GROWING UP IN IRELAND

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

PRIMARY CAREGIVER TWIN QUESTIONNAIRE

GROUP  HHOLD  RESPONDENT

INTERVIEWER NAME ______________________  INTERVIEWER NO:

Time Section Started  (24 hour clock)  DATE:___dd___mm___yy

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

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

Section A - Introduction

Child’s Name: _______________________

[Interviewer: please record, height and weight of the Study Twin below:]

Height: _________ cms

Weight: _________ kgs

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>a. You</td>
<td></td>
<td></td>
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<tr>
<td>b. Other family members</td>
<td></td>
<td></td>
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<tr>
<td>c. Other people</td>
<td></td>
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</tr>
</tbody>
</table>

2a. Have you had any other multiple births, since the twins were born? Yes ……[ ]  No ………. [ ]

2b. _____ number of other children in multiple births

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

[INTERVIEWER: Read out answer categories]

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

[ ] [ ] [ ] [ ] [ ]
Section B - Child’s Sleep and Relationships

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

B1a. On a normal day, what time in the evening does child usually go to bed? _______ (24 hour clock)

B1b. On a normal day, what time does child wake up at in the morning? _______ (24 hour clock)

B2. On a normal day how many hours would the child sleep during the day _____ hours _____ mins [INT: IF NONE THEN ENTER ‘0’ FOR BOTH HOURS AND MINUTES]

B3. How much is child’s sleeping pattern or habits a problem for you? Would you say… [INT: READ OUT]

A large problem A moderate problem A small problem No problem at all

B4a. How often does child take comfort from a special blanket or toy during the daytime?

Most of the time ..........□; Sometimes ...............□; Never................□

B4b. How often does child take comfort from a special blanket or toy during the nighttime?

Most of the time ..........□; Sometimes ...............□; Never................□

B5a. How often does child suck a soother during the daytime?

Most of the time ..........□; Sometimes ...............□; Never................□

B5b. How often does child suck a soother during the nighttime?

Most of the time ..........□; Sometimes ...............□; Never................□

B6a. How often does child suck their thumb/finger(s) during the daytime?

Most of the time ..........□; Sometimes ...............□; Never................□

B6b. How often does child suck their thumb/finger(s) during the nighttime?

Most of the time ..........□; Sometimes ...............□; Never................□

B7. [CARD B7] 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></th>
<th>Definitely does not apply</th>
<th>Does not really apply</th>
<th>Neutral not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
</tr>
</thead>
</table>
a. I share an affectionate, warm relationship with my child. ..........□ □ □ □ □ □
b. My child and I always seem to be struggling with each other ..........□ □ □ □ □ □
c. If upset, my child will seek comfort from me..........................□ □ □ □ □ □
d. My child is uncomfortable with physical affection or touch from me...□ □ □ □ □ □
e. My child values his/her relationship with me.............................□ □ □ □ □ □
f. When I praise my child he/she beams with pride..........................□ □ □ □ □ □
g. My child spontaneously shares information about his/herself..........□ □ □ □ □ □
h. My child easily becomes angry at me...........................................□ □ □ □ □ □
i. It is easy to be in tune with what my child is feeling....................□ □ □ □ □ □
j. My child remains angry or is resistant after being disciplined..........□ □ □ □ □ □
k. Dealing with my child drains my energy.........................................□ □ □ □ □ □
l. When my child is in a bad mood I know we’re in for a long and difficult day ..□ □ □ □ □ □
m. My child’s feelings toward me can be unpredictable or can change suddenly..........................................................□ □ □ □ □ □

n. My child is sneaky or manipulative with me..................................□ □ □ □ □ □
o. My child openly shares his/her feelings and experiences with me......□ □ □ □ □ □
Section C - Child’s physical health and development

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

C1. [CARD C1] In general, how would you describe <child’s> current health?

Very healthy, no problems .................. [ ]
Healthy, but a few minor problems .......... [ ]
Sometimes quite ill ................................ [ ]
Almost always unwell ........................... [ ]

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

Yes ........................................ [ ]
No ............................................ [ ]  ➔ Go to C5

C3. [CARD C3] What longstanding illness, condition or disability does <child> have?

[int – code for up to 3 illnesses]

a. Asthma .................................................................................................................. [ ]
b. Cystic Fibrosis ....................................................................................................... [ ]
c. Heart abnormalities ............................................................................................... [ ]
d. Eczema or any kind of skin allergy ....................................................................... [ ]
e. Any kind of respiratory allergy (including hayfever) ........................................... [ ]
f. Any kind of food or digestive allergy or food intolerance .................................... [ ]
g. Problem with non-food allergies, such as to dust, animals or medicine ............ [ ]
h. Bone, joint or muscle problems ........................................................................... [ ]
i. A problem using his/her arms or legs .................................................................. [ ]
j. A problem using his/her hands or fingers .............................................................. [ ]
k. Hyperactivity/Problems with attention ADD / ADHD ........................................... [ ]
l. Severe behavioural problems ............................................................................... [ ]
m. Diabetes ................................................................................................................. [ ]
n. Kidney disease ....................................................................................................... [ ]
o. Migrainous headaches ........................................................................................... [ ]
p. Epilepsy or seizures ............................................................................................... [ ]
q. Down syndrome .................................................................................................... [ ]
r. Spina bifida/hydrocephalis .................................................................................... [ ]
s. Cerebral palsy ......................................................................................................... [ ]
t. Autism Spectrum Disorder ..................................................................................... [ ]
u. Other (please specify) ........................................................................................... [ ]

[int – code for up to 3 illnesses]

C3_1. Has this illness, condition or disability been diagnosed by a medical professional?

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

C3_2. Since when has <child> had this illness, condition or disability? ________ year
C3_3. Since when has <child> had this illness, condition or disability? ______ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

Yes, severely ........... □ □ Yes, to some extent □ □ No □ □

C3f_4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: ___________________ Food 2: ___________________ Food 3: ___________________

C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes □ □ No □ □

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? ______ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

Yes □ □ No □ □

a) An inhaler ........... □ □

b) Antibiotics ........... □ □

c) A nebuliser ........... □ □

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes □ □ No □ □ Don’t Know/Never heard of it □ □

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes □ □ No □ □ Don’t Know/Never heard of it □ □

C8. [CARD C8] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child’s> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

a. A general practitioner (GP) ............................................. N

b. A paediatrician / consultant / hospital doctor ............................................. N

c. A public health nurse ........................................................................... N
d. A practice nurse (i.e. a nurse in a GP’s surgery/clinic) ............................................. N
e. A psychiatrist/psychologist ........................................................................... N

f. Accident and Emergency ........................................................................... N
g. A social worker ......................................................................................... N

h. A speech therapist ...................................................................................... N

i. Other medical professional (please specify) ............................................. N

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

Yes □ □ No □ □

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

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

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']
C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?

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

C12. How many separate accidents has <child> ever had?

_____________ accidents

C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?

Loss of consciousness / knocked out ....................................................
Bang on the head / injury to head without being knocked out ................
Broken bone or fracture ......................................................................
Near drowning ....................................................................................
Swallowed household cleaner / other poison / pills ................................
Swallowed object ............................................................................... 
Cut needing stitches or glue................................................................
Injury to mouth or tooth .................................................................... 
Burn or scald .....................................................................................
Other (please specify) ______________________________________________

C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?

_____________ Years     ___________ Months

C15a. Did <child> go to the hospital?

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

C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?

Casualty / Accident and Emergency only .................
Admitted to a Hospital Ward ........................................

C16. Where did this accident happen?

In your home ...................................................................................
A friend’s, neighbour’s or relative’s house .........................
In childcare – childminder’s house or creche/preschool .......
In school ........................................................................................
Outside in your local neighbourhood ..................................
Outside, somewhere else – not in your local neighbourhood ..
Other (please specify) .................................................................

C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that ‘correction’ includes being prescribed glasses]

Yes, currently...........  Yes, in the past ...........
No......................

C18a. 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......................

C18b. Has <child> ever had grommets inserted in his / her eardrums?

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

C18c. When? Month ____________ Year ______________

C19. [CARD C19] 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 because: [INT: READ OUT]

a. You couldn’t afford to pay ...........................................................
Yes ..........  No ...........

b. The necessary medical care wasn’t available or accessible to you ...........................................................
Yes ..........  No ...........

c. You could not take time off work to visit the doctor with <child> ...........................................................
Yes ..........  No ...........

d. You wanted to wait and see if the problem got better ..........................................................................
Yes ..........  No ...........

e. Child refused / fear of doctor ..........................................................
Yes ..........  No ...........

f. Child is still on the waiting list .......................................................
Yes ..........  No ...........

g. Other (please specify) .................................................................
Yes ..........  No ...........
C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?

Yes
No

C20b. Please specify

C21. 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

C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reluctant to speak</td>
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<tr>
<td>b. Speech not clear to the family</td>
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<tr>
<td>c. Speech not clear to others</td>
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<td>d. Speech is developing slowly</td>
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<td>e. Difficulty finding words</td>
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<td>f. Difficulty putting words together</td>
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<td>g. Voice sounds unusual</td>
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<td>h. Stutters, stammers</td>
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<tr>
<td>i. Lisp or difficulty pronouncing certain letter combinations</td>
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<td>j. Other (please specify)</td>
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</table>

C23. Has <child> received any treatment for his/her speech or language problem?

Yes
No

C24. Has <child> been to visit the dentist because of a problem with his/her teeth?

Yes
No

C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

Yes
No

C25b. Was this because you could not afford it, or some other reason?

Could not afford it
Other reason

C26. [CARD C26] I would like you to tell me about your child’s diet and the types of food <pronoun> does and doesn’t eat. Looking at the card, please tell me how often, on average, your child eats these foods.

<table>
<thead>
<tr>
<th>Food</th>
<th>Never</th>
<th>Less than once a month</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Most days</th>
<th>Once a day</th>
<th>2-3 per day</th>
<th>4-5 per day</th>
<th>6+ per day</th>
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</thead>
<tbody>
<tr>
<td>a. Breakfast cereals</td>
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<td>b. Other breakfast cereals</td>
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<td>e.g. porridge</td>
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<td>c. White bread and rolls</td>
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<td>d. Wholemeal, brown bread and rolls</td>
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<td>e. Other breads e.g. scones, croissants</td>
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<td>f. Savoury breads, e.g. pizza</td>
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<td>g. Rice, pasta, noodles</td>
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<td>h. Cakes, pastries, buns</td>
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<td>i. Biscuits - any</td>
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<td>j. Chocolate or confectionery</td>
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<td>k. Other sweets</td>
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<td>l. Ice cream or ice lollies</td>
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<td>m. Puddings &amp; chilled desserts</td>
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<td>n. Yoghurt (flavoured or plain but not fromage frais)</td>
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<td>o. Fromage frais (e.g. Petit Filous)</td>
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<td>p. Cheese or cheese spread</td>
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<td>q. Milk (cow’s)</td>
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</tbody>
</table>
r. Eggs (include in home cooking) .........................................................
s. Fruit squash (tropical fruit, lemon barley, etc) ........................................
t. Fruit juice (not squash) .................................................................
u. Blackcurrant only drinks ..............................................................
v. Fizzy drinks (not mineral water, sugar-free or diet) ...................................
w. Baked beans - canned ........................................................................
x. Peas, in any form ...................................................................................
y. Leafy green vegetables e.g. spinach, cabbage ........................................
z. Other green vegetables e.g. green beans, broccoli ....................................
aa. Chips, fried potatoes (e.g. waffles etc) ..............................................
ab. Other potatoes ..................................................................................
ac. Carrots ..............................................................................................
ad. Other root vegetables apart from carrots and potatoes e.g. parsnips, turnips 

ae. Mushrooms .....................................................................................
af. Apples or pears (fresh) ........................................................................
ag. Soft fruits (e.g. peaches, nectarines, grapes) ........................................
ah. Citrus fruits (e.g. orange, tangerines, satsumas) ....................................
ai. Bananas ............................................................................................
aj. Cucumber ...........................................................................................
ak. Fresh tomatoes ..................................................................................
al. Salad (e.g. lettuce) .............................................................................
am. Butter ................................................................................................
an. Low fat spread .................................................................................
ao. Other spreads .....................................................................................
ap. Oils (e.g. vegetable, olive sunflower) ...................................................
aq. Fish or shellfish including fish fingers ...................................................
ar. Sausage, frankfurters ...........................................................................
as. Liver (but not liver products e.g. pâté) .............................................
at. Beef, e.g. roast, steak, in stews ..........................................................
au. Beef, e.g. minced, burgers ..............................................................
av. Lamb, e.g. roast, steak, in stews ........................................................
aw. Pork, e.g. as a roast or chops in stir fries etc ........................................
ax. Bacon, rashers, ham ........................................................................
ay. Chicken and poultry, e.g. as a roast, in casseroles ..................................
az. Chicken and poultry, e.g. as nuggets or breaded chicken ..............
ba. Crisps or other packet snacks ............................................................

C27. [CARD C27] Which of these best describes <child’s> weight?
[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight .................................................................
Normal weight .................................................................
Somewhat overweight .............................................................
Very overweight .................................................................
Section E - Child's play, activities and temperament

The next section is about activities you may carry out with <child>.

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child’s> behaviour at the present time.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost Never</th>
<th>Not Often</th>
<th>Variable, usually does not</th>
<th>Variable, usually does</th>
<th>Frequently</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. This child is shy with strange adults</td>
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<tr>
<td>b. When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long time</td>
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<tr>
<td>c. If this child wants a toy or sweet while shopping, he/she will easily accept something else instead</td>
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<tr>
<td>d. This child is shy when first meeting new children</td>
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<tr>
<td>e. This child likes to complete one task or activity before going onto the next</td>
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<td>f. When this child is angry about something, it is difficult to sidetrack him/her</td>
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<tr>
<td>g. When in a park or visiting, this child will go up to strange children and join in their play</td>
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<tr>
<td>h. This child stays with an activity (e.g. puzzle, construction kit, reading) for a long time</td>
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</tbody>
</table>
i. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells .............
   Never  Hardly ever Occasionally One or two times a week Everyday N/A

j. When unknown adults visit our home, this child is immediately friendly and approaches them .............
   Never  Hardly ever Occasionally One or two times a week Everyday N/A

k. If this child is upset, it is hard to comfort him/her .............
   Never  Hardly ever Occasionally One or two times a week Everyday N/A

l. When a toy or game becomes difficult, this child quickly turns to another activity .............
   Never  Hardly ever Occasionally One or two times a week Everyday N/A

E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]

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

E3a. [CARD E3a] How often would you do any of the following with <child>?

   Never  Hardly ever Occasionally One or two times a week Everyday N/A

   a. Play with <child> using toys or puzzles .................
   b. Play computer games with <child> ......................
   c. Visit the library .............................................
   d. Listen to <child> read .......................................  
   e. Read to <child> ...............................................  
   f. Use computer with <child> in educational ways ..........  
   g. Sport or physical activities ................................
   h. Go on educational visits outside home such as museums, farms .............................................
   i. Go shopping .....................................................

E3b. [CARD E3b] Does <child> do any of the following at home?

   Never  Hardly ever Occasionally One or two times a week Everyday

   a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves ..................  
   b. Plays “make believe” or pretend games ....................
   c. Paints, draws or makes models .............................
   d. Enjoys dance, music, movement ................................

E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?

   Yes  No

   a. Gone to a movie .............................................  
   b. Gone to a sporting event in which the child was not a player .............................................
   c. Gone to a concert, play, museum, art gallery, community or school event .................................
   d. Attended a religious service, church, temple, synagogue or mosque ....................................
   e. Visited a library ..............................................
   f. Swimming .....................................................

E5. [CARD E5] Does <child> attend a sports club or sports group

   Never .................................................................  
   Twice a month ....................................................
   Regularly, one hour per week ..............................
   Regularly, two hours per week .............................
   Regularly, more than two hours per week ...............  
   Don’t know ......................................................

E6. Looking at Card E6, can you tell me how often <child>

   a) Climbs on trees, climbing frame, wall bars etc ..............................................................
   b) Plays with a ball ..............................................
   c) Plays chasing ..................................................
   d) Rides a bike, tricycle or scooter ................................
   e) Skates ............................................................

   Never  Less than once per week 1-2 times per week 3-6 times per week Every day Don’t know

9
E7. About how many children’s books does <child> have access to in your home now, including any library books? Would you estimate… [INT: READ OUT]

None……………………………………. 1 21 to 30…………………………………….. 4
Less than 10 …………………………….. 2 More than 30………………………………… 5
10 to 20 ………………………………….. 3

E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, lpad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any ‘screen’ (computer or TV or game) in an average weekday. How much time would <child> spend on this type of ‘screen time’ on an average weekday?

None ............... 1 1-less than 2 hours .... 2 2-less than 3 hours ... 3 3 or more hours ....... 4

E8b. What does <child> MOSTLY do on that ‘screen time’? Is s/he usually:

- Playing educational games ..................... 1
- Playing other games............................... 2
- Watching movies, videos, other TV........... 3
- Doing a mixture of all types of activities. 4

E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?

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

E10. Is <child> supervised by you or another adult when he/she accesses the internet?

Always ...................... 1 Sometimes ............ 2 Never .............. 3

Section F - Child’s Functioning and relationships

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

F1. [CARD F1] Listed below is a set of statements which could be used to describe the Study Child’s behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child’s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

a. Considerate of other people’s feelings ................................................................. Not True Somewhat True Certainly True 1 2 3
b. Restless, overactive, cannot stay still for long ...................................................... 1 2 3
c. Often complains of headaches, stomach-aches or sickness ............................... 1 2 3
d. Shares readily with other children (treats, toys, pencils etc.) ............................... 1 2 3
e. Often has temper tantrums or hot tempers .......................................................... 1 2 3
f. Rather solitary, tends to play alone ....................................................................... 1 2 3
g. Generally obedient, usually does what adults request ....................................... 1 2 3
h. Many worries, often seems worried .................................................................... 1 2 3
i. Helpful if someone is hurt, upset or feeling ill ...................................................... 1 2 3
j. Constantly fidgeting or squirming ......................................................................... 1 2 3
k. Has at least one good friend.................................................................................. 1 2 3
l. Often fights with other children or bullies them .................................................... 1 2 3
m. Often unhappy, down-hearted or tearful ............................................................ 1 2 3
n. Generally liked by other children ........................................................................ 1 2 3
o. Easily distracted, concentration wanders ......................................................... 1 2 3
p. Nervous or clingy in new situations, easily loses confidence ............................... 1 2 3
q. Kind to younger children ...................................................................................... 1 2 3
r. Often lies or cheats ............................................................................................... 1 2 3
s. Picked on or bullied by other children .................................................................. 1 2 3
t. Often volunteers to help others (parents, teachers, other children) ....................... 1 2 3
u. Thinks things out before acting ............................................................................ 1 2 3
v. Steals from home, school or elsewhere ............................................................... 1 2 3
w. Gets on better with adults than with other children ............................................. 1 2 3
x. Many fears, easily scared ..................................................................................... 1 2 3
y. Sees tasks through to the end, good attention span ............................................. 1 2 3
F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes, minor difficulties</th>
<th>Yes, definite difficulties</th>
<th>Yes, severe difficulties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

F3. How long have these difficulties been present?

Less than a month ...... 1  1 - 5 months ...... 2  6 - 12 months ...... 3  Over a year ...... 4

F4. Do the difficulties upset or distress your child?

Not at all ............ 1  Only a little ............ 2  Quite a lot ............ 3  A great deal ............ 4

F5. Do the difficulties interfere with your child's everyday life in the following areas?

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Home life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Friendships</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Classroom learning</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Leisure activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

F6. Do the difficulties put a burden on you or the family as a whole?

Not at all ............ 1  Only a little ............ 2  Quite a lot ............ 3  A great deal ............ 4

F7. Does <child> have any brothers or sisters?

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

F8. [CARD F8] In general, how well does <child> get on with his/her siblings?

 Gets on well with his/her siblings .......................................................... 1
 Mixed ........................................................................................................ 2
 Does not get on well with his/her siblings ............................................. 3
 Does not see them ................................................................................... 4

Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?
Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes .................. 1</td>
<td>No .................. 2</td>
</tr>
</tbody>
</table>

Section G1 – Child has started school

Subsection A – School details, school choice and transition to school
Now I'd like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? ________ month ________ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible
Name of school: _______________________________________
Address 1: ____________________________________________
Address 2: ____________________________________________
Address 3: ____________________________________________
Address 4: ____________________________________________
County: _______________________________________________
G4. And (can I just check) is it a single sex or mixed school?

- Single sex □1
- Mixed sex □2
- Mixed sex Juniors, Single sex Seniors □3

G5. What class (or year) is <child> currently in?
[Interviewer: If interview is in July / August please enter the class <child> has just completed]

- Junior Infants □1
- Senior Infants □2
- First class □3
- Other (please specify) □4

G6. When did you register or enroll Study Child with the school?

- Month □1
- Year □2

G7a. Had you registered or enrolled <child> in other primary schools?

- Yes □1
- No □2

G7b. How many?

- □1

G8. Does <child> have any older brothers or sisters in the school they are attending?

- Yes □1
- No □2

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?

- Primary school staff □1
- Preschool staff (e.g. nursery or playgroup staff) □1
- Friends □1
- Other parents □1
- Your siblings □1
- School website □1
- Other (please specify) □1

G10. Did you have a choice about which school <child> would go to? Yes □1 No □2

[CARD G10] When thinking about schools that <child> might go to, how important were the following factors?
If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

- Very important □1
- Somewhat important □2
- Not very important □3
- Not at all important □4

G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?

- You attended an information meeting arranged by the school □1
- You decided to visit the school before the Study Child started □1
- Sought advice from friends, neighbours and/or family □1
- Practised reading, writing or numbers □1
- Talked to the Study Child about school □1
- Something else (Please specify) □1
- Yes □1
- No □2
G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.

a. I felt that <child> was able to mix with other children well enough to get along at primary school. ........................................... 1 2 3 4 5
b. I believe that <child> understood enough about taking turns and sharing to manage at primary school ........................................... 1 2 3 4 5
c. <Child> could go to the toilet on his/her own before starting primary school. ................................................................. 1 2 3 4 5
d. I felt that <child> had the pre-reading and writing skills necessary to start school ........................................................................ 1 2 3 4 5
e. I was worried that <child> would find being apart from me too difficult .............................................................................. 1 2 3 4 5
f. I was concerned that <child> would be reluctant to go to primary school ........................................................................... 1 2 3 4 5
g. I was worried that <child> was not independent enough to cope with primary school .......................................................... 1 2 3 4 5

G13. How often would you or your spouse / partner usually speak in person to <child’s> teacher?

Daily ........................................... 1 Weekly ................. 2 Monthly ............ 3 Less often ............... 4

G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...

a. How often has <child> complained about school? ........................................... 1 More than once a week 2 Once a week or less 3 Not at all
b. How often has <child> said good things about school? ................................... 1 More than once a week 2 Once a week or less 3 Not at all
c. How often has <child> looked forward to going to school? ................................ 1 More than once a week 2 Once a week or less 3 Not at all
d. How often has <child> been upset or reluctant to go to school? ......................... 1 More than once a week 2 Once a week or less 3 Not at all

The next few questions are about how you think <child> is getting on at school.

G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...

[INT: Read out]

Too fast for <child> ........................................................................... 1
Just right for <child> ........................................................................ 2
Too slow for <child> ........................................................................ 3

G15b. And which of these statements best describes how <child> is finding his/her school work? [INT: Read out]

<Child> usually finds school work hard ........................................... 1
<Child> sometimes finds school work hard ...................................... 2
<Child> never finds school work hard ............................................. 3

G16. How confident are you that you know what your child is learning or doing in school?

Very confident ...... 1 Somewhat confident 2 Not very confident 3 Not at all confident 4

G17. [CARD G17] How is information communicated to you from the school?

a. Chatting informally with teacher ........................................... 1 Yes 2 No
b. Parent-teacher meeting / other formal meeting .................................. 1 Yes 2 No
c. Newsletter ............................................................................... 1 Yes 2 No
d. Written report .......................................................................... 1 Yes 2 No
e. Phone call .......................................................... 1 Yes 2 No
f. Text message .......................................................................... 1 Yes 2 No
g. Letter or note with the child or in his / her journal ....................... 1 Yes 2 No
h. What child tells me .................................................................... 1 Yes 2 No
i. School’s website or blog ......................................................... 1 Yes 2 No
Subsection B – Term-time out of school care for those who have started school

Now I’d like to ask you some questions about childcare arrangements for Study Child after school during the school term.

G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?

Yes ...................................................................................................................... 1
No ...................................................................................................................... 2
Go to G28

G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?
(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]

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Number of Days</th>
<th>Number of Hours</th>
<th>Cost per Week</th>
<th>Main Type of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>A relative in your home</td>
<td>Go to G22a</td>
<td><em>N</em></td>
<td><em>N</em></td>
<td>€____</td>
</tr>
<tr>
<td>A non-relative in your home</td>
<td>Go to G22b</td>
<td><em>N</em></td>
<td><em>N</em></td>
<td>€____</td>
</tr>
<tr>
<td>A relative in their home</td>
<td>Go to G22c</td>
<td><em>N</em></td>
<td><em>N</em></td>
<td>€____</td>
</tr>
<tr>
<td>A non-relative in their home</td>
<td>Go to G22d</td>
<td><em>N</em></td>
<td><em>N</em></td>
<td>€____</td>
</tr>
<tr>
<td>After School Service within School</td>
<td>Go to G22e</td>
<td><em>N</em></td>
<td><em>N</em></td>
<td>€____</td>
</tr>
<tr>
<td>Other After School Service (e.g. in creche, community centre etc)</td>
<td>Go to G22f</td>
<td><em>N</em></td>
<td><em>N</em></td>
<td>€____</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>Go to G22g</td>
<td><em>N</em></td>
<td><em>N</em></td>
<td>€____</td>
</tr>
</tbody>
</table>

If more than one child in childcare arrangement, take the average cost per child

G22a. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child>................. 1
2. Grandfather of <child>................. 2
3. Aunt /Uncle of <child>................. 3
4. Brother / Sister of <child>........... 4
5. Non-resident Parent ................... 5
6. Cousin of <child>....................... 6
7. Other relative ......................... 7

G22b. [CARD G22] Please specify how this person is related to <child>

1. Grandmother of <child>................. 1
2. Grandfather of <child>................. 2
3. Aunt /Uncle of <child>................. 3
4. Brother / Sister of <child>........... 4
5. Non-resident Parent ................... 5
6. Cousin of <child>....................... 6
7. Other relative ......................... 7

G23a. [CARD G23a] Which of the following best describes that person?

1. Au pair / Nanny (live in).............. 1
2. Friend / Neighbour..................... 2
3. Childminder ............................ 3
4. Other .................................... 4

G23b. [CARD G23b] Which of the following best describes that person?

1. Friend / Neighbour..................... 1
2. Childminder ............................ 2
3. Other .................................... 3
4. Other .................................... 4
G24. What age was <child> when you started to use the main childcare arrangement? ______ years ______ months

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

How often do the following statements describe your experience?

Never  Rarely  Sometimes  Often Always

a. There are lots of creative activities going on. ..............................................□ 1 □ 2 □ 3 □ 4 □ 5

b. It's an interesting place for my child. ...........................................................□ 1 □ 2 □ 3 □ 4 □ 5

c. There are plenty of toys, books, pictures, and music for my child. .............□ 1 □ 2 □ 3 □ 4 □ 5

d. In care, my child has many natural learning experiences. ......................□ 1 □ 2 □ 3 □ 4 □ 5

e. The caregiver provides activities that are just right for my child ............ □ 1 □ 2 □ 3 □ 4 □ 5

f. My child gets a lot of individual attention ...................................................□ 1 □ 2 □ 3 □ 4 □ 5

g. My child likes the caregiver ...........................................................................□ 1 □ 2 □ 3 □ 4 □ 5

G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

[INT:Read out]

Very easy .. □ 1 Easy ...□ 2 Neither easy nor difficult .....□ 3 Difficult .... □ 4 Or very difficult... □ 5 Don’t pay □ 6

Subsection C – Attendance at Preschool prior to starting school

Now I’d like to ask you some questions about attendance at preschool prior to starting school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G28. Did you avail of the free preschool year for the Study Child?

Yes ...................□ 1 No ..............□ 2 Never heard of it..............□ 3

G28b. Why not? ________________________________________________  
________________________________________________ 
________________________________________________

G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway ......□ 1 No, wouldn’t have been able to send him / her ..............□ 2

G29. How best would you describe the setting in which the free preschool year was made available:

Preschool ........................................................................................□ 1
Naonra .........................................................................................□ 2
Montessori ......................................................................................□ 3
Creche ............................................................................................□ 5
Playgroup .....................................................................................□ 5
Other group care setting (please specify) ____________________________□ 6
G30a. What age was <child> when he/she first attended Free Preschool Year? Age: ________ years _______ months

G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: ________ years _______ months

G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ................................................................. 1  Topped up with more hours ............................................................. 2

G31b. How many additional hours in this same preschool setting per week? __________________________ hours

G31c. How much did you pay per week in total for these additional hours? __________________________ euros

G32. [CARD G32] The next questions are about <child>’s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.

How often did the following statements describe your experience

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There were lots of creative activities going on.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. It was an interesting place for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. There were plenty of toys, books, pictures, and music for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. In care, my child had many natural learning experiences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. The caregiver provided activities that are just right for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. My child felt safe and secure in care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. The caregiver was warm and affectionate toward my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. It was a healthy place for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. My child was treated with respect.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. My child was safe with this caregiver.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>k. My child got a lot of individual attention.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>l. My caregiver and I shared information.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>m. My caregiver was open to new information and learning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>n. My caregiver showed she (he) knew a lot about children and their needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>o. The caregiver handled discipline matters easily without being harsh</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>p. My child liked the caregiver.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>q. My caregiver was supportive of me as a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>r. My caregiver was happy to see my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

G33. How confident were you that you knew what your child was learning or doing in preschool?

Very confident ........................................ 1  Somewhat confident .................. 2  Not very confident ................. 3  Not at all confident ............. 4

G34. Who usually minded <child> if he/she was too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother .............................................. 1  Father .............................................. 2  Parents take turns .................. 3  Grandparents ..................... 4
Other relative .................................. 5  Friend/ Neighbour ...................... 6  Childminder ......................... 7  Other (please specify) .......... 8

Section G2 – Child has not started school

Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not very important</th>
<th>Not at all important</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I thought &lt;child&gt; was too young.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I didn’t think &lt;child&gt; was ready to start school.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Not able to due to &lt;child&gt; health problem/disability</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. &lt;Child&gt; has problems with his/her speech or language development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Preschool/School advised deferring entry</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Someone else advised deferring entry(Please specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Something else (Please specify)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
G36. Have you decided yet which school <child> will attend?

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

As you know, we would like to approach the schools being attended by the children in Growing Up in Ireland from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

Name of school: _______________________________________
Address 1: ____________________________________________
Address 2: ____________________________________________
Address 3: ____________________________________________
Address 4: ____________________________________________
County:  _______________________________________________

G38. When will <child> start school? Which month and year?

______ month  ________ year  Haven't decided yet .[ ]

G39. When did you register or enroll Study Child with the school?

______ month  ________ year

G40. Does <child> have any older brothers or sisters in the school they will attend?

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

G41a. Have you registered or enrolled <child> in other primary schools?

Yes  ............[ ]  G41b. How many? ___________
No  ..................[ ]

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

a. Primary school staff .................................................................[ ]
b. Preschool staff (e.g. nursery or playgroup staff) .........................................................[ ]
c. Friends ...............................................................................................................................[ ]
d. Other parents ......................................................................................................................[ ]
e. Your siblings .....................................................................................................................[ ]
f. School Website ________________________________________________________[ ]
g. Other (specify) ................................................................................................................[ ]

G43. Did you have a choice about which school <child> would go to? Yes  [ ]  No  [ ]

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

\[
\begin{array}{cccc}
\text{Very important} & \text{Somewhat important} & \text{Not very important} & \text{Not at all important} \\
\hline
\text{a. It’s the local school or nearest to home} & \text{b. His/her friends go or were intending to go there} & \text{c. His/her brother/sister went/go there} & \text{d. General good impression of school/good reputation} \\
\text{e. The ethos of the school in terms of religion or beliefs} & \text{f. The gender mix of the school (co-educational / single sex)} & \text{g. Language of instruction used in the school} & \text{h. Other reason (specify)} \\
\end{array}
\]
G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?

a. Attend an information meeting arranged by the school ........................................... [Yes/No]
   1. [Yes] 2. [No]

b. Visit the school before the Study Child starts ......................................................... [Yes/No]
   1. [Yes] 2. [No]

c. Seek advice from friends, neighbours and/or family ................................................. [Yes/No]
   1. [Yes] 2. [No]

d. Practice reading, writing or numbers .................................................................... [Yes/No]
   1. [Yes] 2. [No]

e. Talk to the Study Child about school ................................................................. [Yes/No]
   1. [Yes] 2. [No]

f. Something else (Please specify) ........................................................................... [Yes/No]
   1. [Yes] 2. [No]

G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I feel that &lt;child&gt; will be able to mix with other children well enough to get along at primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I believe that &lt;child&gt; understands enough about taking turns and sharing to manage at primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. &lt;Child&gt; can go to the toilet on his/her own before starting primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. I feel that &lt;child&gt; has the pre-reading and writing skills necessary to start school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. I am worried that &lt;child&gt; will find being apart from me too difficult</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. I am concerned that &lt;child&gt; will be reluctant to go to primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. I am worried that &lt;child&gt; is not independent enough to cope with primary school</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1st of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

G47a. Have you availed of the Free Preschool Year for the Study Child?

Yes ........................................... [Yes/No] 1. [Yes] 2. [No]

G47b. Why not?

___________________________________________________________________________

G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?

Yes, would have sent him/her anyway ...... 1. [Yes] 2. [No, wouldn’t have been able to send him / her 2.]

G48. How best would you describe the setting in which the free preschool year was made available:

Preschool ......................................................... [1]
Naiionra ............................................................. [2]
Montessori ............................................................ [3]
Creche ................................................................. [4]
Playgroup ............................................................ [5]
Other group care setting (please specify) ........................................ [6]

G49a. What age was <child> when he/she first attended Free Preschool Year? Age: ______ years ______ months

G49b. What age was <child> when he/she finished attending this Free Preschool Year OR
What age will <child> be when he/she finishes, if he/she has not yet finished? Age: ______ years ______ months
G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day __________ □1 □2 Topped up with more hours __________ □1 □2

G50b. How many additional hours in this same preschool setting? ___________ hours

G50c. How much did you pay per week in total for these additional hours? ___________euros

G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. How often has &lt;child&gt; complained about preschool?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. How often has &lt;child&gt; said good things about preschool?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. How often has &lt;child&gt; looked forward to going to preschool?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How often has &lt;child&gt; been upset or reluctant to go to preschool?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G52. [Card G52] The next questions are about <child>’s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.

How often do/did the following statements describe your experience

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are/were lots of creative activities going on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It is/was an interesting place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. There are/were plenty of toys, books, pictures, and music for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. In care, my child has/had many natural learning experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The caregiver provides/provided activities that are/were just right for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My child feels/felt safe and secure in care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. The caregiver is/was warm and affectionate toward my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. It is/was a healthy place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. My child is/was treated with respect.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. My child is/was safe with this caregiver.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. My child gets/got a lot of individual attention.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. My caregiver and I share/shared information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. My caregiver is/was open to new information and learning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. My caregiver shows/showed she (he) knows/knew a lot about children and their needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. The caregiver handles/handled discipline matters easily without being harsh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. My child likes/liked the caregiver.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. My caregiver is/was supportive of me as a parent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. My caregiver is/was happy to see my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?

Very confident □1 Somewhat confident □2 Not very confident □3 Not at all confident □4

G54. Who usually minds <child> if he/she is too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother □1 Father □2 Parents take turns □3 Grandparents □4
Other relative □5 Friend/ Neighbour □6 Childminder □7 Other (please specify) □8
Subsection C. Term-time care arrangement:

Additional care arrangements for children attending preschool

Alternative care arrangement for children not attending preschool

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

G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

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

If no go to G64

G56. (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 ......................... [ ] Go to G57a

b. A non-relative in your home .................. [ ] Go to G57b

c. A relative in their home ....................... [ ] Go to G58a

d. A non-relative in their home ................ [ ]

e. Creche, Montessori, preschool, naíonra or other centre-based care setting ....... [ ]

f. Other (please specify) .......................... [ ]

G57a. [Card G57] Please specify how this person is related to <child>

a. Grandmother of <child>..................... [ ]

b. Grandfather of <child> ....................... [ ]

c. Aunt / Uncle of <child> ....................... [ ]

d. Brother / Sister of <child> ................. [ ]

e. Non-resident Parent ......................... [ ]

f. Cousin of <child> ......................... [ ]

g. Other relative ............................... [ ]

G57b. [Card G57] Please specify how this person is related to <child>

a. Grandmother of <child>..................... [ ]

b. Grandfather of <child> ....................... [ ]

c. Aunt / Uncle of <child> ....................... [ ]

d. Brother / Sister of <child> ................. [ ]

e. Non-resident Parent ......................... [ ]

f. Cousin of <child> ......................... [ ]

g. Other relative ............................... [ ]

G58a. [Card G58a] Which of the following best describes that person?

a. Au pair / Nanny (live in) ...................... [ ]

b. Friend / Neighbour .......................... [ ]

c. Childminder .................................... [ ]

d. Other ............................................ [ ]

G58b. [Card G58b] Which of the following best describes that person?

a. Friend / Neighbour .......................... [ ]

b. Childminder .................................... [ ]

c. Other ............................................ [ ]

If more than one child in childcare arrangement, take the average cost per child

G59. What age was <child> when you started to use the main childcare arrangement? _____years _____months

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

_____ number of children

G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

_____ number of adults

G61. [Card G61] What is the main reason the Study Child is using regular child care at present?

1. Parent’s work or study commitments ................................................... [ ]

2. Parent’s sport, shopping, social or community activities .......................... [ ]

3. Give parent a break or time alone ........................................................ [ ]

4. Good for child’s social development/to mix with other children .............. [ ]

5. Good for child’s intellectual or language development .......................... [ ]

6. Establish relationships with grandparents or non-resident parents ......... [ ]

7. Other ____________________________________________________________ [ ]
G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are lots of creative activities going on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It’s an interesting place for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. 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>d. In care, my child has many natural learning experiences.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. The caregiver provides activities that are just right for my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. My child gets a lot of individual attention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. My child likes the caregiver</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...

- Very easy .. □₁
- Easy ... □₂
- Neither easy nor difficult .. □₃
- Difficult .... □₄
- Or very difficult...... □₅
- Don’t pay □₆

Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

G64. What is the main reason the Study Child does not have any regular child care arrangements at present?

- Parent is available, other care not needed ........................................ □₁
- Problems with getting child care places around here ........................ □₂
- Childcare not available around here .................................................. □₃
- Transport problems to childcare ....................................................... □₄
- Can’t afford it - cost too high ........................................................ □₅
- Concerned with quality of care .......................................................... □₆
- Child has disability or special needs .............................................. □₇
- Didn’t want child cared for by strangers .......................................... □₈
- Parent(s) is / are the best for the child at this age ........................... □₉
- Other (please specify) _________________________________________________ □₁₀

Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?

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

G66. What age was <child> when you started to use that childcare arrangement.  
(If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?

_______years _______months
Section H – Parenting and Family Context

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

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)

<table>
<thead>
<tr>
<th></th>
<th>Never / almost never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always / almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hug or hold this child for no particular reason</td>
<td>§1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Tell this child how happy he/she makes you</td>
<td>§1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Have warm, close times together with this child</td>
<td>§1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Enjoy listening to this child and doing things with him/her</td>
<td>§1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Feel close to this child both when he/she was happy and when he/she was upset</td>
<td>§1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. Express affection by hugging, kissing and holding this child</td>
<td>§1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

H3. [Card H3] 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)

<table>
<thead>
<tr>
<th></th>
<th>Never / almost never</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Of all the times you talk to this child about his/her behaviour, how often is this praise?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>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?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>e. How often does this child get away with things that you feel should have been punished?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>f. How often are you angry when you punish this child?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>g. How often do you feel you are having problems managing this child in general?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>h. How often is this child able to get out of punishment when he/she really sets his/her mind to it?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>i. When you discipline this child, how often does he/she ignore the punishment?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>j. How often do you tell this child that he/she is bad or not as good as others?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
<tr>
<td>k. How often do you think that the level of punishment you give this child depends on your mood?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
<td>§4</td>
<td>§5</td>
</tr>
</tbody>
</table>

H9. [Card H9] For the following items could you indicate whether or not the Study Child has the item and, if not, if it is because you couldn’t afford it or for another reason?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No, cannot afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does the child have some new (not second hand) clothes?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
</tr>
<tr>
<td>b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
</tr>
<tr>
<td>c. Does the child eat fresh fruit and/or vegetables at least once a day?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
</tr>
<tr>
<td>d. Does the child eat three meals a day?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
</tr>
<tr>
<td>e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
</tr>
<tr>
<td>f. Does the child have books at home suitable for his/her age?</td>
<td>§1</td>
<td>§2</td>
<td>§3</td>
</tr>
</tbody>
</table>
g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)?....................\(\square\)\(\square\)\(\square\)

h. Does the child have indoor games (board games, computer games etc)? ..................\(\square\)\(\square\)\(\square\)

i. Does the child participate in a regular leisure activity
   (swimming, playing an instrument, youth organisations, etc.)? ...............................\(\square\)\(\square\)\(\square\)

j. Does the child have celebrations on special occasions
   (birthdays, religious events).................................................................\(\square\)\(\square\)\(\square\)

k. Does the child invite/have friends to your house to play and/or eat
   from time to time? ................................................................................\(\square\)\(\square\)\(\square\)

l. Does the child participate in school trips and school events that cost money? ............\(\square\)\(\square\)\(\square\)
m. Does the child have a suitable place to study or do homework? ..............................\(\square\)\(\square\)\(\square\)

H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:
[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

C. Death of close friend .................................................................\(\square\)\(\square\)

E. Moving house ........................................................................\(\square\)

F. Moving country .................................................................\(\square\)

G. Stay in foster home/ residential care.................................\(\square\)

H. Serious illness/injury.................................................................\(\square\)\(\square\)

N. Other disturbing event (please specify) .................................\(\square\)\(\square\)