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

STRICTLY CONFIDENTIAL  

PRIMARY CAREGIVER TWIN QUESTIONNAIRE  

GROUP  

H HOLD  

RESPONDENT  

INTERVIEWER NAME ______________________  

INTERVIEWER NO:  

Time Section Started  

(24 hour clock)  

DATE:___dd___mm___yy  

INTRODUCTION  

1. Can the following people usually tell the twins apart?  

<table>
<thead>
<tr>
<th>Always/most of the time</th>
<th>Sometimes</th>
<th>Never/hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>You..........................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other family members...</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other people ............</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
2. At what age did you first start to notice differences, if any, between the twins in terms of . .?

Height ______ years or ______ months ...... OR No difference.....................

Weight ______ years or ______ months ...... OR No difference.....................

Facial features ______ years or ______ months ...... OR No difference.....................

Voice ______ years or ______ months ...... OR No difference.....................

Personality ______ years or ______ months ...... OR No difference.....................

3. Which twin was born first? ______________ (child’s first name only)

4. Are you personally a twin (or triplet)? Yes ............. □  No .............. □

5. Have you had any other multiple births? Yes ............. □  No .............. □

5a. _____ number of other children in multiple births

6. Have any of the following women in your family had multiple births? (Tick all that apply)

Your mother ............................................ □
Your maternal grandmother ........... ........................................... □
Your paternal grandmother ............ ........................................... □
Other close blood relative (please specify) __________________________________________ □

7. Compared to typical siblings of a similar age, would you say that the twins’ relationship is?

Much closer Somewhat closer About the same Somewhat more distant Much more distant

□ ...................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ......................................................

Section A - Child’s Habits and Routines

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

A1. On a normal day, what time in the evening does <child> usually go to sleep? _______ (24 hour clock)

A2. On a normal day, what time does <child> wake up at in the morning? _______ (24 hour clock)

A3. On a normal day how many hours would the <child> sleep during the day _____ hours

A4. 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

□ ...................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ...................................................... □ ......................................................

A5. Does <child> wear nappies / training pants / pullups?

(a) during the day Always Sometimes Never

□ ...................................... □ ...................................................... □ ...................................................... □ ......................................................

(b) at night Always Sometimes Never

□ ...................................... □ ...................................................... □ ...................................................... □ ......................................................

A6. How often does he/she suck a soother or his/her thumb or finger(s)?

(a) Soother Always Sometimes Never

□ ...................................... □ ...................................................... □ ...................................................... □ ......................................................

(b) Thumb/finger(s) Always Sometimes Never

□ ...................................... □ ...................................................... □ ...................................................... □ ......................................................
A7. [CARD A7] 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.

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

A8. [CARD A8] How often do you do the following when <child> misbehaves?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Now and Again</th>
<th>Regularly</th>
<th>Always</th>
<th>Can't say</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Discuss/Explain why behaviour was wrong.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>B. Ignore him/her.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>C. Smack him/her.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>D. Shout or yell at him/her.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>E. Send him/her out of the room or to their bedroom or Naughty step.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>F. Take away treats.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>G. Tell him/her off.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>H. Bribe him/her.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Section B - Child's physical health and development

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

B1. [Card B1] 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

B2. 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

B3. [Card B3] 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
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>k. Hyperactivity/Problems with attention</td>
<td></td>
</tr>
<tr>
<td>l. Severe behavioural problems</td>
<td></td>
</tr>
<tr>
<td>m. Diabetes</td>
<td></td>
</tr>
<tr>
<td>n. Kidney disease</td>
<td></td>
</tr>
<tr>
<td>o. Migrainous headaches</td>
<td></td>
</tr>
<tr>
<td>p. Epilepsy or seizures</td>
<td></td>
</tr>
<tr>
<td>q. Down syndrome</td>
<td></td>
</tr>
<tr>
<td>r. Spina bifida/hydrocephalis</td>
<td></td>
</tr>
<tr>
<td>s. Cerebral palsy</td>
<td></td>
</tr>
<tr>
<td>t. Autism Spectrum Disorder</td>
<td></td>
</tr>
<tr>
<td>u. Other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

[Int – Code for up to 3 illnesses]

**B4. Has this illness, condition or disability been diagnosed by a medical professional?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**B5. Since when has <child> had this illness, condition or disability?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

**B6. Do any of these illnesses hamper <child> in his/her daily activities?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, severely</td>
<td>Yes, to some extent</td>
</tr>
</tbody>
</table>

**B6z_1. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**B6z_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has the child had in the past 12 months?**

<table>
<thead>
<tr>
<th>N</th>
</tr>
</thead>
</table>

**B6z_3. Has the child been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**B7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**B8. [Card B8] 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 or emotional health?**

[Int: If none then enter 0 – do not leave blank]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A general practitioner (GP)</td>
<td>A paediatrician / consultant / hospital doctor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>N</th>
</tr>
</thead>
</table>

**B9a. Has <child> received a course of antibiotics in the past 12 months?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**B9b. In total how many courses of antibiotics has <child> received in the past 12 months?**

<table>
<thead>
<tr>
<th>N</th>
</tr>
</thead>
</table>

**B10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital?**

<table>
<thead>
<tr>
<th>Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
</tr>
</tbody>
</table>

[Int: Not hospital outpatient or emergency department visits – if none code as ‘0’]
B11. Most children have accidents at some time. Has <child> ever had an accident or injury that required hospital treatment or admission?

Yes [ ] No [ ]

B12. How many separate accidents has <child> ever had that required hospital treatment or admission?

____________ accidents

B13. How many of these accidents involved bone fractures or breaks?

____________

B14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently [ ] Yes, in the past [ ] No [ ]

B15. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently [ ] Yes, in the past [ ] No [ ]

B16. 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 [ ] No [ ]

B17. Why did <child> not get the medical care or treatment? Was this because [Tick all that apply]

(a) You couldn’t afford to pay [ ]
(b) The necessary medical care wasn’t available or accessible to you [ ]
(c) You could not take time off work to visit the doctor with <child> [ ]
(d) You wanted to wait and see if the problem got better [ ]
(e) Child refused/fear of doctor [ ]
(f) Child is still on the waiting list [ ]
(g) Other reason (please specify) [ ]

B18. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No [ ] Yes, a little [ ] Yes, a lot [ ] Don’t know [ ]

B19. [Card B19] In which areas does child have difficulties? What speech problems does <child> have? [TICK ALL THAT APPLY]

A. Reluctant to speak [ ] G. Voice sounds unusual [ ]
B. Speech not clear to the family [ ] H. Stutters, stammers [ ]
C. Speech not clear to others [ ] I. Lisp or difficulty pronouncing certain letter combination... [ ]
D. Speech is developing slowly [ ] J. Other (please specify) [ ]
E. Difficulty finding words [ ] K. Don’t know [ ]
F. Difficulty putting words together [ ]

B20. Has <child> received any treatment for his/her speech or language problem?

Yes [ ] No [ ]

B21. 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 [ ] child cannot walk

B22. [Card B22] 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 [ ]
Twice a day [ ]
Once a day [ ]
Less often than once a day [ ]
Rarely [ ]
Not at all [ ]
B23. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes ............................................. ☐, No................................. ☐

[BLAISE CONDITION: ASK B24 – B25 ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

B24. 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 .......... ☐, No.............. ☐

B25. How old was <child> [in months] when he/she completely stopped being breastfed? ____ Months

[Int: Only Accept answer in Months]

B26. [Card B26] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

A. Fresh fruit ............................................................................................................................ ☐ At all   ☐ Once   ☐ More than Once
B. Cooked vegetables ............................................................................................................. ☐ At all   ☐ Once   ☐ More than Once
C. Raw vegetables or salad ...................................................................................................... ☐ At all   ☐ Once   ☐ More than Once
D. Hamburger, hot dog, sausage or sausage roll, meat pie, .................................................... ☐ At all   ☐ Once   ☐ More than Once
E. Hot chips or French fries .................................................................................................... ☐ At all   ☐ Once   ☐ More than Once
F. Crisps or savoury snacks .................................................................................................... ☐ At all   ☐ Once   ☐ More than Once
G. Biscuits, doughnuts, cake, pie or chocolate ..................................................................... ☐ At all   ☐ Once   ☐ More than Once
H. Sweets................................................................................................................................ ➤ ☐ At all   ☐ Once   ☐ More than Once
I. Full fat cheese/yoghurt/ fromage frais ............................................................................... ☐ At all   ☐ Once   ☐ More than Once
J. Low fat Cheese/ low fat yoghurt........................................................................................... ☐ At all   ☐ Once   ☐ More than Once
K. Water (tap water / still water/ sparkling water) ................................................................. ☐ At all   ☐ Once   ☐ More than Once
L. Fizzy drinks / minerals / cordial / squash (diet) ................................................................. ☐ At all   ☐ Once   ☐ More than Once
M. Fizzy drinks / minerals / cordial / squash (not diet) ......................................................... ☐ At all   ☐ Once   ☐ More than Once
N. Full cream milk or full cream milk products ..................................................................... ☐ At all   ☐ Once   ☐ More than Once
O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products ..................... ☐ At all   ☐ Once   ☐ More than Once

B27. [Card B27] 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.

1. I decide how many snacks my child should have ............................................................... Never Rarely Sometimes Often Always ☐ 1 2 3 4 5
2. I give my child something to eat to make him/her feel better when s/he is feeling upset ☐ 1 2 3 4 5
3. I let my child decide when s/he would like to have her meal ............................................ ☐ 1 2 3 4 5
4. I give my child something to eat if s/he is feeling bored .................................................... ☐ 1 2 3 4 5
5. I insist my child eats meals at the table .................................................................................. ☐ 1 2 3 4 5
6. I let my child eat between meals whenever s/he wants ........................................................ ☐ 1 2 3 4 5

B28. [Card B28] Which of these best describes <child’s> weight?

Underweight.................................... ☐
Normal weight............................... ☐
Somewhat overweight.................... ☐
Very Overweight.................................. ☐
### Section C - Child’s play and activities

C1. [CARD C1] Look at the card, for each statement, please indicate the answer that best describes the <child’s> behaviour at the present time.

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

C2. 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 which <child> may do at home. Please think about the usual pattern for <child> at the moment.

C3. [Card C3] Now I’d like to ask you about activities which <child> may do at home.

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

<table>
<thead>
<tr>
<th>Days</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read</td>
<td>b</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Days</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Help</td>
<td>b</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>
c) On how many days in an average week does anyone at home ever help <child> with numbers or counting

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


d) On how many days in an average week does anyone at home ever help <child> learn songs, poems or nursery rhymes

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


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


f) On how many days in an average week does <child> paint, draw, colour or play with play-doh at home

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


g) On how many days in an average week does anyone at home 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


C4. Typically, how many hours a day does <child> sit and watch television or videos/dvds?

_____ hours _____ minutes [If none, enter 0 for hours and minutes]

C5. Is there a television or computer (including games console) in the child’s bedroom?

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

C6. [Card C6] 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...........  
Usually chooses active pastimes like running around, riding push-cars, kicking balls...........  
Just as likely to choose active as inactive ..........................................................................

C7. Can your child ride a tricycle or other similar toy vehicle with pedals?

Yes, can use pedals to cycle ........................................................................................................
Can sit on tricycle and push it along with his/her feet but does not pedal properly yet...........
No............................................................................................................................................
Not sure/doesn’t have tricycle.................................................................................................

C8. Can your child assemble simple jigsaw puzzles OR assemble and break-up lego/duplo pieces? (He/she can manipulate the pieces even if he/she does not solve the puzzle correctly)

Yes ..........................  No ..........................  Not sure ...........

Section D - Child’s Functioning and relationships

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

D1. [CARD D1] 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.

A. Considerate of other people’s feelings ..........................................................  
B. Restless, overactive, cannot stay still for long ...............................................  
C. Often complains of headaches, stomach-aches or sickness ........................  
D. Shares readily with other children (treats, toys, pencils etc.).........................  
E. Often has temper tantrums or hot tempers.....................................................

Not True Somewhat True Certainly True

A. 1 2 3  
B. 1 2 3  
C. 1 2 3  
D. 1 2 3  
E. 1 2 3  

8
Section E – Childcare Arrangements

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

E1. 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 no go to E8a

E2. (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 ........................................... 1 Go to E3a  ___ N  ___ N  €____  ___
   b. A non-relative in your home ........................................... 2 Go to E4a  ___ N  ___ N  €____  ___
   c. A relative in their home ........................................... 3 Go to E3b  ___ N  ___ N  €____  ___
   d. A non-relative in their home ........................................... 4 Go to E4b  ___ N  ___ N  €____  ___
   e. Creche, Montessori, pre-school, naonri
      or other centre-based care setting, ........................................... 5 Go to E5  ___ N  ___ N  €____  ___
   f. Other (please specify) ........................................... 6 Go to E5  ___ N  ___ N  €____  ___

   If more than one child in childcare arrangement, take the average cost of childcare
E3a. 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

E3b. 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

E4a. Which of the following best describes that person?
   a. Au pair / Nanny (live in) ..................................... 1
   b. Friend / Neighbour ........................................... 2
   c. Childminder .................................................... 3
   d. Other .................................................................. 4

E4b. Which of the following best describes that person?
   a. Friend / Neighbour ........................................... 2
   b. Childminder .................................................... 3
   c. Other .................................................................. 4

E5. What age was <child> when you started to use the main childcare arrangement? _______ months

E6a. In total, how many children (including <child>) are looked after in the room where <child> is cared for?
   _____ number of children

E6b. In total, how many adults supervise the children in the room where <child> is cared for?
   _____ number of adults

E7. [Card E7] The next questions are about your childcare arrangements. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are plenty of toys, books, pictures and music for my child ....</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. My caregiver knows a lot about children and their needs ................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. My child is happy in this arrangement .......................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. The place where my child is cared for is kept clean ......................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. My child spends time learning letters and numbers ........................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E8a. 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

E8b. Why not? _________________________________________________________________

Note: 3 hours per day over 38 weeks per year (or 2 hours and 15 minutes per day over 50 weeks)

E9. 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

E10a. Is <child> cared for on a regular basis for 8 hours or more per week?
   Yes ....................................................... 1
   No ............................................................ 2

E10b. 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
I’d now like to ask you some general questions about parenting.

Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

(a) Hug or hold this child for no particular reason ........................................ 1 2 3 4 5
(b) Tell this child how happy he/she makes you ........................................ 1 2 3 4 5
(c) Have warm, close times together with this child .................................. 1 2 3 4 5
(d) Enjoy listening to this child and doing things with him/her ............ 1 2 3 4 5
(e) Feel close to this child both when he/she was happy and when he/she was upset ................................................................. 1 2 3 4 5
(f) Express affection by hugging, kissing and holding this child ........... 1 2 3 4 5

F2. [Card F2] 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)

(a) Of all the times you talk to this child about his/her behaviour, how often is this praise ................................................................. 1 2 3 4 5
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval .................................................. 1 2 3 4 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 ......... 1 2 3 4 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 ................................................................. 1 2 3 4 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

F3. What is <child’s> first language?

English ........................................ 1 2 3 4 5
Irish ........................................ 1 2 3 4 5
Other (please specify)........... 1 2 3 4 5

OBSERVATIONS

Now I would like to ask you some questions about how <child> uses his/her hands and legs.

Interviewer: ask the parent to get the child to do the following activities so that you can observe the child.

3. Please ask your child to stand on one leg.  Interviewer: Have you observed the child to stand on one leg?

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

4. Please ask your child throw a ball overhand.  Interviewer: Have you observed the child throwing a ball overhand? (letting it fall to the ground does not count)

   Yes ........................................ 1
   No ........................................ 2
5. Using this pencil and piece of paper, please draw a vertical line from the top to the bottom of the page. Now ask your child to copy your line, but do not let him/her trace it. Interviewer: have you observed the child to draw a vertical line even if it is not perfectly straight. (See pictures)

   Yes ....................... ☐
   No ....................... ☐

   Count as yes  Count as no

6. Interviewer: When copying the line, does the child hold the crayon like the child in picture A (between thumb and forefinger)?

   Yes ....................... ☐
   No ....................... ☐

   Picture A (correct)  B. Incorrect  C. Incorrect