

Self-Complete Questionnaire for 9 year olds (Infant Cohort)

Group Household Child Number

Interviewer Name: _____ Interviewer Number:

Date Completed: ____/____/____ Child's Date of Birth: ____/____/____

Instructions

Welcome to the Growing Up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 10,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

We would like you to complete the following questions in this answer booklet. The questions are about where you live, your school and your family.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you *really think*.

We will not tell anyone your answers to these questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer

To fill in a question just tick the box with the answer you want to give

Example:

Do you like sports?

Yes ₁ No ₂



Think about where you live

Section A: Where you live

Yes No

1. Do you like living around here? ₁ ₂
2. Do you have plenty of friends to play with around here? ₁ ₂
3. Are there good places to play near your house? ₁ ₂
4. Are the streets dirty around where you live? ₁ ₂
5. Is there a playground near where you live? ₁ ₂
6. Do you think there is a lot of graffiti near where you live? ₁ ₂
7. Are there activities to do after school around here? ₁ ₂
8. Are there places for children to play safely near your house? ₁ ₂
9. Are adults living around here usually nice to you? ₁ ₂
10. Do you feel safe living around here? ₁ ₂

Now think about school

Section B: School

11. Do you look forward to going to school?
Always ₁ Sometimes ₂ Never ₃
12. Do you like your teacher?
Always ₁ Sometimes ₂ Never ₃
13. Does your teacher treat everyone the same?
Always ₁ Sometimes ₂ Never ₃
14. How often does your teacher?
 - a. Praise you Always ₁ Sometimes ₂ Never ₃
 - b. Give out to you Always ₁ Sometimes ₂ Never ₃
 - c. Talk to you (not about school) Always ₁ Sometimes ₂ Never ₃

15. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes ₁

No ₂(If you have answered no, please skip to Question 18)

16. How did they pick on you	Yes	No
a) By shoving, pushing, hitting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Name calling, slagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Text messaging, emails, online etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Written messages / notes etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Leaving me out of games / chats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

17.How often did someone pick on you?

Once or twice. ₁ Now and again. ₂ Almost every week ₃ Almost every day. ₄

18. Thinking back over the last year would you say that you picked on someone (either a child or an adult)?

Yes ₁

No ₂(If you have answered no, please skip to Question 21)

19. How did you pick on them	Yes	No
a) By shoving, pushing, hitting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Name calling, slagging	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Text messaging, emails, online etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Written messages / notes etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Leaving them out of games / chats	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

20.How often did you pick on someone?

Once or twice. ₁ Now and again. ₂ Almost every week ₃ Almost every day. ₄

21. How would you describe yourself?

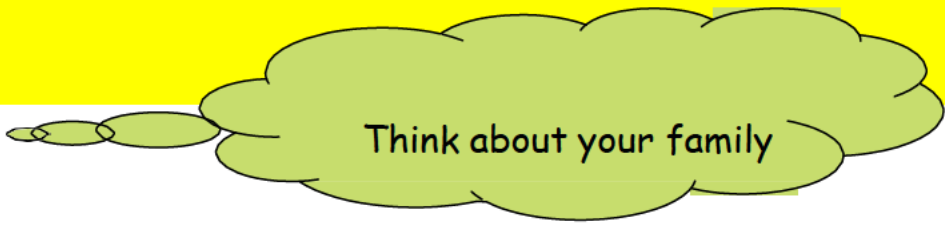
Very skinny ₁

A bit overweight ₄

A bit skinny ₂

Very overweight ₅

Just the right size ₃



Think about your family

Section C: Family

22. If you have a problem who would you talk to about it?

Please tick all the people you would talk to

- a) Mum..... ₁
- b) Dad..... ₂
- c) Teacher..... ₃
- d) Friends..... ₄
- e) Brother or sister..... ₅
- f) Grandmother/Grandfather..... ₆
- g) Someone else..... ₇
- h) Nobody..... ₈

23. How well do you get on with your Mum?

Very well..... ₁ Fairly well..... ₂ You and your Mum don't get on..... ₃

24. How well do you get on with your Dad?

Very well..... ₁ Fairly well..... ₂ You and your Dad don't get on..... ₃

The purpose of these next questions is to find out how children really feel about themselves.

Often other people, especially parents and teachers, are asked how they think you feel. The next set of questions gives you the chance to say for yourself how you feel.

The results may be used to help us understand better what makes you feel the way you do about yourself.

When you answer the questions, think of how you really are, not how you think you should be.

Here are some questions about your feelings

Here are some questions about how you feel about yourself. Please tick yes or no for each question. Remember we won't tell anyone your answers.

		Yes	No
25.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
26.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
27.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
28.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
29.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
30.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
31.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
32.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
33.		<input type="checkbox"/> 1	<input type="checkbox"/> 2
34.		<input type="checkbox"/> 1	<input type="checkbox"/> 2

		Yes	No
35.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
36.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
37.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
38.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
51.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
52.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
53.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
54.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
55.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

That is the end of all this set
of questions.

Thank you for all your help.



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