|-----------------------------|---------------------------------|-----------------------------|-----------------------------|-----------------------------|
| A. This child is pleasant (smiles, laughs) when first arriving
In unfamiliar places..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| B. This child plays continuously for more than 10 minutes
at a time with a favourite toy | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| C. This child responds to frustration intensely
(screams, yells) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| D. This child smiles when an unfamiliar adult plays with
him/her | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| E. This child goes back to the same activity after a brief
interruption (snack, trip to toilet) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| F. This child has moody "off" days when he/she is irritable
all day..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| G. This child is outgoing with adult strangers
outside the home..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| H. This child stays with a routine task (dressing, picking up
toys) for 5 minutes or more | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| I. This child shows much bodily movement (stomps, writhes,
swings arms) when upset or crying | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| J. This child is still wary of strangers after 15 minutes | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| K. This child stops to examine objects thoroughly
(5 minutes or more) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| L. This child reacts strongly (cries, screams) when unable
to complete a play activity | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |
| M. This child practices a new skill (throwing, building,
drawing for 10 or more minutes) | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _6 |

E2. Overall, compared to other children of the same age, do you think <child> is:

- Easier than average..... ₁
- About average..... ₂
- More difficult than average..... ₃

We are interested in the various kinds of activities that children do with their families. I would like you to think about activities that <child> might do with the family or at home. Please think about the usual pattern for <child> at the moment.

E3. [Card E3] Now I'd like to ask you about activities you or other members of the family might do with <child>.

a) On how many days in an average week does anyone at home read to <child>

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
- ₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

b) On how many days in an average week does anyone at home ever help <child> learn the ABC or alphabet

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
- ₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

c) On how many days in an average week does anyone at home try to teach <child> numbers or counting

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
- ₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

d) On how many days in an average week does anyone at home try to teach <child> any songs, poems or nursery rhymes

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
- ₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc. with child]

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
- ₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

f) On how many days in an average week does <child> paint, draw, colour, play with play doh at home

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
- ₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

g) On how many days in an average week do you or someone else from the family play active games with the child (e.g. football)?

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
- ₀..... ₁..... ₂..... ₃..... ₄..... ₅..... ₆..... ₇

E4. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate:

- None..... ₁ 21 to 30..... ₄
- Less than 10..... ₂ More than 30..... ₅
- 10 to 20 ₃

E5. Typically, how many hours a day does <child> watch television or videos/dvds?

_____ hours _____ minutes [If none, enter 0 for hours and minutes]

E6a. And are there rules in your family about how many hours <child> may watch television each day?

- Yes ₁ No..... ₂

E6b. And are there rules in your family about what <child> may watch on television?

- Yes ₁ No..... ₂

E7. Is there a television in the child's bedroom?

- Yes ₁ No..... ₂

E8. What does <child> prefer to do when he/she has a choice about how to spend free time?

- Usually chooses inactive pastimes like TV, drawing or playing with toys in one place.....1
- Usually chooses active pastimes like running around, riding push-cars, kicking balls.....2
- Just as likely to choose active as inactive3

E9. Think for a moment about a typical weekday for your child in the last month.

How much time would you say your child spends playing outdoors [e.g. in the garden, playground or park] on a typical weekday? _____ Hours _____ Minutes

E10. Now think about a typical weekend day for your child in the last month.

How much time would you say your child spends playing outdoors [e.g. in the garden, playground or park] on a typical weekend day? _____ Hours _____ Minutes

Section F - Child's Functioning and relationships

Now I'd like to ask you some questions about <child's> emotional health and wellbeing.

F1. [CARD F1] Listed below 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.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often argumentative with adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Can stop and think things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F2. Does <child> have any brothers or sisters?

Yes1 No2

F3. In general, how well does <child> get on with his/her siblings?

- Gets on well with his/her siblings 1
- Mixed 2
- Does not get on well with his/her siblings 3
- Does not see them 4

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

H1. How many times in the past week has the family sat down to eat an evening meal together? ____ (range 0 – 7)

H4. [Card H4] The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

Thinking about the study child over the last six months, how often did you...? (Tick one box per row only)

- | | Never /
Almost never | Rarely | Sometimes | Often | Always /
Almost always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) Hug or hold this child for no particular reason | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (b) Talk it over and reason with this child when he/she misbehaved | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (c) Tell this child how happy he/she makes you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (d) Give this child reasons why rules should be obeyed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (e) Explain to this child why he/she was being corrected | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (f) Have warm, close times together with this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (g) Enjoy listening to this child and doing things with him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (h) Feel close to this child both when he/she was happy and when he/she was upset | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (i) Express affection by hugging, kissing and holding this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (j) Explain to this child the consequences of his/her behaviour | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (k) Emphasise to this child the reasons for rules | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

H5. [Card H5] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

- | | Never /
Almost never | Less than
half the time | About half
the time | More than
half the time | All the
time |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) Of all the times you talk to this child about his/her behaviour, how often is this praise | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (e) How often does this child get away with things that you feel should have been punished | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (f) How often are you angry when you punish this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (g) How often do you feel you are having problems managing this child in general | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (h) How often is this child able to get out of punishment when he/she really sets his/her mind to it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (i) When you discipline this child, how often does he/she ignore the punishment | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (j) How often do you tell this child that he/she is bad or not as good as others | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (k) How often do you think that the level of punishment you give this child depends on your mood | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

H6. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

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

H7. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help <input type="checkbox"/> 1	I don't get enough help <input type="checkbox"/> 2	I don't get any help at all <input type="checkbox"/> 3	I don't need any help <input type="checkbox"/> 4
---	---	---	---

H8a. Have you heard of and do you intend to avail of the free preschool year scheme?

["All children aged between 3 years 3 months and 4 years 6 months at September 1st each year are eligible for the free pre-school year scheme which entitles them to receive free pre-school provision of between 2 and 3 hours per day."]

1. Currently availing of the preschool scheme 1
2. Have heard of and plan to avail of the preschool scheme 2
3. Have heard of but unsure if I will avail of the preschool scheme 3
4. Have heard of but don't plan to avail of..... 4
5. Have never heard of the preschool scheme 5

H8b. Why not?

Note: 3 hours per day over 38 weeks per year (or 2 hours and 15 minutes per day over 50 weeks)

H9. Have you registered or enrolled <child> with a primary school?

- No..... 1
 Yes, with one school..... 2
 Yes, with more than one school..... 3
 Not registered, <child> will definitely attend local school..... 4

H10a. Is <child> cared for on a regular basis for 8 hours or more per week?

Yes 1 No..... 2

H10b. We would like to send a short questionnaire to the person/centre who provides this care to <child>. Would you be able to provide us with the contact details for the person or centre who provides this care to <child>?

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

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

J: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

Now some questions about the circumstances of your household.

J5. [Card J5] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as at work]

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

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 OR ON MATERNITY LEAVE AT TIME 1 BUT IS WORKING AT TIME 2 ASK J6a]

J6a. When did you return to work? _____ mth _____ year

J7. 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

J8. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

_____ minutes

[Int. if respondent works at home enter '0' for minutes]

J9. [Card J9] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

J10. Do you supervise or manage any personnel in your job?

Yes 1

No 2

J11. How many? _____

J12. How many employees (if any) do you have? _____ employees N A ... 99

J13. [Ask only if Farmer at J5.] What is the acreage of the farm? _____ acres

Go to J23

J14. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 Go to J19

J15. In what year did you last work in that full-time job? _____ year

J16. When you last worked in that full-time job were you?

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

J17. [Card J17] What (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

J18. [Ask only if Farmer at J18.] What was the acreage of the farm? _____ acres

J19. Do you currently have a part time job outside the home? Yes ₁ No ₂ Go to J22

J20. On average, how many hours per week do you work in that part-time job? _____ hours

J21. [Card J9] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to J23

J22. [Card J22] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | | | |
|--|-------|---|-------|
| A. I can't find a job | _____ | F. I cannot find suitable childcare..... | _____ |
| B. I chose not to work | _____ | G. There are no suitable jobs available for me .. | _____ |
| C. I am caring for an elderly or ill relative or friend .. | _____ | H. My family would lose Social Welfare or | |
| D. I prefer be at home to look after my children myself | | medical benefits if I was earning | _____ |
| E. I cannot earn enough to pay for childcare | _____ | I. Other reason (specify) | _____ |

Go to J23

J23. [Card J9] What is the occupation of your spouse / partner?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION

If a farmer or a farm worker, write in the **SIZE** of the farm _____ acres

HOUSEHOLD INCOME

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

J24. Looking at Card J24/J25, 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]

J25. [Card J24/J25] And of these sources of income which is the largest source of income at present?[Int Tick one box only in Col. B]

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

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

J26. 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. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO J27. IF EXACT FIGURE GIVEN GO TO J29]

Dont.Know.....99 € _____ per Week.....1 Month.....2 Year 3

J27 [Card J27] I know that it is difficult to give an exact figure for household income but on Card J27 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

<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> → Section C, Card L27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> → Section D, Card L27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> → Section E, Card L27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> → Section F, Card L27
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000 ...	G <input type="checkbox"/> → Section G, Card L27
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000 ...	H <input type="checkbox"/> → Section H, Card L27
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000 ...	I <input type="checkbox"/> → Section I, Card L27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> 10 → Section J, Card L27
Refused	<input type="checkbox"/> 77	GO TO J30	Don't Know
			<input type="checkbox"/> 88 GO TO J30

J28. Would that be [Int: Show Card J28 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A Per week	under €75	<input type="checkbox"/> 1	€75 to €150	<input type="checkbox"/> 2	€151 to €230	<input type="checkbox"/> 3
Per Month	€0 to €300	<input type="checkbox"/> 1	€301 to €650	<input type="checkbox"/> 2	€651 to €1,000	<input type="checkbox"/> 3
Per Year	€0 to €4,000	<input type="checkbox"/> 1	€4,001 to €8,000	<input type="checkbox"/> 2	€8,001 to €12,000	<input type="checkbox"/> 3

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

J29. [Card J29] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason?

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

J30. How well would you say you (and your wife / husband / partner) are managing financially these days? Would you say you are

1. Living comfortably₁
2. Doing alright₂
3. Just about getting by₃
4. Finding it quite difficult₄
5. Or, finding it very difficult₅

J31. 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?)

Yes₁ No₂

J32a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes₁ No₂

J32b. Why was that?

- Didn't want to ₁ Couldn't leave the children ₄
 Have a full social life in other ways ₂ Illness ₅
 Couldn't afford to ₃ Other (specify) _____ ₆

J33. Sometimes families are not able to pay every bill when it falls due. May I ask, are you up-to-date with the bills on this card, or are you behind with any of them? [Tick all that apply]

1. Behind with the electricity bill ₁
 2. Behind with the gas bill ₂
 3. Behind with other fuel bills like coal or oil ₃
 4. Behind with car loan repayments ₄
 5. Behind with insurance policies ₅
 6. Behind with telephone bill ₆
 7. Behind with television/video/ DVD rental or Hire Purchase ... ₇
 8. Behind with other Hire Purchase payments ₈
 9. Behind with credit card payments ₉
 10. Behind with bank or other loan repayments ₁₀
 11. Not behind with any of these ₁₁

J34. Do you consider paying your mortgage or rent to be

1. Very easy to manage ₁
 2. Fairly easy to manage ₂
 3. Neither easy nor difficult to manage ₃
 4. Fairly difficult to manage ₄

		Yes	No	Is this because you do not want this/these or cannot afford this/these	
				Don't want	Can't afford
A.	A warm waterproof coat for <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B.	New properly fitted shoes for <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C.	Fresh fruit or vegetables at least once a day for <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D.	Insurance for contents of your home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E.	Do you have a hobby or leisure activity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F.	Two pairs of weather-proof shoes for yourself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
G.	A small amount of money to spend on yourself weekly, not on the family	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
H.	Holiday away from home once a year not staying with relatives	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

5. Or, very difficult to manage ₅
 6. Does not apply ₆

J35. I would now like to ask you about things that relate to people's standard of living. Do you have any of the following items?

J36a. Do you have a car?

- Yes ₁ No ₂

J36b. Would you like to have a car but you cannot afford it?

- Yes ₁ No ₂

J37a. Since our last interview when <child> was 9 months old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had:

- A very significant effect on your family A significant effect on your family A small effect on your family No effect at all on your family

- ₁ ₂ ₃ ₄

J37b. How has it affected your family? _____

Section K – About You

Now some more questions about yourself

K1. [Card K1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education 1
2. Primary education..... 2

Second Level

3. Lower Secondary 3
(Junior/Intermediate/Group Certificate. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary..... 4
(Leaving Certificate (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification 5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification 6

Third Level

7. Non Degree 7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree 8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) 9
10. Both a Degree and a Professional qualification..... 10
11. Postgraduate Certificate or Diploma..... 11
12. Postgraduate Degree (Masters) 12
13. Doctorate (Ph.D) 13

K17. [Card K17] Looking at card K17, can you tell me, what is your ethnic or cultural background?

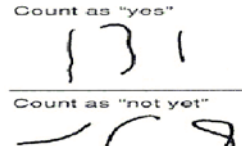
Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
 Irish..... 1
 Irish Traveller 2
 Any other White background 3
2. Black or Black Irish
 African..... 4
 Any other Black background..... 5
3. Asian or Asian Irish
 Chinese 6
 Any other Asian background 7
4. Other, including mixed background..... 8

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM1

FM1. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?"

Yes₁ Sometimes₂ Not Yet.....₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM2

FM2. Does your child thread a shoelace through either a bead or an eyelet of a shoe?

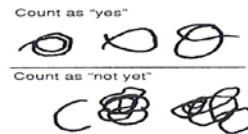
Yes₁ Sometimes₂ Not Yet.....₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM3

FM3. After she watches you draw a single circle, ask your child to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle?"

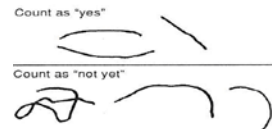
Yes₁ Sometimes₂ Not Yet.....₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM4

FM4. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?"

Yes₁ Sometimes₂ Not Yet.....₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM5

FM5. Does your child try to cut paper with child-safe scissors? She does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons).

Yes₁ Sometimes₂ Not Yet.....₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM6

FM6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?"

Yes₁ Sometimes₂ Not Yet.....₃



Problem Solving [Interviewer please show Card PR1]

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE PR1

PR1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row. (You can also use spools of thread, small boxes, or other toys).

Yes₁ Sometimes₂ Not Yet.....₃



PR2. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it?"

Yes₁ Sometimes₂ Not Yet.....₃

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE PR3

PR3. When you point to the figure and ask your child, 'what is this?' does your child say a word that means a person? Responses like 'snowman', 'boy', 'man', 'girl' and 'Daddy' are correct. "

Yes₁ Sometimes₂ Not Yet.....₃



PR4. When you say 'say seven, three', does your child repeat just the two numbers in the correct order? Do not repeat the numbers. If necessary, try another pair of numbers and say 'say eight two'. Your child must repeat just one series of two numbers for you to answer 'yes' to this question."

Yes₁ Sometimes₂ Not Yet.....₃

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE PR5

PR5. Show your child how to make a bridge with blocks, boxes or cans, like the example. Does your child copy you by making one like it?"

Yes₁ Sometimes₂ Not Yet.....₃



PR6. When you say 'say five, eight, three', does your child repeat just the three numbers in the correct order? Do not repeat these numbers. If necessary, try another series of numbers and say 'say six nine two'. Your child must repeat just one series of three numbers for you to answer 'yes' to this question."

Yes₁ Sometimes₂ Not Yet.....₃

Communication

CM1. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll.)

Yes₁ Sometimes₂ Not Yet.....₃

CM2. Does your child make sentences that are three or four words long?

Yes₁ Sometimes₂ Not Yet.....₃

CM3. Without giving her help by pointing or using gestures, ask your child to 'Put the shoe on the table' and 'Put the book under the chair'. Does your child carry out both of these directions correctly?

Yes₁ Sometimes₂ Not Yet.....₃

CM4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, 'barking', 'running', 'eating' and 'crying'). You may ask, 'what is the dog (or boy) doing?'

Yes₁ Sometimes₂ Not Yet.....₃

CM5. Show your child how a zipper on a coat moves up and down, and say, 'See, this goes up and down'. Put the zipper to the middle and ask your child to move the zipper down. Return the zipper to the middle and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say 'up' and down when you say 'down'?

Yes₁ Sometimes₂ Not Yet.....₃

CM6. When you ask, 'What is your name?' does your child say both her first and last names?"

Yes₁ Sometimes₂ Not Yet.....₃

Appendix B3: Primary Caregiver
Sensitive Questionnaire

S7. Are you the foster parent of <child>?

Yes.....1 No.....2 → **Go to S12**

S8. How long has <child> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has <child> been in? _____ previous placements DK...99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family1 Own family2 Institutional care3

NOW PLEASE GO TO S12

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

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

- Married and living with husband / wife1 **Go to S16**
- Married and separated from husband / wife2 **Go to S13**
- Divorced3 **Go to S13**
- Widowed4 **Go to S13**
- Never married5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes.....1 No2 **Go to S24**

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days.....1 → **Go to S18**
- At least once a week.....2 → **Go to S18**
- Less than once a week.....3 → **Go to S18**
- Hardly ever.....4 → **Go to S18**
- Never.....5 → **Go to S21**

S18. How often would you argue about

	Most days	At least once a week	Less than once a week	Hardly ever	Never
(a) Money.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Housework / chores.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S19. When you and your partner argue, how often do you

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

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

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

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

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

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

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

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

—————→						
0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A little unhappy	Happy	Very Happy	Extremely Happy	Perfect

S24a. Apart from your current partner (if relevant) have you had any other partners since <child> was 9 months of age who had a close relationship with or influence on <child>?

Yes..... 1 No..... 2 →Go to S25

S24b. How many?

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

S25. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. The major source of stress in my life is my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Having a child leaves little time and flexibility in my life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S26a. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

Not very good at being a parent 1
 A person who has some trouble being a parent 2
 An average parent 3
 A better than average parent 4
 A very good parent..... 5

[BLAISE CONDITION: ASK S26b ONLY OF FEMALE RESPONDENTS]

S6b. Are you currently pregnant? Yes..... 1 No..... 2

S27. Which of the following best describes how often you usually drink alcohol?

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

If currently drink alcohol between everyday and 1-2 times a week ask:

S28. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____ (c) Measures of Spirits ____ (d) Bottles of alcopops ____

1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits

[ASK S29a ONLY OF FEMALE RESPONDENTS]

S29a. How often do you have 6 or more alcoholic drinks on one occasion?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

[ASK S29b ONLY OF MALE RESPONDENTS]

S29b. How often do you have 8 or more alcoholic drinks on one occasion?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S29c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S29d. How often during the last year have you failed to do what was expected of you because of drinking?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S29e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No.....1 Yes, on one occasion.....2 Yes on more than one occasion.....3

S30a. Do you currently smoke daily, occasionally or not at all?

Daily1 Occasionally2 Not at all3

S30b. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

S30c. Including yourself, how many members of the household smoke? ____ N

S30d. Does anyone smoke in the same room as <child>?

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

S31. Do you take any of the following regularly, occasionally or not at all?

- | | Regularly | Occasionally | Not at all |
|--|----------------------------|----------------------------|----------------------------|
| a. Sleeping pills / Tranquilisers (e.g. Benzos)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Cannabis / Marijuana..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Amphetamines or other stimulants (e.g. ecstasy, speed)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Heroin, Methadone, Crack, Cocaine..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

S32a. Since the time of the last interview when <child> was 9 months of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes....._1 No..... _2

S32b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes....._1 No..... _2

S33. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
b. I felt depressed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c. I thought my life had been a failure	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
d. I felt fearful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
e. My sleep was restless	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
f. I felt lonely	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
g. I had crying spells	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
h. I felt sad.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes....._1 No_2 → Go to S36

S35. Have you ever been to prison? Yes_1 No _2

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here....._1 → Go to S48
- Deceased....._2 → Go to S48
- Temporarily lives elsewhere_3 → Go to S48
- Lives elsewhere_4 → Go to S37

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

Yes, married to..._1 Yes, lived with_2 No _3 Go to S39 Adoptive / Foster parent _4 Go to S48

S38. When did you separate or split up with <child's> biological father / mother?

- Before <child> was born....._1
- When <child> was less than 1 year old_2
- When <child> was 1-2 years old....._3
- In the last year_4

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal....._1 Informal....._2 No parenting arrangement ..._3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

- Court imposed arrangements_1
- Formal negotiated arrangements other than legal (e.g. counsellor)....._2
- Mutual agreement with no third party negotiator_3

S42. How far does <child's> biological father / mother live from here?

Within ½ hour's drive from here1 More than 1 hour's drive from here.....3
Between ½ and 1 hour's drive from here..2 Outside the country.....4

S43. How often does <child> have contact with his / her biological father / mother?

Daily1 Monthly5
Once or twice a week.....2 Less than once a month6
Weekly3 No contact.....7
Every second week / weekend4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment1
Yes, he/she makes a regular payment2
Yes, he/she makes payments as required.....3

S45. How often do you talk to <child's> biological father/ mother about <child>?

Every day Several times a About once a A few times a Several times a Never
1 week week month year 6
2 3 4 5

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

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

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

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



Please give contact details

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

Appendix B4: Secondary Caregiver
Main Questionnaire

**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
3-YEAR QUESTIONNAIRE – Dress Rehearsal
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE**

GROUP HHOLD. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

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

Section B - Parental Health

Now I'd like to ask you a few questions about your own health.

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

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

B2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
 [Int. please record diagnosis – not symptoms of the problem.]

B4. Since when have you had this problem, illness or disability? _____ (year) _____ (month)

B5. Are you hampered in your daily activities by this problem, illness or disability?

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

B6. [Card B6] Since <child> was born have you suffered from any chronic physical or mental health problem, illness or disability which made it difficult for you to look after <child>? (e.g. feeding, changing nappy, lifting, bringing to doctor, communicating with <child>)

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

B7. Thinking about your free-time, in general would you say you are...

Very physically active.... ₁ Fairly physically active.....₂ Not very physically active₃ Not at all physically active..₄

Section C – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

C1. [Card C1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If upset, my child will seek comfort from me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My child values his/her relationship with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. When I praise child he/she beams with pride	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. My child easily becomes angry at me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child remains angry or resistant after being disciplined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Dealing with my child drains my energy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My child's feelings toward me can be unpredictable or change suddenly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. My child openly shares his/her feelings/experiences with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C2. [Card C2] Here are some statements that parents of young children say about themselves. For each statement, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you.

	Exactly like you	Very much like you	Somewhat like you	Not much like you	Not at all like you
a. I teach my child that misbehaviour or breaking the rules will always be punished one way or another.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I do not allow my child to get angry with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I express my affection by hugging, kissing, and holding my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I am easygoing and relaxed with my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. There are times I just don't have the energy to make my child behave as he/she should.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. I have little or no difficulty sticking with my rules for my child even	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

when close relatives, including grandparents, are there 1.....2.....3.....4.....5

C3. [Card C3] The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

Thinking about the study child over the last six months, how often did you...? (Tick one box per row only)

	Never / Almost never	Rarely	Sometimes	Often	Always / Almost always
(a) Hug or hold this child for no particular reason	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(b) Talk it over and reason with this child when he/she misbehaved	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(c) Tell this child how happy he/she makes you	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(d) Give this child reasons why rules should be obeyed	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(e) Explain to this child why he/she was being corrected	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(f) Have warm, close times together with this child	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(g) Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(h) Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(i) Express affection by hugging, kissing and holding this child	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(j) Explain to this child the consequences of his/her behaviour.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(k) Emphasise to this child the reasons for rules	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5

C4. [Card C4] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / Almost never	Less than half the time	About half the time	More than half the time	All the time
(a) Of all the times you talk to this child about his/her behaviour, how often is this praise	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(e) How often does this child get away with things that you feel should have been punished	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(f) How often are you angry when you punish this child	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(g) How often do you feel you are having problems managing this child in general	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(i) When you discipline this child, how often does he/she ignore the punishment	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(j) How often do you tell this child that he/she is bad or not as good as others	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
(k) How often do you think that the level of punishment you give this child depends on your mood	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5

C5. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

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

D: SOCIO-DEMOGRAPHICS

Time Section Started

(24 hour clock)

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, which of these descriptions *BEST* describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as at work]

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

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 OR RESPONDENT ON MATERNITY LEAVE AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK D2a:]

D2a. When did you return to work? _____ mth _____ year

D3. 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

D4. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?

_____ minutes [Int. if respondent works at home enter '0' for minutes]

D5. [Card D5] What is your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
 RETAIL STORE MANAGER
 SECONDARY TEACHER
 ELECTRICAL ENGINEER

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

D6. Do you supervise or manage any personnel in your job?

Yes ₁ No ₂

D7. How many? _____

D8. How many employees (if any) do you have? _____ employees N A ... ₉₉

D9. [Ask only if Farmer at D1.] What is the acreage of the farm? _____ acres

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... ₁ No ... ₂ **Go to D15**

D11. In what year did you last work in that full-time job? _____ year

D12. When you last worked in that full-time job were you?

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

D13. [Card D5] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

D14. [Ask only if Farmer at D12] What was the acreage of the farm? _____ acres

D15. Do you currently have a part time job outside the home? Yes ₁ No..... ₂ **Go to D18**

D16. On average, how many hours per week do you work in that part-time job? _____ hours

D17. [Card D5] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

D18. [Card D18] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- a. I can't find a job..... _____
- b. I chose not to work..... _____
- c. I am caring for an elderly or ill relative or friend..... _____
- d. I prefer be at home to look after my children myself.. _____
- e. I cannot earn enough to pay for childcare _____
- f. I cannot find suitable childcare _____
- g. There are no suitable jobs available for me.. _____
- h. My family would lose Social Welfare or medical benefits if I was earning..... _____
- i. Other reason (specify)..... _____

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] What is the highest level of education (full-time or part-time) which you have completed to date?

- 1. No formal education ₁
- 2. Primary education..... ₂

Second Level

- 3. Lower Secondary ₃
(Junior/Intermediate/Group Certificate. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
- 4. Upper Secondary..... ₄
(Leaving Certificate (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent
- 5. Technical or Vocational qualification ₅
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
- 6. Both Upper Secondary and Technical or Vocational qualification ₆

Third Level

- 7. Non Degree 7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
- 8. Primary Degree 8
(Third Level Bachelor Degree)
- 9. Professional qualification (of Degree status at least) 9
- 10. Both a Degree and a Professional qualification 10
- 11. Postgraduate Certificate or Diploma 11
- 12. Postgraduate Degree (Masters) 12
- 13. Doctorate (Ph.D) 13

E2. At what age did you leave full-time education for the first time? _____ years
[INTERVIEWER: Code as '0' if respondent never undertook full-time education]

[BLAISE CONDITION: ASK E3-E5 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E3. 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 your native language?

Yes 1 No..... 2

E4. Can I just check, can you read aloud to a child from a children's story book written in English?

Yes 1 No..... 2

E5. Can you usually read and fill out forms you might have to deal with in English?

Yes 1 No..... 2

[BLAISE CONDITION: ASK E6 ONLY OF NEW RESPONDENTS OR THOSE WHO INDICATED LITERACY WAS A PROBLEM AT WAVE 1]

E6. 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

E7. Do you belong to any religion?

Yes 1 No..... 2

[BLAISE CONDITION: ONLY ASK QUESTION E8 IF NEW RESPONDENT AT THIS WAVE]

E8. [Card E8] Which religion?

- Christian – no denomination 1
- Roman Catholic 2
- Anglican/Church of Ireland/Episcopalian 3
- Other Protestant..... 4
- Jewish 5
- Muslim 6
- Other (please specify) 7

Irish Social & Political Attitudes Survey adapted

E9. Apart from special occasions such as weddings, funerals and christenings, how often nowadays do you attend religious services?

- More than once a week..... 1
- Every week/almost every week..... 2
- About once a month 3
- Only on major religious occasions 4
- Never/practically never 5

(ECLS CS020 Adapted – Birth cohort)

E10. How important are your religious beliefs in influencing how you raise <child>? Would you say...READ OUT

- Very important..... 1
- Important..... 2
- Somewhat important 3
- Not at all important..... 4

[BLAISE CONDITION ASK E11 – E16 IF NEW RESPONDENT AT TIME 2]

E11. Are you a citizen of Ireland? Yes..... ₁ No ₂

E12. What citizenship do you hold? _____

E13. Were you born in Ireland? Yes..... ₁ No ₂

E14. In which country were you born? _____

E15. 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 ₈₈

[CSO Census of population]

E16. *[Card E16]* What is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

- 1. White
 - Irish..... ₁
 - Irish Traveller ₂
 - Any other White background ₃
- 2. Black or Black Irish
 - African..... ₄
 - Any other Black background..... ₅
- 3. Asian or Asian Irish
 - Chinese ₆
 - Any other Asian background ₇
- 4. Other, including mixed background..... ₈

E17. To what extent do you feel you and your family are integrated into your local community. For example, through involvement in local activities, friendships etc.

Fully integrated ₁..... Quite integrated ₂..... Not very integrated ₃..... Not at all integrated ₄

Appendix B5: Secondary Caregiver
Sensitive Questionnaire



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

Secondary Caregiver – SUPPLEMENTARY SECTION, 3-Year Dress Rehearsal

GROUP HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

X1. Are you male or female?

Male.....₁ Female₂

X2. What is your date of birth? ____/____/____
DD / MM / YYYY

S1. Are you the biological parent of <child>?

Yes.....₁ → Go to S12 No.....₂ → Go to S2

S2. Are you the adoptive parent of <child>?

Yes.....₁ No.....₂ → Go to S7

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

Domestic.....₁ Inter-country₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was <child> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes.....₁ No.....₂ → Go to S12

S8. How long has <child> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes₁ No₂

S10. How many previous foster placements has <child> been in? _____ previous placements DK...₉₉

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family₁ Own family₂ Institutional care₃

NOW PLEASE GO TO S12

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

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

- Married and living with husband / wife 1 **Go to S16**
- Married and separated from husband / wife 2 **Go to S13**
- Divorced 3 **Go to S13**
- Widowed 4 **Go to S13**
- Never married 5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No..... 2 **Go to S24**

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days..... 1 **→Go to S18**
- At least once a week..... 2 **→Go to S18**
- Less than once a week..... 3 **→Go to S18**
- Hardly ever..... 4 **→Go to S18**
- Never..... 5 **→Go to S21**

S18. How often would you argue about

- | | Most days | At least once a week | Less than once a week | Hardly ever | Never |
|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) Money..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (b) Housework / chores..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (c) Children..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S19. When you and your partner argue, how often do you

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

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

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

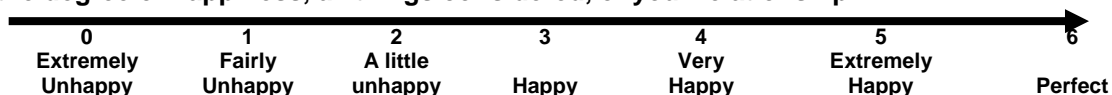
S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

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

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

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

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



S24a. Apart from your current partner (if relevant) have you had any other partners since <child> was 9 months of age who had a close relationship with or influence on <child>?

Yes..... _1 No..... _2 →Go to S25

S24b. How many?

One _1 Two _2 Three or more..... _3

S25. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
B. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
C. The major source of stress in my life is my child.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
D. Having a child leaves little time and flexibility in my life	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
E. Having a child has been a financial burden	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
F. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

S26a. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

Not very good at being a parent _1
 A person who has some trouble being a parent _2
 An average parent _3
 A better than average parent _4
 A very good parent..... _5

[BLAISE CONDITION: ASK S26b ONLY OF FEMALE RESPONDENTS]

S6b. Are you currently pregnant? Yes..... _1 No..... _2

S27. Which of the following best describes how often you usually drink alcohol?

1. Never..... _1
 2. Less than once a month..... _2
 3. 1-2 times a month _3
 4. 1-2 times a week _4
 5. 3-4 times a week..... _5
 6. 5-6 times a week..... _6
 7. Every day..... _7

If currently drink alcohol between everyday and 1-2 times a week ask:

S28. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____ (c) Measures of Spirits ____ (d)Bottles of alcopops ____

1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S29a ONLY OF FEMALE RESPONDENTS]

S29a. How often do you have 6 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

[ASK S29b ONLY OF MALE RESPONDENTS]

S29b. How often do you have 8 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

S29c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never 1 Less than monthly 2 Monthly 3 Weekly 4 Daily or almost daily 5

S29d. How often during the last year have you failed to do what was expected of you because of drinking?

Never 1 Less than monthly 2 Monthly 3 Weekly 4 Daily or almost daily 5

S29e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No.....1 Yes, on one occasion.....2 Yes on more than one occasion.....3

S30a. Do you currently smoke daily, occasionally or not at all?

Daily1 Occasionally2 Not at all3

S30b. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

S30c. Including yourself, how many members of the household smoke? ____ N

S30d. Does anyone smoke in the same room as <child>?

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

S31. Do you take any of the following regularly, occasionally or not at all?

	Regularly	Occasionally	Not at all
a. Sleeping pills / Tranquilisers (e.g. Benzos).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Cannabis / Marijuana.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Amphetamines or other stimulants (e.g. ecstasy, speed).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

S32a. Since the time of the last interview when <child> was 9 months of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

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

S32b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

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

S33. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

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

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes.....1 No.....2 → Go to S36

S35. Have you ever been to prison? Yes.....1 No.....2

S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here.....1 → **Go to S48**
- Deceased.....2 → **Go to S48**
- Temporarily lives elsewhere.....3 → **Go to S48**
- Lives elsewhere.....4 → **Go to S37**

S37. Were you ever married to or did you ever live with <child's> biological father / mother?

- Yes, married to...1 Yes, lived with...2 No 3 **Go to S39** Adoptive / Foster parent 4 **Go to S48**

S38. When did you separate or split up with <child's> biological father / mother?

- Before <child> was born.....1
- When <child> was less than 1 year old....2
- When <child> was 1-2 years old.....3
- In the last year.....4

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

- Formal.....1 Informal.....2 No parenting arrangement...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

- Court imposed arrangements.....1
- Formal negotiated arrangements other than legal (e.g. counsellor).....2
- Mutual agreement with no third party negotiator.....3

S42. How far does <child's> biological father / mother live from here?

- Within ½ hour's drive from here.....1 More than 1 hour's drive from here.....3
- Between ½ and 1 hour's drive from here..2 Outside the country.....4

S43. How often does <child> have contact with his / her biological father / mother?

- Daily.....1 Monthly.....5
- Once or twice a week.....2 Less than once a month.....6
- Weekly.....3 No contact.....7
- Every second week / weekend.....4

S44. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <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

S45. How often do you talk to <child's> biological father/ mother about <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

S46. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?

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

S47. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?

- Yes.....1
- No, I do not wish other parent to be contacted.....2
- No, I do not have contact details for other parent.....3

➔ Please give contact details

Appendix B6: Primary Caregiver
Twin Questionnaire



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University of Dublin
Trinity College
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NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 3-YEAR QUESTIONNAIRE, DRESS REHEARSAL

STRICTLY CONFIDENTIAL PRIMARY CAREGIVER QUESTIONNAIRE – TWIN MODULE

GROUP HHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section B - Child's Habits and Routines

I'd now like to ask you a few questions about <child's> habits and routines.

B1. Does <child> go to bed at a regular time?

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

B2a. On a normal day, what time in the evening does <child> usually go to sleep? _____ (24 hour clock)

B2b. On a normal day, what time does <child> wake up at in the morning? _____ (24 hour clock)

B3. On a normal day how many hours would the child <sleep> during the day _____ hours

B4. How much is <child's> sleeping pattern or habits a problem for you?

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

B5. Why is that? [TICK ALL THAT APPLY]

- (a) Difficulty getting to sleep..... 1
- (b) Waking during the night..... 2
- (c) Nightmares / Night terrors..... 3
- (d) Other (please specify) _____ 4

B6. Does <child> wear nappies / training pants / pullups?

	Always	Sometimes	Never
(a) during the day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) at night	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B7. How often does he/she suck a soother or his/her thumb or finger(s)?

	Most of the time	Sometimes	Never
(a) Soother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
(b) Thumb/finger(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

(c) Apart from his/her finger, thumb or a soother does he/she have a special object that he/she uses for comfort such as a blanket or cuddly toy?

Yes	No.....
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B8a. Does your child use a spoon to feed herself with little spilling?

Yes	Sometimes	Not Yet.....
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B8b. Does your child push a little shopping cart, stroller, or wagon, steering it around objects and backing out of corners if he cannot turn?

Yes	Sometimes	Not Yet.....
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B8c. When she is looking in a mirror and you ask, "Who is in the mirror?" does your child say either "Me" or her own name?

Yes	Sometimes	Not Yet.....
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B8d. Can your child put on a coat, jacket or shirt by himself?

Yes	Sometimes	Not Yet.....
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B8e. Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?

Yes	Sometimes	Not Yet.....
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B8f. Does your child take turns by waiting while another adult or child takes a turn?

Yes	Sometimes	Not Yet.....
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

B9. [CARD B9] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. If upset, my child will seek comfort from me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. My child values his/her relationship with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. When I praise child he/she beams with pride	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. My child easily becomes angry at me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. My child remains angry or resistant after being disciplined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Dealing with my child drains my energy.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. My child's feelings toward me can be unpredictable or change suddenly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. My child openly shares his/her feelings/experiences with me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

B10. [Card B10] How often do you do the following when the Study Child misbehaves

	Never	Rarely	Now and Again	Regularly	Always	Can't say
A. Discuss/Explain why behaviour was wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
B. Ignore him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
C. Smack him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
D. Shout or yell at him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
E. Send him/her out of the room or to their bedroom or Naughty step	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
F. Take away treats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
G. Tell him/her off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
H. Bribe him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

Section C - Child's physical health and development

Now I'd like to ask you a few questions about <child's> health

C1. In general, how would you describe <child's> current health?

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

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes 1 No 2 → **Go to C6z_1**

C3. [Card C3] What is this? [INT – code for up to 3 illnesses]

a. Asthma	<input type="checkbox"/> 1
b. Cystic Fibrosis	<input type="checkbox"/> 2
c. Heart abnormalities	<input type="checkbox"/> 3
d. Eczema or any kind of skin allergy	<input type="checkbox"/> 4
e. Any kind of respiratory allergy (including hayfever)	<input type="checkbox"/> 5
f. Any kind of food or digestive allergy	<input type="checkbox"/> 6
g. Problem with non-food allergies, such as to dust, animals or medicine	<input type="checkbox"/> 7
h. Bone, joint or muscle problems	<input type="checkbox"/> 8
i. A problem using his/her arms or legs	<input type="checkbox"/> 9
j. A problem using his/her hands or fingers	<input type="checkbox"/> 10
k. Hyperactivity/Problems with attention	<input type="checkbox"/> 11
l. Severe behavioural problems	<input type="checkbox"/> 12
m. Diabetes	<input type="checkbox"/> 13
n. Kidney disease	<input type="checkbox"/> 14
o. Migrainous headaches	<input type="checkbox"/> 15
p. Epilepsy or seizures	<input type="checkbox"/> 16
q. Down syndrome	<input type="checkbox"/> 17
r. Spina bifida/hydrocephalis	<input type="checkbox"/> 18
s. Cerebral palsy	<input type="checkbox"/> 19
t. Autism Spectrum Disorder	<input type="checkbox"/> 20
u. Other (please specify)	<input type="checkbox"/> 21

[INT – CODE FOR UP TO 3 ILLNESSES]

C4. Has this illness, condition or disability been diagnosed by a medical professional?

Yes 1 No 2

C5. Since when has <child> had this illness, condition or disability? ___ month ___ year

C6. Do any of these illnesses hamper <child> in his/her daily activities?

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

C6z_1. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes _1

No..... _2

C6z_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has the child had in the past 12 months? _____ N

C6z_3. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes _1

No..... _2

C7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?

Yes _1

No..... _2

C8. In the past 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical health?

[INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

A general practitioner (GP) N

A paediatrician / consultant / hospital doctor N

A public health nurse N

A practice nurse (i.e. a nurse in a G.P's surgery/clinic).... N

A psychiatrist/psychologist..... N

Accident and Emergency N

A social worker..... N

C9a. Has <child> received a course of antibiotics in the past 12 months?

Yes _1

No..... _2

C9b. In total how many courses of antibiotics has <child> received in the past 12 months? _____ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? _____ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C11. Most children have accidents at some time. Has <child> ever had an accident or injury that required hospital treatment or admission?

Yes _1

No _2

C12. How many separate accidents has <child> ever had that required hospital treatment or admission? _____ accidents

C13. How many of these accidents involved bone fractures or breaks? _____

C14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently..... _1

Yes, in the past _2

No..... _3

C15. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently..... _1

Yes, in the past..... _2

No _3

C16. Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it?

Yes ₁ No ₂

C17. Why did <CHILD> not get the medical care or treatment? Was this because

[INT: Yes or No to each]:

- (a) You couldn't afford to pay ₁ ₂
- (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 with <child> ₁ ₂
- (d) You wanted to wait and see if the problem got better ₁ ₂
- (e) Child refused/fear of doctor ₁ ₂
- (f) Child is still on the waiting list ₁ ₂
- (g) Other reason (please specify) ₁ ₂

C18. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No ₁ Yes, a little ₂ Yes, a lot ₃ Don't know ₄

C19. In which areas does child have difficulties? What speech problems does the Study Child have?

[TICK ALL THAT APPLY]

- A. Reluctant to speak ₁
- B. Speech not clear to the family ₂
- C. Speech not clear to others ₃
- D. Speech is developing slowly ₄
- E. Difficulty finding words ₅
- F. Difficulty putting words together ₆
- G. Voice sounds unusual ₇
- H. Stutters, stammers ₈
- I. Lisp or difficulty pronouncing certain letter combination ... ₉
- J. Other (please specify) ₁₀
- K. Don't know ₉₉

C20. Has <child> received any treatment for his/her speech or language problem?

Yes ₁ No ₂

C21. Why has <child> not received any treatment for his/her speech or language problem?

[INT: Yes or No to each]

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| (a) You couldn't afford to pay | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (b) Speech and language services are not available or accessible to you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (c) You could not take time off work to visit the speech therapist with <child> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (d) You wanted to wait and see if his/her speech improved | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (e) Child refused to attend | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (f) Child is still on the waiting list | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| (g) Other reason (please specify) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

C22. How old was <child> [in months] when he/she took his/her first steps unsupported?

Interviewer: By unsupported I mean that the baby walked on his/her own without holding onto someone else or something else for support.

_____ months ₉₉ child cannot walk

Interviewer: Show Card C23

C23a. Without holding onto anything for support does your child kick a ball by swinging his leg forward?

Yes ₁ Sometimes ₂ Not Yet ₃



C23b. Does your child jump with both feet leaving the floor at the same time?

Yes ₁ Sometimes ₂ Not Yet ₃



C23c. Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step and the right foot is on the next). She may hold onto the railing or wall (you can look for this at a store, on a playground, or at home)

Yes₁ Sometimes₂ Not Yet.....₃



C23d. Does your child stand on one foot for about 1 second without holding on to anything?

Yes₁ Sometimes₂ Not Yet.....₃



C23e. While standing, does your child throw a ball *overhand* by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand does not count)

Yes₁ Sometimes₂ Not Yet.....₃



C23f. Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?

Yes₁ Sometimes₂ Not Yet.....₃



C24. Do you have any concerns about any aspects of <child's> behaviour or development?

Yes₁ No.....₂

C25. What concerns do you have?

[BLAISE CONDITION: ASK ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

C30. When we last interviewed you in _____, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]

Yes₁ No.....₂

C31. How old was <child> [in months] when he/she completely stopped being breastfed? ____Months

[Int: Only Accept answer in Months]

C32. [Card C32] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

	Not At all	Once	More than Once
A. Fresh fruit.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Cooked vegetables.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Raw vegetables or salad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Hamburger, hot dog, sausage or sausage roll, meat pie,.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Hot chips or French fries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Crisps or savoury snacks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

- H. Sweets..... ₁ ₂ ₃
- I. Full fat cheese/yoghurt/ fromage frais ₁ ₂ ₃
- J. Low fat Cheese/ low fat yoghurt..... ₁ ₂ ₃
- K. Water (tap water / still water/)..... ₁ ₂ ₃
- L. Fizzy drinks / minerals / cordial / squash (diet)..... ₁ ₂ ₃
- M. Fizzy drinks / minerals / cordial / squash (not diet)..... ₁ ₂ ₃
- N. Full cream milk or full cream milk products ₁ ₂ ₃
- O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed
milk products..... ₁ ₂ ₃

C33. Some children just have snacks all day while others wait for meals. How would you describe <child>? Would you say he/she...READ OUT...

- Snacks all day and has no real meals ₁
- Snacks during the day but also has meals ₂
- Doesn't snack much, just has meals ₃
- Something else (please describe) ₄

C34. [Card C34] Please read the following statements and indicate the answer which best describes how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.

- | | Never | Rarely | Sometimes | Often | Always |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. I decide how many snacks my child should have..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 2. I give my child something to eat to make him/her feel better when s/he is feeling upset | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 3. I let my child decide when s/he would like to have her meal | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 4. If my child misbehaves I withhold his/her favourite food | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 5. I give my child something to eat if s/he is feeling bored | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 6. I insist my child eats meals at the table | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 7. I use puddings as a bribe to get my child to eat his/her main course..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| 8. I let my child eat between meals whenever s/he wants..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

C35. Which of these best describes <child's> weight?

- Underweight..... ₁
- Normal weight ₂
- Somewhat overweight..... ₃
- Very Overweight ₄

C36. [Card C36] How much do the following affect what you give your child to eat?

- | | A lot | A fair amount | A little | Not at all |
|-----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Cost | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| (b) Convenience..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| (c) Child's preference..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| (d) Nutritional value..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

Section E - Child's play and activities

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

- | | Almost Never | Not Often | Variable usually does not | Variable usually does | Frequently | Almost always |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. This child is pleasant (smiles, laughs) when first arriving
In unfamiliar places..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| B. This child plays continuously for more than 10 minutes
at a time with a favourite toy | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| C. This child responds to frustration intensely
(screams, yells) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |
| D. This child smiles when an unfamiliar adult plays with
him/her | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ |

- E. This child goes back to the same activity after a brief interruption (snack, trip to toilet) ₁ ₂ ₃ ₄ ₅ ₆
- F. This child has moody "off" days when he/she is irritable all day ₁ ₂ ₃ ₄ ₅ ₆
- G. This child is outgoing with adult strangers outside the home ₁ ₂ ₃ ₄ ₅ ₆
- H. This child stays with a routine task (dressing, picking up toys) for 5 minutes or more ₁ ₂ ₃ ₄ ₅ ₆
- I. This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying ₁ ₂ ₃ ₄ ₅ ₆
- J. This child is still wary of strangers after 15 minutes ₁ ₂ ₃ ₄ ₅ ₆
- K. This child stops to examine objects thoroughly (5 minutes or more) ₁ ₂ ₃ ₄ ₅ ₆
- L. This child reacts strongly (cries, screams) when unable to complete a play activity ₁ ₂ ₃ ₄ ₅ ₆
- M. This child practices a new skill (throwing, building, drawing for 10 or more minutes) ₁ ₂ ₃ ₄ ₅ ₆

E2. Overall, compared to other children of the same age, do you think <child> is:

- Easier than average ₁
- About average ₂
- More difficult than average ₃

We are interested in the various kinds of activities that children do with their families. I would like you to think about activities that <child> might do with the family or at home. Please think about the usual pattern for <child> at the moment.

E3. [Card E3] Now I'd like to ask you about activities you or other members of the family might do with <child>.

a) On how many days in an average week does anyone at home read to <child>

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

b) On how many days in an average week does anyone at home ever help <child> learn the ABC or alphabet

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

c) On how many days in an average week does anyone at home try to teach <child> numbers or counting

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

d) On how many days in an average week does anyone at home try to teach <child> any songs, poems or nursery rhymes

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc. with child]

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

f) On how many days in an average week does <child> paint, draw, colour, play with play doh at home

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

g) On how many days in an average week do you or someone else from the family play active games with the child (e.g. football)?

- 0 days** **1 day** **2 days** **3 days** **4 days** **5 days** **6 days** **7 days**
₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

E4. About how many *children's books* does <child> have access to in your home now, including any library books? Would you estimate:

- None..... ₁ 21 to 30..... ₄
 Less than 10..... ₂ More than 30..... ₅
 10 to 20 ₃

E5. Typically, how many hours a day does <child> watch television or videos/dvds?
 _____ hours _____ minutes [If none, enter 0 for hours and minutes]

E6a. And are there rules in your family about how many hours <child> may watch television each day?

- Yes ₁ No..... ₂

E6b. And are there rules in your family about what <child> may watch on television?

- Yes ₁ No..... ₂

E7. Is there a television in the child's bedroom?

- Yes ₁ No..... ₂

E8. What does <child> prefer to do when he/she has a choice about how to spend free time?

- Usually chooses inactive pastimes like TV, drawing or playing with toys in one place ₁
 Usually chooses active pastimes like running around, riding push-cars, kicking balls..... ₂
 Just as likely to choose active as inactive ₃

E9. Think for a moment about a typical weekday for your child in the last month.

How much time would you say your child spends playing outdoors [e.g. in the garden, playground or park] on a typical weekday? _____ Hours _____ Minutes

E10. Now think about a typical weekend day for your child in the last month.

How much time would you say your child spends playing outdoors [e.g. in the garden, playground or park] on a typical weekend day? _____ Hours _____ Minutes

Section F - Child's Functioning and relationships

Now I'd like to ask you some questions about <child's> emotional health and wellbeing.

F1. [CARD F1] Listed below 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.

- | | Not True | Somewhat True | Certainly True |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| A. Considerate of other people's feelings | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B. Restless, overactive, cannot stay still for long | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| C. Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| D. Shares readily with other children (treats, toys, pencils etc.)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| E. Often has temper tantrums or hot tempers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| F. Rather solitary, tends to play alone | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| G. Generally obedient, usually does what adults request | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| H. Many worries, often seems worried | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| I. Helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| J. Constantly fidgeting or squirming..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| K. Has at least one good friend..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| L. Often fights with other children or bullies them..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| M. Often unhappy, down-hearted or tearful..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| N. Generally liked by other children..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| O. Easily distracted, concentration wanders..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

- P. Nervous or clingy in new situations, easily loses confidence..... 1 2 3
- Q. Kind to younger children 1 2 3
- R. Often argumentative with adults..... 1 2 3
- S. Picked on or bullied by other children 1 2 3
- T. Often volunteers to help others (parents, teachers, other children) 1 2 3
- U. Can stop and think things out before acting..... 1 2 3
- V. Can be spiteful to others..... 1 2 3
- W. Gets on better with adults than with other children 1 2 3
- X. Many fears, easily scared..... 1 2 3
- Y. Sees tasks through to the end, good attention span..... 1 2 3

F2. Does <child> have any brothers or sisters?

Yes 1 No 2

F3. In general, how well does <child> get on with his/her siblings?

- Gets on well with his/her siblings 1
- Mixed 2
- Does not get on well with his/her siblings 3
- Does not see them..... 4

Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

H4. [Card H4] The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

Thinking about the study child over the last six months, how often did you...? (Tick one box per row only)

- | | Never /
Almost never | Rarely | Sometimes | Often | Always /
Almost always |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) Hug or hold this child for no particular reason | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (b) Talk it over and reason with this child when he/she misbehaved | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (c) Tell this child how happy he/she makes you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (d) Give this child reasons why rules should be obeyed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (e) Explain to this child why he/she was being corrected | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (f) Have warm, close times together with this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (g) Enjoy listening to this child and doing things with him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (h) Feel close to this child both when he/she was happy and when he/she was upset | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (i) Express affection by hugging, kissing and holding this child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (j) Explain to this child the consequences of his/her behaviour | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (k) Emphasise to this child the reasons for rules | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

H5. [Card H5] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

- | | Never /
Almost never | Less than
half the time | About half
the time | More than
half the time | All the
time |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| (a) Of all the times you talk to this child about his/her behaviour, how often is this praise | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| (d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- (e) How often does this child get away with things that you feel should have been punished ₁ ₂ ₃ ₄ ₅
- (f) How often are you angry when you punish this child ₁ ₂ ₃ ₄ ₅
- (g) How often do you feel you are having problems managing this child in general ₁ ₂ ₃ ₄ ₅
- (h) How often is this child able to get out of punishment when he/she really sets his/her mind to it ₁ ₂ ₃ ₄ ₅
- (i) When you discipline this child, how often does he/she ignore the punishment ₁ ₂ ₃ ₄ ₅
- (j) How often do you tell this child that he/she is bad or not as good as others ₁ ₂ ₃ ₄ ₅
- (k) How often do you think that the level of punishment you give this child depends on your mood ₁ ₂ ₃ ₄ ₅

H9. Have you registered or enrolled <child> with a primary school?

- No..... ₁
- Yes, with one school..... ₂
- Yes, with more than one school..... ₃
- Not registered, <child> will definitely attend local school..... ₄

H10a. Is <child> cared for on a regular basis for 8 hours or more per week?

- Yes ₁ No..... ₂

H10b. We would like to send a short questionnaire to the person/centre who provides this care to <child>. Would you be able to provide us with the contact details for the person or centre who provides this care to <child>?

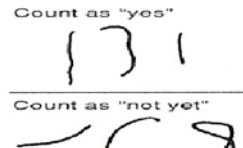
- Yes..... ₁
- No, does not wish regular carer to be contacted ₂
- No, does not have contact details for regular carer..... ₃

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

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM1

FM1. After she watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?"

- Yes ₁ Sometimes ₂ Not Yet..... ₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM2

FM2. Does your child thread a shoelace through either a bead or an eyelet of a shoe?

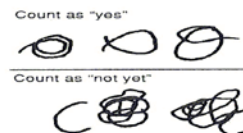
- Yes ₁ Sometimes ₂ Not Yet..... ₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM3

FM3. After she watches you draw a single circle, ask your child to make a circle like yours. Do not let her trace your circle. Does your child copy you by drawing a circle?

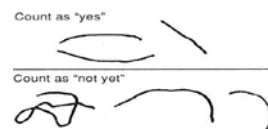
- Yes ₁ Sometimes ₂ Not Yet..... ₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM4

FM4. After she watches you draw a line from one side of the paper to the other side, ask your child to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?

- Yes ₁ Sometimes ₂ Not Yet..... ₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM5

FM5. Does your child try to cut paper with child-safe scissors? She does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child's use of scissors for safety reasons).

Yes₁ Sometimes₂ Not Yet.....₃



INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE FM6

FM6. When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?

Yes₁ Sometimes₂ Not Yet.....₃



Problem Solving [Interviewer please show Card PR1]

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE PR1

PR1. While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row. (You can also use spools of thread, small boxes, or other toys).

Yes₁ Sometimes₂ Not Yet.....₃



PR2. If your child wants something she cannot reach, does she find a chair or box to stand on to reach it?"

Yes₁ Sometimes₂ Not Yet.....₃

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE PR3

PR3. When you point to the figure and ask your child, 'what is this?' does your child say a word that means a person? Responses like 'snowman', 'boy', 'man', 'girl' and 'Daddy' are correct. "

Yes₁ Sometimes₂ Not Yet.....₃



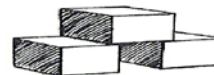
PR4. When you say 'say seven, three', does your child repeat just the two numbers in the correct order? Do not repeat the numbers. If necessary, try another pair of numbers and say 'say eight two'. Your child must repeat just one series of two numbers for you to answer 'yes' to this question."

Yes₁ Sometimes₂ Not Yet.....₃

INTERVIEWER: ASK RESPONDENT TO LOOK AT PICTURE PR5

PR5. Show your child how to make a bridge with blocks, boxes or cans, like the example. Does your child copy you by making one like it?"

Yes₁ Sometimes₂ Not Yet.....₃



PR6. When you say 'say five, eight, three', does your child repeat just the three numbers in the correct order? Do not repeat these numbers. If necessary, try another series of numbers and say 'say six nine two'. Your child must repeat just one series of three numbers for you to answer 'yes' to this question."

Yes₁ Sometimes₂ Not Yet.....₃

Communication

CM1. When you ask her to point to her nose, eyes, hair, feet, ears, and so forth, does your child correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll.)

Yes₁ Sometimes₂ Not Yet.....₃

CM2. Does your child make sentences that are three or four words long?

Yes₁ Sometimes₂ Not Yet.....₃

CM3. Without giving her help by pointing or using gestures, ask your child to 'Put the shoe on the table' and 'Put the book under the chair'. Does your child carry out both of these directions correctly?

Yes₁ Sometimes₂ Not Yet.....₃

CM4. When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture? (For example, 'barking', 'running', 'eating' and 'crying'). You may ask, 'what is the dog (or boy) doing?'

Yes₁ Sometimes₂ Not Yet.....₃

CM5. Show your child how a zipper on a coat moves up and down, and say, 'See, this goes up and down'. Put the zipper to the middle and ask your child to move the zipper down .Return the zipper to the middle and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say 'up' and down when you say 'down'?

Yes₁ Sometimes₂ Not Yet.....₃

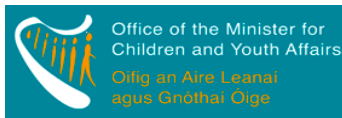
CM6. When you ask, 'What is your name?' does your child say both her first and last names?"

Yes₁ Sometimes₂ Not Yet.....₃

Appendix B7: Secondary Caregiver
Twin Questionnaire



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**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
3-YEAR QUESTIONNAIRE – Dress Rehearsal
STRICTLY CONFIDENTIAL
SECONDARY CAREGIVER QUESTIONNAIRE ---TWIN MODULE**

GROUP HHOLD. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

We are seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTNER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

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

Section C – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

C1. [Card C1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise child he/she beams with pride	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or resistant after being disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

o. My child openly shares his/her feelings/experiences with me 1.....2.....3.....4.....5

C2. [Card C2] Here are some statements that parents of young children say about themselves. For each statement, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you.

	Exactly like you	Very much like you	Somewhat like you	Not much like you	Not at all like you
a. I teach my child that misbehaviour or breaking the rules will always be punished one way or another.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I do not allow my child to get angry with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I express my affection by hugging, kissing, and holding my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I am easygoing and relaxed with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. There are times I just don't have the energy to make my child behave as he/she should.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I have little or no difficulty sticking with my rules for my child even when close relatives, including grandparents, are there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C3. [Card C3] The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

Thinking about the study child over the last six months, how often did you...? (Tick one box per row only)

	Never / Almost never	Rarely	Sometimes	Often	Always / Almost always
(a) Hug or hold this child for no particular reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Talk it over and reason with this child when he/she misbehaved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) Tell this child how happy he/she makes you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) Give this child reasons why rules should be obeyed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) Explain to this child why he/she was being corrected	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) Have warm, close times together with this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) Enjoy listening to this child and doing things with him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) Feel close to this child both when he/she was happy and when he/she was upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) Express affection by hugging, kissing and holding this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) Explain to this child the consequences of his/her behaviour.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Emphasise to this child the reasons for rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C4. [Card C4] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)

	Never / Almost never	Less than half the time	About half the time	More than half the time	All the time
(a) Of all the times you talk to this child about his/her behaviour, how often is this praise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) How often does this child get away with things that you feel should have been punished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) How often are you angry when you punish this child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) How often do you feel you are having problems managing this child in general	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) When you discipline this child, how often does he/she ignore the punishment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) How often do you tell this child that he/she is bad or not as good as others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) How often do you think that the level of punishment you give this child depends on your mood	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Appendix B8: Non-resident Parent Questionnaire



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University of Dublin
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College Green
Dublin 2



Growing Up in Ireland – national longitudinal study of children Strictly Confidential

Non Resident Parent Questionnaire, 3-year Dress Rehearsal

Group HHOLD 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 01 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 would an average or typical contact with the study child 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

 1

Not quite
enough

 2

About right

 3

A little too much

 4

Way too much

 5

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments 1

Commitments to other family/new partner 2

Physical distance between self and child 3

Other parent is uncooperative..... 4

Court-imposed custody rules 5

Other 6

Q7. When you are spending time with the study child, where do you 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 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 and your former spouse / partner arrived at the current arrangements for time spent with your child?

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

Q9. 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) _____

Q10. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent 1 2 3 4 5 *Very Poor*

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

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

We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the child's home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

- Yes, I pay the full amount due ₁ No, I don't pay towards the rent or mortgage directly ₃
 Yes, I pay a contribution ₂ There is no rent or mortgage owing on the home ₄

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? € _____ per month

Q14. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

- Never ... ₁
 Yes..... ₂ a regular payment to the value of € _____ per month (excluding direct rent/mortgage payment)
 Yes..... ₃ on an as-required basis (e.g. back to school) to the value of € _____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

- Your decision ₁
 Mutual agreement with mother ₂
 Legally imposed arrangement ₃

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

Never₁ Yes, occasionally₂ Yes, frequently₃

Q17. What was the status of your relationship with the Study Child's mother when she became pregnant with the study child? (Please tick one box only).

Married and living together₁ Going out but not living together.....₅
Cohabiting/living as married₂ Just friends₆
Separated₃ No relationship₇
Divorced₄

Q18. What age was the study child when you separated from the Study Child's mother for the first time?

AGE ___ months OR ___ weeks OR

Had separated before birth₁ OR Never lived with mother.....₂

Q19. Are you named on the Study Child's birth certificate?

Yes₁ No₂ Not sure₃

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

No₁ Yes, through mother only₂ Yes, through court₃

Q21. If yes, was this application successful? Yes.....₁ No.....₂ Ongoing.....₃

Q22. How often do you talk about your child with the Study Child's mother?

Every day₁ A few times a month₄
Several times a week₂ Several times a year₅
About once a week₃ Not at all₆

Q23. 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
₁ ₂ ₃ ₄ ₅

Q24. Often parents have to make major decisions concerning the Study Child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the Study Child:

A lot of influence Some influence No influence Don't know
₁ ₂ ₃ ₄

Q25. Do you want to be involved in raising your child in the coming years?

Yes..... ₁ No ₂ Not sure.....₃

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

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

Finally, we just have a few questions about you.

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

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

Q29. How would you describe your current employment status?

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

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

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

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

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

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

Q33. Are you currently living with a partner?

- Yes1 No.....2

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None..... 1 _____ by same parent as Study Child's _____ by a different partner(s)

Q36. What nationality are you? _____

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

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

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

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 1800 200 434

Appendix B9: Non-resident Parent Information Sheet

NON – RESIDENT PARENT’S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

The main phase of **Growing Up in Ireland** includes 11,000 3-year-old children and their families.

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

As part of the study he/she was asked for your contact details.

Why should I take part?

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

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

Who is running the study?

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

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

What do I do next?

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

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

NON – RESIDENT PARENT’S INFORMATION LEAFLET

Will this information be kept confidential?

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

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

The Study is being carried out under the Statistics Act (1993). This is the same legislation as used to carry out the Census of Population and ensures complete confidentiality of all information collected.

What are my rights if I take part?

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

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

Your participation counts.

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

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

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

Where can I find out more information?

Phone:

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

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

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



Appendix B10: Home-based Carer Questionnaire

GROWING UP IN IRELAND – national longitudinal study of children

Strictly Confidential – HOME-BASED CARE, 3-year Dress Rehearsal

Group: Household 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.....	<input type="checkbox"/> 1	Neighbour	<input type="checkbox"/> 5
Grandfather	<input type="checkbox"/> 2	Nanny/au pair	<input type="checkbox"/> 6
Other relative	<input type="checkbox"/> 3	Registered childminder	<input type="checkbox"/> 7
Friend of parent	<input type="checkbox"/> 4	Unregistered childminder	<input type="checkbox"/> 8

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?

Yes 1 No 2

Q3. Do you care for the study child in his / her own home, in your home or somewhere else?

Study Child's home..... 1
My own home 2
Somewhere else (please specify where) 3

Q4. How long have you been caring for the study child? _____ years _____ months _____ weeks

Q5. How many hours per week do you care for the study child? _____ hours

Q6. How many days per week do you care for the study child? _____ days

We would also like some general information on the environment in which you look after the study child

Q7. On a typical day, how many other children are in your care (excluding the study child, but including your own children)? _____ children

Q8. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

0 – 11 months	<input type="checkbox"/> 1	_____ no. of children
1- 3 years	<input type="checkbox"/> 2	_____ no. of children
4-6 years	<input type="checkbox"/> 3	_____ no. of children
7-9 years	<input type="checkbox"/> 4	_____ no. of children
10-12 years	<input type="checkbox"/> 5	_____ no. of children
12 years and over	<input type="checkbox"/> 6	_____ no. of children

Q9. 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 3 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/DVD's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading [or being read to]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q10. When the Study Child is in your care 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

Q11. On average, how many minutes per day do you read to the child? _____ minutes

Q12. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q13. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q14. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

- Almost never 1 Sometimes 2 Often 3 Always 4

Q15. Do you have any of the following things at home that the study child may avail of while in your care. Please tick all that are currently available to him / her.

- A garden/outdoor play space 1
- Sports equipment (footballs, trampolines, etc)..... 2
- Educational toys (e.g. meccano, etc)..... 3
- Other toys (dolls, teddies, etc) 4
- Television/video/DVD 5
- Computer 7
- Video games / X-box/ Nintendo DS etc..... 8
- Musical equipment 9
- Arts materials 10
- Pretend play items 11
- Other (please specify) _____

Q16. For each of the following statements please tick the box which best describes the study child in the last month?

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys being minded by me							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

Q17. Listed below 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 in the last month.

- | | Not True | Somewhat True | Certainly True |
|---|----------------------------|----------------------------|----------------------------|
| A. Considerate of other people's feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. Restless, overactive, cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. Shares readily with other children (treats, toys, pencils etc.)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| E. Often has temper tantrums or hot tempers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| F. Rather solitary, tends to play alone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| G. Generally obedient, usually does what adults request..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| H. Many worries, often seems worried..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| I. Helpful if someone is hurt, upset or feeling ill..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| J. Constantly fidgeting or squirming..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| K. Has at least one good friend..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| L. Often fights with other children or bullies them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| M. Often unhappy, down-hearted or tearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| N. Generally liked by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| O. Easily distracted, concentration wanders..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| P. Nervous or clingy in new situations, easily loses confidence..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Q. Kind to younger children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| R. Often argumentative with adults..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| S. Picked on or bullied by other children..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

- T. Often volunteers to help others (parents, teachers, other children) 1 2 3
- U. Can stop and think things out before acting 1 2 3
- V. Can be spiteful to others..... 1 2 3
- W. Gets on better with adults than with other children..... 1 2 3
- X. Many fears, easily scared..... 1 2 3
- Y. Sees tasks through to the end, good attention span 1 2 3

Q18. Would you describe the quality of your relationship with this child as:

- Very good 1
- Good 2
- Fair 3
- Bad 4
- Very bad 5

Q19. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult
- 1 2 3 4 5

Q20. Do you have any concerns about any aspects of the Study Child's behaviour or development?

- Yes 1 No..... 2

Q21. What concerns do you have?

Q22. How worried are you about the Study child's language development?

- Not at all worried..... 1
- A little worried..... 2
- Worried 3
- Very worried..... 4

Q23. 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.

Q24. What is your date of birth?

Day		Month		Year			

Q25. What is your gender?

- Male 1 Female..... 2

Q26. What is your nationality?

Q27. Which of the following best describes your current employment status?

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

Q28. Is caring for children your main occupation?

- Yes 1 No 2

Q29. Do you get paid for this care?

- Yes 1 No 2

Q30. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').

Q31. What is the highest level of education that you have completed?

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

Q32. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- (a) No formal childcare qualification..... 1 → **Go to Q35**
- (b) FETAC Major Award in Childcare (Levels 4,5 or 6)..... 2
- (c) FETAC minor component award(s) in childcare at Levels 4,5 or 6..... 3
- (d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache
- (e) HETAC or Third Level
- (f) International awards in childcare at higher level
- (g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc)

Q33. Please indicate the subject area in which the qualification was obtained:

- | | | | |
|------------------------------------|----------------------------|-----------------------------------|----------------------------|
| Childcare | <input type="checkbox"/> 1 | Behaviour management..... | <input type="checkbox"/> 6 |
| National school teaching | <input type="checkbox"/> 2 | Speech and language therapy | <input type="checkbox"/> 7 |
| Other education | <input type="checkbox"/> 3 | Nursing | <input type="checkbox"/> 8 |
| Child psychology/development | <input type="checkbox"/> 4 | Other (please specify) | <input type="checkbox"/> 9 |
| Special needs assistance | <input type="checkbox"/> 5 | | |

Q34. When did you receive this qualification? Year: _____

Q35. Have you undertaken any other training relevant to caring for children? Tick all that apply.

- | | | | |
|------------------------|----------------------------|------------------------------|----------------------------|
| Child psychology | <input type="checkbox"/> 1 | Nutrition/Diet | <input type="checkbox"/> 4 |
| Sign language | <input type="checkbox"/> 2 | Other (please specify) | <input type="checkbox"/> 5 |
| First aid | <input type="checkbox"/> 3 | | |

Q36. For how long have you provided this type of childcare? _____ years _____ months

Q37. How many hours do you spend each week providing childcare? _____ hours

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Appendix B11: Centre-based Carer Questionnaire



GROWING UP IN IRELAND – national longitudinal study of children
Strictly Confidential – CENTRE-BASED CARE, 3-year Dress Rehearsal

Group: Household Date ___ day ___ month ___ year

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.

The questionnaire should be completed by the person who has most contact with the child in question

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

We would also like some general information about the care centre.

Q4. Are you registered with the Health Service Executive?

Yes ₁ No ₂ Not sure ₃

Q5a. On a typical day, how many children in total are in the centre (including Study Child)? _____ children

Q5b. Thinking about these children (Please indicate the number of children in these age categories)

0 – 11 months ₁ _____ no. of children

1- 3 years ₂ _____ no. of children

4-6 years ₃ _____ no. of children

7-9 years ₄ _____ no. of children

10-12 years ₅ _____ no. of children

12 years and over ₆ _____ no. of children

Q6a. In some centres younger children may be cared for in separate rooms or sections of the centre. On a typical day how many children (including the study child) are in the room or section of the centre where the study child spends most of his/her time?

_____ children OR all children together in the centre ₁ Go to Q7

Q6b. What ages are the children who are in the same room or section of the centre as the study child? (Please indicate the number of children in these age categories)

0 – 11 months ₁ _____ no. of children

1- 3 years ₂ _____ no. of children

4-6 years ₃ _____ no. of children

7-9 years ₄ _____ no. of children

10-12 years ₅ _____ no. of children

12 years and over ₆ _____ no. of children

Q7. If there are more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes ₁ No ₂ Sometimes ₃

Q8. How many children in the centre (excluding the Study Child) are from a non-English speaking family background?
_____ children

Q9. How many children in the centre (excluding the Study Child) have a mental or physical disability?

_____ children

Q10. 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 3 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/DVD's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading [or being read to]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing with toys.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning the ABC/Alphabet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning to count/numbers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Imaginative/Pretend play.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Painting or drawing.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Learning nursery rhymes, songs etc ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q11. When the Study Child is in your care how many children's books are available to the Study Child to look at / to be read from etc? Do you estimate...

None..... 1

Less than 10..... 2

Between 10 and 20..... 3

21 – 30 4

More than 30 5

Q12. On average, how many minutes per day does someone read to the child? [include time when the child is being read to as part of a group] _____ minutes

Q13. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q15. On a typical day, how often would you or another carer get the chance to talk to the child on a one-to-one basis?

Almost never 1 Sometimes 2 Often 3 Always 4

Q16. 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.....	<input type="checkbox"/> 1	Video games / X-box / Nintendo DS etc.....	<input type="checkbox"/> 8
Sports equipment (footballs, trampolines, etc)	<input type="checkbox"/> 2	Musical equipment	<input type="checkbox"/> 9
Educational toys (e.g. meccano, etc).....	<input type="checkbox"/> 3	Arts materials	<input type="checkbox"/> 10
Other toys (dolls, teddies, etc).....	<input type="checkbox"/> 4	Pretend play items	<input type="checkbox"/> 11
Television/video/DVD	<input type="checkbox"/> 5	Other (please specify) _____	
Computer	<input type="checkbox"/> 7		

Q17. For each of the following statements please tick the box which best describes the study child in the last month?

	Never the case	Seldom the case	Sometimes the case	Often the case	Very often the case	Always the case	Not applicable
This child enjoys attending childcare							
This child is comfortable with most of the children							
This child tends to avoid contact with other children							
This child really enjoys the games and play materials at child care							

Q18. Listed below 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 in the last month.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often argumentative with adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Can stop and think things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Can be spiteful to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Q19. In general terms how would you rate the care provided to the Study Child by this centre?

Very good	Good	Neither good nor bad	Bad	Very bad
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q20. Do you feel that the personal care provided to Study Child by the centre meets his/her needs in terms of:

	Yes	No
(a) eating/drinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) toileting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) child's personal hygiene	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) sleeping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) mobility	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Q21. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q22. Do you have any concerns about any aspects of the Study Child's behaviour or development?

Yes 1 No 2

Q23. What concerns do you have?

Q24. How worried are you about the Study child's language development?

- Not at all worried..... 1
- A little worried..... 2
- Worried 3
- Very worried..... 4

Q25. What is the total number of staff (whole-time equivalents) employed in the centre as a whole to look after the children (do not include administrative or maintenance staff, etc)? _____ staff

Q26. Now thinking of the room or section of the centre in which the Study Child is cared for, how many staff (full-time equivalents) are employed to look after these children? _____ staff

Q27. How many staff in the centre are qualified at FETAC Level 5 or above _____ no. of staff

Q28. How many of these child care staff have English (or Irish) as their first language? _____ no. of staff

Q29. Are parents allowed to leave sick children into the centre?

- Never..... 1
- Rarely 2
- Frequently 3
- Always..... 4

Finally, we would like to know some things about you.

Q30. Which of the following best describes your role in this child care centre?

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

Q31. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q32. Are you? Male..... 1 Female..... 2

Q33. What is your nationality? _____

Q34. Which of the following best describes the type of care your centre provides?

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

Q35. Do you have any specific qualification in childcare excluding your experience of raising your own children?

- (a) No formal childcare qualification 1 → Go to Q38
- (b) FETAC Major Award in Childcare (Levels 4,5 or 6)..... 2
- (c) FETAC minor component award(s) in childcare at Levels 4,5 or 6..... 3
- (d) Award equivalent to (b) and (c) such as NNEB, City & Guilds, Cache..... 4
- (e) HETAC or Third Level 5
- (f) International awards in childcare at higher level 6
- (g) Other awards in related course(s) (e.g. primary teaching, social care, nursing etc)..... 5

Q36. Please indicate the subject area in which the qualification was obtained:

- Childcare 1
- National school teaching 2
- Other education 3
- Child psychology/development 4
- Special needs assistance 5
- Behaviour management..... 6
- Speech and language therapy 7
- Nursing 8
- Other (please specify) 9

Q37. When did you receive this qualification? Year: _____

Q38. Have you undertaken any other training relevant to caring for children? Tick all that apply.

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

Q39. Is caring for children your main occupation? Yes ₁ No ₂

Q40. If no, please describe your main occupation as fully as possible

Q41. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____ mths

Q42. How long have you worked in this particular care centre? _____ years _____ months

Q43. Will the centre participate in the free preschool year scheme? Yes ₁ No ₂

Q44. Overall, are you happy working in childcare?

Strongly Agree Agree Neutral Disagree Strongly Disagree
₁ ₂ ₃ ₄ ₅

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Appendix B12: Carer Information Sheet

CARER INFORMATION LEAFLET

What is the *Growing Up in Ireland* study?

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

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

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

What will it tell us?

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

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

How did you get my name and contact details?

Growing Up in Ireland includes 11,000 3-year-old children and their families.

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

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week and whether or not we could send a questionnaire to you about the child.

Why am I being asked to take part?

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

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

Who is running the study?

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

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

What do I do next?

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

The questionnaire asks you for some details on your care of the child as well as some questions about your background. It is very straightforward and involves ticking boxes.

CARER INFORMATION LEAFLET

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the child's parent/guardian. It will be used exclusively for research purposes and no-one, other than you, will have access to the information you provide.

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

The Study is being carried out under the Statistics Act (1993). This is the same legislation used to carry out the Census of Population and ensures complete confidentiality of all information collected.

The information you provide will have your name, address and other identifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What are my rights if I take part?

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

Your participation counts.

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

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

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

Where can I find out more information?

Phone:

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

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

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

