

Growing Up in Ireland

Strictly Confidential

Parent/Guardian – Main Questionnaire –20-year-old Cohort

Area Household YA no.

Interviewer Name _____ Interviewer Number

Date _____
day month year

Almost three years have passed since you and your family were interviewed as part of ***Growing Up in Ireland***. At that time we explained that we would like to make a return visit for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <20-year-old> , if they are still resident here, and the parent who was interviewed at the last interview - <NAME OF PARENT>.

The interview with you will take about 1 hour to complete [Interviewer: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a ***Growing Up in Ireland*** interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of the 20-year-old or any other person, they may have to tell someone who can help.

XA1. Last time we spoke this was <20-year-old>'s MAIN address. Is this still what you consider to be <20-year-old>'s MAIN address?

Yes 1 GO TO XA4 No 2

XA2. Is <20-year-old> living elsewhere in the Republic of Ireland?

Yes..... 1 No, emigrated/living abroad 2 No, other (specify)..... 3

XA3. Can you give me <20-year-old>'s new MAIN address where we can attempt to interview him/her?

Int: Explain that you would like to interview 20-year-old at new MAIN address and Parent at current address.

Record new address on Work Assignment Sheet and continue interview. GO TO XA5

XA4. Does <20-year-old> have any other temporary or part-time addresses – for example, student or work address during the week or during term-time? DO NOT INCLUDE HOLIDAY HOMES.

Yes..... 1 No 2 → Go to A1

XA4b. Can you give me <20-year-old>'s other address?

Int: Explain that you would like to interview 20-year-old at new MAIN address and Parent at current address.

Record new address on Work Assignment Sheet and continue interview. GO TO XA5

XA5. [CARD XA5] How would you describe <20-year-old's> household at this other address?

- Lives alone in a house/flat 1
- Lives in a house/flat with other relative(s) only 2
- Lives in a house/flat-sharing arrangement with other adult(s) including relatives and non-relatives 3
- Lives in 'digs' 4
- Campus or designated student accommodation 5
- Other (please specify) _____ 6

XA6. On average, how many nights per month does < 20-year-old > sleep in the parental home?

_____ (no.of nights per month)

Section A – Household Composition
20-YEAR-OLD'S MAIN ADDRESS IS PARENTAL HOME

A1a. I'd like to begin by speaking to <parent one at 17 years>. Is <parent one at 17 years> still resident in the household?

Yes..... ₁ No..... ₂ → Go to A7a

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 17 years] people lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

*****The name, sex, date of birth, and relationship of each person to the <primary respondent at time 17 years> and <20-year-old> will be checked and edited where necessary and their residency in the household at 20 years confirmed.*****

No.	First name	Sex M F	Date of Birth ____-____-____	Age If DOB not availa ble	Still resident?		Relationship of each member to Parent 1 and 20-year-old.		(E) Show Card PES							
					Y	N	R'SHIP TO: CARD REL	R'SHIP TO: CARD REL	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
					<input type="checkbox"/>	<input type="checkbox"/>	Parent 1	20-year-old								
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2	////									
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2	////									
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<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	
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<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	
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<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	
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<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	
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<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	
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1	<input type="checkbox"/> 2			<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	

Interviewer: Parent should be on line 1.

20-year-old should be on line 2. Spouse/Partner on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT 17 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 20 YEARS: 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 17 YEARS - ADD THEM TO THE NEW GRID BELOW]

A3a. Is anyone else currently living with you in the household whom we have not recorded above?

Yes..... ₁ No..... ₂ → Go to A4

No	First Name	Sex		Date of Birth	Age If DOB not available	Relationship of each member to Parent and 20-year-old		Since when have they been living with you		Resident Y/N	Show Card PES						
		M	F			Parent (Card REL)	20-year-old (Card REL)	Month	YEAR		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
41		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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
42		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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
43		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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
44		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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
45		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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
46		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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
47		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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
48		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<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

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID 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 <PRIMARY CARER AT 17 YEARS> IS STILL RESIDENT IN THE HOUSEHOLD AT 20 YEARS.

A5. When we last spoke in [MM/YY], we interviewed you as parent one of <20-year-old>. We would like you to complete the Parent questionnaire with us on this occasion as well. Is that ok?

Yes..... ₁ Go to A9a No..... ₂

A6a. Why is that? -----

IF PRIMARY CAREGIVER FROM 17 YEARS HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A1b ABOVE] THEN:

A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the parent of <20-year-old> on this occasion. Is that correct?

Yes ₁ No..... ₂

Go to A9a

IF RESPONDENT TO HOUSEHOLD SECTION AT 17 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 20 YEARS ASK A7a -

A7a. [CARD A7a] Can you please tell me which of the following best describes your relationship to <20-year-old>?

[Interviewer use codes only]

- Biological mother/ father 1 Grand parent 5
 Adoptive mother/ father 2 Aunt/uncle 6
 Step-mother / Step-father / Partner of child's parent 3 Other relative/ in law 7
 Foster mother / father 4 Unrelated guardian 8

A7b. 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 <20-year-old>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex M F	Date of Birth	Age If DOB not available	Was this Person Resident at 17 year survey?		If not resident at 17 years of age		Relationship of each member to Parent and 20-year-old	(E) Show Card PES								
					Y	N	Was person born into h'hold or joined for other reason?	Since when have they been in h'hold		R'SHIP TO: CARD REL Parent	R'SHIP TO: CARD REL 20-year-old	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
					Born into Hhold	Other Reason	Mth	Yr										
51		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____	////		<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							
52		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____	////		<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							
53		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____			<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							
54		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____			<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							
55		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____			<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							
56		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____			<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							
57		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____			<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							
58		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____/____		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	____/____			<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							

A9a. Does <20-year-old> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes 1 No 2

A9b. How many full / half / step / adoptive brother(s) or sister(s) does <20-year-old> have who live outside the household? _____ persons

A9c. [CARD A9C] For each full/half/step/adoptive brother/sister who lives outside the household, can you tell me:

(a) their sex; (b) their Date of Birth (DOB); and (c) their relationship to <20-year-old>

- | | | | | |
|-----|----------------------------|----------------------------|----------------|-------------------------------|
| | Male | Female | Date of Birth | Relationship to <20-year-old> |
| 1. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ____/____/____ | |
| 2.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ____/____/____ | |
| 3. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ____/____/____ | |

A10. Respondent's sex: Male..... 1 Female 2

A11. Respondent's date of birth: day month year

SECTION B: PARENT'S HEALTH

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

B1. [CARD 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. If multiple, record most severe problem first]

[I can give you a laminated card to write this on if you would feel more comfortable doing that]

B4. Are you covered by private medical insurance?

Yes 1 No 2

B5. Does that insurance include the cost of GP visits?

Yes, in full 1 Yes, partially 2 No 3

B6. Is <20-year-old> covered by a medical card?

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

B7. Is <20-year-old> covered by private medical insurance?

Yes 1 No 2

B8. Does that insurance include the cost of GP visits?

Yes, in full 1 Yes, partially 2 No 3

SECTION C: FAMILY CONTEXT

Now some questions about your relationship with <20-year-old>.

C1. Is <20-year-old> still in education, finished within the last six months or left education more than six months ago?

Still in education..... ₁ Finished in last six months ₂ Left education more than six months ago..... ₃

C2. [CARD C2] [If YP still in education or finished in last 6 months] In this/most recent college year, how often have you or your spouse/partner (where relevant) done the following with <20-year-old>: [int: if <20-year-old> has only just finished school, the question refers to school]

(Please tick ONE box on each line.)

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
a. Discussed how he/she is getting on with different subjects at college?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Asked how he/she is coping with the amount of work (course-work etc) for his/her courses?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Asked how he/she is getting on with teachers/lecturers?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Discussed his/her plans for the future?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Asked how he/she is getting on with friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Discussed how he/she did in tests or exams?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

SECTION D: 20-YEAR-OLD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the 20-year-old's emotional health and well-being.

D1. [CARD D1] Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <20-year-old>?

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. How well he/she will do in education | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. He/she has or will develop a drink problem | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. He/she has or will develop a drug problem..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. He/she is or will get involved with the wrong type of friends | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. He/she has or will have an unhappy relationship | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. He/she has or will have difficulties in getting a good job | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

D2.[CARD D2] Over the last 3 months, about how often have you:

	Almost every day	Several times a week or more	About once a week	1 to 3 times a month	Once a month or less	Never	Have not seen him/her in last 3 months	Don't Know/No answer.
a. Spent time with <20-year-old> in leisure activities, working on something together, or just having private talks?	<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	<input type="checkbox"/> 8
b. Had a meal together 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	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Had an especially enjoyable time 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	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Argued or fought or had a lot of difficulty 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	<input type="checkbox"/> 7	<input type="checkbox"/> 8

D3. [CARD D3] In the last three months, how often have you and <20-year-old> had open disagreements about each of the following?

	Never or rarely	Once a month or less	Several times a month	About once a week	Several times a week	Almost every day	No contact with child in last three months	Not applicable
a. how he/she dresses	<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	<input type="checkbox"/> 8
b. <his/her> boyfriend/girlfriend	<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	<input type="checkbox"/> 8
c. <his/her> friends	<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	<input type="checkbox"/> 8
d. <him/her> getting a job or a better job	<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	<input type="checkbox"/> 8
e. <his/her> sexual behavior	<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	<input type="checkbox"/> 8
f. <his/her> drinking, smoking, or drug use	<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	<input type="checkbox"/> 8
g. Money	<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	<input type="checkbox"/> 8
h. <his/her> helping around the house	<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	<input type="checkbox"/> 8
i. How late <he/she> stays out at night	<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	<input type="checkbox"/> 8

SECTION E: PARENT'S SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

E1. [CARD E1] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

- Owned outright (without a mortgage) 1
- Owned with a mortgage..... 2
- Being purchased from a Local Authority under a Tenant Purchase Scheme 3
- Rented from a Local Authority 4
- Rented from a Voluntary Body 5
- Rented from a Private Landlord..... 6
- Living with and paying rent to your (or your partner's) parent(s) 7
- Occupied free of rent with your (or your partner's) parent(s) 8
- Occupied free of rent from your (or your partner's) job 9
- Emergency accommodation 10

E2. [CARD E2] 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 '0']

- | | |
|--|--|
| <p>0. Currently on maternity leave,
but with a job to return to <input type="checkbox"/>0</p> <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 (SOLAS, 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> |
|--|--|

**E3. 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**

E4. [CARD E4] 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.

Write in your main OCCUPATION

E5. Do you supervise or manage any personnel in your job?

Yes 1 No 2

E6. How many? _____

[Ask if self-employed or farmer at E2]

E7. How many employees (if any) do you have? _____ employees [Interviewer: type in 0 if none]

E8. [Ask only if Farmer at E2.] How many acres do you farm? _____ acres OR _____ hectares

E9. Apart from holiday or casual work, have you ever had a job? Yes 1 No .. 2

E10. In what year did you last work in that full-time job? _____ year

E11. 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

E12. [CARD E12] 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.

Write in your main OCCUPATION

E13. Did you supervise or manage any personnel in your job?

Yes 1 No 2

E14. How many? _____

[Ask if self-employed or farmer at E11]

E15. How many employees (if any) did you have? _____ employees [Interviewer: enter 0 if none]

E16. [Ask only if Farmer at E11] How many acres did you farm? _____ acres OR _____ hectares

E17. Do you currently have a part-time paid job outside the home? Yes ... 1 No 2

E18. On average, how many hours per week do you work in that paid job? _____ hours

E19. [CARD E19] 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:
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ELECTRICAL ENGINEER

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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.

Write in your main OCCUPATION

E20. If a farmer or a farm worker, how many acres do you farm _____ acres OR _____ hectares

E21. [CARD E21] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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.

Write in the OCCUPATION of your spouse / partner

E22. If a farmer or a farm worker, how many acres do they farm? _____ acres OR _____ hectares

SECTION F: PARENT'S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

F1. When we interviewed you in <date of last interview> when <YP> was <YP age at last interview>, we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG education level at last interview>

F2. Is this still the highest level of education you have completed to date?

Yes.....1 No, wrongly recorded at last interview.....2 No, changed since last interview.....3

F3. [CARD F3] Which of the following best describes the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education1
2. Primary education2

Second Level

3. Lower Secondary3
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary4
(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 qualification6

Third Level

7. Non Degree7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least).....9
10. Both a Degree and a Professional qualification10
11. Postgraduate Certificate or Diploma.....11
12. Postgraduate Degree (Masters)12
13. Doctorate (Ph.D).....13

[Int. Ask F4 only if F3 is code 3 or higher]

F4. In what year did you get this qualification? _____

[Int. Ask F5 only if F3 is code 5 or higher]

F5. What is the name of this qualification? [Int. Record as much detail as possible]

[Int. Ask F6 only if F3 is code 5]

F6. Did you complete your Upper Secondary education (Leaving Certificate /'A' Levels or equivalent) before doing this qualification?

Yes1 No2

F7. 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. Code 999 if still in full time education]

F8. What language do you speak most often at home?

English1 Irish.....2 Other (specify).....3

F9. [CARD F9] If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties had a candidate in your constituency)? (Tick one)

- Fine Gael 1
- Fianna Fáil 2
- Sinn Féin 3
- Labour Party 4
- Anti-Austerity Alliance (Solidarity)/People Before Profit 5
- Green Party 6
- Social Democrats 7
- Renua Ireland 8
- Workers' Party 9
- Other, independent 10
- Other (please specify) 11
- I would vote for the person, not a party 12
- I wouldn't vote 13

F10. [CARD F10] Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

I see myself as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. Extroverted, enthusiastic.....	<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. Critical, quarrelsome	<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. Dependable, self-disciplined	<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. Anxious, easily upset	<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. Open to new experiences, complex.....	<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. Reserved, quiet.....	<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. Sympathetic, warm.....	<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. Disorganised, careless.....	<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
i. Calm, emotionally stable.....	<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
j. Conventional, uncreative	<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

SECTION G: HOUSEHOLD INCOME

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

G1. [CARD G1] Looking at Card G1, 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. G1]

G2. [CARD G2] And of these sources of income which is the largest source of income at present?

[Int Tick one box only in Col. G2]

	<u>G1: Receive?</u>		<u>G2: 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. Student Maintenance Grants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. 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

G3. [CARD G3] 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, PRSI and Universal Social Charge (USC), as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G4. IF EXACT FIGURE GIVEN GO TO G6]

Don't know.....₉₉ € _____ per Week.....₁ Month.....₂ Year ₃

G4. [CARD G4] I know that it is difficult to give an exact figure for household income but on Card G4 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, PRSI and Universal Social Charge (USC) as well as the income levy and public sector pension levy [if applicable]? 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 these deductions have been applied]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<i>Per week</i>	<i>Per month</i>	<i>Per year</i>	<i>Category</i>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card G5
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> ₂ → Section B, Card G5
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> ₃ → Section C, Card G5
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> ₄ → Section D, Card G5
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> ₅ → Section E, Card G5
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> ₆ → Section F, Card G5
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> ₇ → Section G, Card G5
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> ₈ → Section H, Card G5
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> ₉ → Section I, Card G5
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card G5
Refused.....	<input type="checkbox"/> ₇₇ GO TO G6	Don't Know.....	<input type="checkbox"/> ₈₈ GO TO G6

G5. [CARD G5] Would that be [Int: Show Card G5 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

G6. [CARD G6] Looking at Card G6 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% |
| <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 |

G7. [CARD G7] 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 |

G8. [CARD G8] 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 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

G9. 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

G10. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes1 No2

G11. [CARD G11] Why was that?

- | | | | |
|---|----------------------------|-----------------------------------|----------------------------|
| Didn't want to..... | <input type="checkbox"/> 1 | Couldn't leave the children | <input type="checkbox"/> 4 |
| Have a full social life in other ways | <input type="checkbox"/> 2 | Illness | <input type="checkbox"/> 5 |
| Couldn't afford to..... | <input type="checkbox"/> 3 | Other (specify)..... | <input type="checkbox"/> 6 |

G12. Compared to when <20-year-old> was 17 years of age, do you think your family's financial circumstances have gotten worse, stayed the same or improved?

- | | | |
|----------------------------|----------------------------|----------------------------|
| Gotten worse | Stayed the same | Improved |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

G13. [CARD G13] Which of the following forms of financial support do you or your spouse / partner currently provide to <20-year-old>, either directly or indirectly? [TICK ALL THAT APPLY]

- a. You pay for some or all of his/her education costs (fees, books, etc) 1
- b. You pay for some or all of his/her accommodation costs if living away from home 2
- c. You pay for some or all of his/her transport costs (e.g. car insurance, train fare) 3
- d. You give him/her money (to spend as he/she wishes)..... 4
- e. You loan him/her money and he/she pays you back..... 5
- f. Other financial support (please specify)..... 6

Go to G14a

G14a. [If you give 20-year-old money at G13d] Is the money you give him/her to spend as they wish a regular payment like an allowance, irregular payments or both?

- Regular payment Irregular payment Both regular and irregular
- 1 2 3

G14b. How much money would you give him/her to spend as they wish in an average month?

€ _____ (amount per month)

G15. [CARD G15] Do you or your spouse/partner currently receive any of the following payments from <20-year-old>? [TICK ALL THAT APPLY]

- a. He/she gives you money on a regular basis (i.e. a set amount per week or month) 1
- b. He/she gives you some money towards his/her 'keep' now and then..... 2
- c. He/she gives you money if you ask for it because you need it..... 3
- d. He/she pays for particular household bills (e.g. a utility bill or for petrol in the car) . 4
- e. He/she loans you money and you pay them back..... 5
- f. Other financial support from the 20-year-old (please specify)..... 6

SECTION H: NEIGHBOURHOOD / COMMUNITY INVOLVEMENT

I would like to ask you some questions about your local area.

H1. How long have you lived in your local area? _____ years and _____ months

H2. [CARD H2] How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

	Very Common	Fairly common	Not very common	Not at all common
a. Rubbish and litter lying about.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Homes and gardens in bad condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Vandalism and deliberate damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. People being drunk or taking drugs in public.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

H3. [CARD H3] To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area for my 20-year-old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. It is safe for me to walk alone in this area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. As a family we are happy living in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. 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
e. There are places in this area to meet up with other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers and 20-year-olds in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

H4. [CARD H4] 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