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

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

Section A – Household Composition

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

Yes .................[ ] No.........................[ ]  \rightarrow  Go to A7a

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

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

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.
**A2.** The name, sex, date of birth, and relationship of each person to the <primary respondent at time 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.***

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Still resident?</th>
<th>Relationship of each member to mother and child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

- **R'SHIP TO:**
  - CARD A2E1: Mother
  - CARD A2E2: Study Child

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Still resident?</th>
<th>Relationship of each member to mother and child</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- **School/Education**
- **At work/Training**
- **Unemployed**
- **Retired**
- **Home Duties**
- **Other**

---

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

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

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

---

**A3a. Has anyone else joined the household since we last spoke and is currently living with you?**

Yes .................................................................

No .................................................................

Go to A4

---

**A3b. How many people have joined the household since we last spoke?**

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Relationship of each member to mother and child</th>
<th>Since when have they been living with you</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **Show Card A2F**

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Relationship of each member to mother and child</th>
<th>Since when have they been living with you</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]
A4. So that’s a total of _____ people who live here in the household at present. Is that correct?

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

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

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

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

A6a. Why is that? 

IF PRIMARY CAREGIVER FROM TIME 1 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:

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

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

Go to A9a

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

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

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

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

[Interviewer use codes only]

- Biological mother/ father ...........................................  
- Adoptive mother/ father ...........................................  
- Step-mother / Step-father / Partner of child’s parent ....  
- Foster mother / father .............................................  

A7c. Do you have a spouse/partner who lives here with you in the household?

Yes ...........................  No............................ → [INT: Ask to speak to PCG]

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

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Do not</th>
<th>Resident at time 1?</th>
<th>Relationship of each member to mother and child.</th>
<th>Employment Status</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>1</td>
<td>2</td>
<td>___ ___ ___</td>
<td>1</td>
<td>2</td>
<td>mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>1</td>
<td>2</td>
<td>___ ___ ___</td>
<td>1</td>
<td>2</td>
<td>study child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>1</td>
<td>2</td>
<td>___ ___ ___</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>1</td>
<td>2</td>
<td>___ ___ ___</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>1</td>
<td>2</td>
<td>___ ___ ___</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A8b. Was that person born into the household or did they join for another reason?

Born into the household ..................□1
Joined for another reason (specify) □2

A8c. Since when has this person been living here in the household? ___ month ___ year

Go to A9a

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

Yes ......□1 No ........□2

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

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

1) their gender
2) their Date of Birth (DOB)
3) their relationship to <child>

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Date of Birth</th>
<th>Relationship to &lt;child&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>□1</td>
<td>□2</td>
<td>__ / __ / __</td>
<td>SHOW CARD A9c</td>
</tr>
<tr>
<td>□3</td>
<td>□4</td>
<td>__ / __ / __</td>
<td>SHOW CARD A9c</td>
</tr>
<tr>
<td>□5</td>
<td>□6</td>
<td>__ / __ / __</td>
<td>SHOW CARD A9c</td>
</tr>
</tbody>
</table>

Section B - Child’s Habits and Routines

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

B1. On a normal day, what time in the evening does <child> usually go to sleep? _______ (24 hour clock)

B2. On a normal day, what time does <child> wake up at in the morning? _______ (24 hour clock)

B3. On a normal day how many hours would the <child> sleep during the day _____ hours _____ mins

[Int: If none then enter ‘0’ for both hours and minutes]

B4. 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
□□□□□□□□

B5. [CARD B5] Does <child> wear nappies / training pants / pull-ups?

(a) during the day ..................□□□□□□□□
(b) at night ..........................□□□□□□□□

B6. [CARD B6] How often does he/she suck a soother or his/her thumb or finger(s)?

(a) Soother ..........................□□□□□□□□
(b) Thumb/finger(s) ..................□□□□□□□□
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>Statement</th>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral</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 my 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 and experiences with me.........</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

B8. [Card B8] How often do you do the following when <child> misbehaves?

<table>
<thead>
<tr>
<th>Action</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>8</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>8</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>8</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>8</td>
</tr>
<tr>
<td>E. Send him/her out of the room or to his/her bedroom or Naughty step</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>8</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>8</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>8</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>8</td>
</tr>
</tbody>
</table>

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 ........................................ 1
Healthy, but a few minor problems ................................... 2
Sometimes quite ill....................................................... 3
Almost always unwell..................................................... 4
C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

Yes ........................................... F
No ........................................... F ▶ Go to C6z_1

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

[INT – code for up to 3 illnesses]

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

[INT – CODE FOR UP TO 3 ILLNESSES]

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

Yes ........................................... F
No ........................................... F

C5. Since when has <child> had this illness, condition or disability?   ____month   ____year

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

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

C6z_1. 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 ........................................... F
No ........................................... F

C6z_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _______ N

C6z_3. Has <child> been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) in the past 12 months?

Yes ........................................... F
No ........................................... F

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

Yes ........................................... F
No ........................................... F

6
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

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

Yes ...........................................  F
No ............................................  F

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

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

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

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

Yes ...........................................  F
No .............................................  F

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

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

C14. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that ‘correction’ includes being prescribed glasses]

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

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

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

C16. [Card C16] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it 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 (specify) .......................................................... Yes No

C17. 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 ...........................................  F
Yes, a little .........................  F
Yes, a lot ......................................  F
Don’t know ............................  F

C18. [Card C18] In which areas does child have difficulties? What speech problems does <child> have?

[TICK ALL THAT APPLY]

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


C19. Has <child> received any treatment for his/her speech or language problem?


C20. How old was <child> [in months] when he/she took his/her first steps unsupported?

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

_____ months  [9] child cannot walk

C21. [Card C21] Getting children to brush their teeth is a challenge faced by many parents. I’d like to ask you a few questions about <child’s> teeth. How often is a toothbrush used to clean <child’s> teeth?

More than twice a day ................. [1]
Twice a day .................................. [2]
Once a day .................................. [3]
Less often than once a day .............. [4]
Rarely ........................................ [5]
Not at all ................................... [6]

C22. Has <child> been to visit the dentist because of a problem with his/her teeth?

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

[BLAISE CONDITION: ASK C23 – C24 ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

C23. When we last interviewed you in _______ , you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]

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

C24. How old was <child> [in months] when he/she completely stopped being breastfed? ____ Months

[Int: Only Accept answer in Months]

C25. [Card C25] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?

<table>
<thead>
<tr>
<th>Food/Drink</th>
<th>Not At All</th>
<th>Once</th>
<th>More than Once</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fresh fruit</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>B. Cooked vegetables</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>C. Raw vegetables or salad</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>D. Hamburger, hot dog, sausage or sausage roll, meat pie</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>E. Hot chips or French fries</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>F. Crisps or savoury snacks</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>G. Biscuits, doughnuts, cake, pie or chocolate</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>H. Sweets</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>I. Full fat cheese/ yoghurt/ fromage frais</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>J. Low fat Cheese/ low fat yoghurt</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>K. Water (tap water / still water/ sparkling water)</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>L. Fizzy drinks / minerals / cordial / squash (diet)</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>M. Fizzy drinks / minerals / cordial / squash (not diet)</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>N. Full cream milk or full cream milk products</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
</tbody>
</table>

C26. [Card C26] Please read the following statements and indicate the answer which best describes how you deal with feeding <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 <child> should have ............................................................ [Never] [Rarely] [Sometimes] [Often] [Always]
2. I give <child> something to eat to make him/her feel better when s/he is feeling upset ............................................................ [1] [2] [3] [4] [5]
3. I let <child> decide when s/he would like to have her meal ........................................... [1] [2] [3] [4] [5]
4. I give <child> something to eat if s/he is feeling bored ................................................... [1] [2] [3] [4] [5]

C27. [Card C27] Please consider everyday food and drinks. How often is the following food and drink included in the diet of <child>? [Include expressed milk]

<table>
<thead>
<tr>
<th>Food/Drink</th>
<th>Not at all</th>
<th>Once</th>
<th>More than once</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fresh fruit</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>B. Cooked vegetables</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>C. Raw vegetables or salad</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>D. Hamburger, hot dog, sausage or sausage roll, meat pie</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>E. Hot chips or French fries</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>F. Crisps or savoury snacks</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>G. Biscuits, doughnuts, cake, pie or chocolate</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>H. Sweets</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>I. Full fat cheese/ yoghurt/ fromage frais</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>J. Low fat Cheese/ low fat yoghurt</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>K. Water (tap water / still water/ sparkling water)</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>L. Fizzy drinks / minerals / cordial / squash (diet)</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>M. Fizzy drinks / minerals / cordial / squash (not diet)</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>N. Full cream milk or full cream milk products</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
<tr>
<td>O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products</td>
<td>0..........</td>
<td>1...</td>
<td>2</td>
</tr>
</tbody>
</table>
C27. [Card C27] Which of these best describes <child’s> weight?
Underweight............................... □ 1
Normal weight............................. □ 2
Somewhat overweight................... □ 3
Very Overweight......................... □ 4

Section D - Parental Health

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

D1. [Card D1] In general, how would you say your current health is?
Excellent................ □ 1  Very good ..... □ 2  Good........ □ 3  Fair........ □ 4  Poor .......... □ 5

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

D3. What is the nature of this problem, illness or disability? Please describe as fully as possible.
[Int. please record diagnosis – not symptoms of the problem.]
_____________________________________________________________________________________
_____________________________________________________________________________________

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

D5. Are you hampered in your daily activities by this problem, illness or disability?
Yes, severely .... □ 1  Yes, to some extent........ □ 2  No ...... □ 3

D6. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card ......................... □ 1  Yes, GP only.............. □ 2  Not covered .... □ 3

D7. Is <child> covered by private medical insurance?
Yes ........................ □ 1  No ................ □ 2

D8. Does that insurance include the cost of GP visits?
Yes, in full........ □ 1  Yes, partially .... □ 2  No .......... □ 3
Section E - Child’s play and activities

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

<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 pleasant (smiles, laughs) when first arriving in unfamiliar places</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>B. This child plays continuously for more than 10 minutes at a time with a favourite toy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>C. This child responds to frustration intensely (screams, yells)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>D. This child smiles when an unfamiliar adult plays with him/her</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>E. This child goes back to the same activity after a brief interruption (snack, trip to toilet)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>F. This child has moody “off” days when he/she is irritable all day</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>G. This child is outgoing with adult strangers outside the home</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>H. This child stays with a routine task (dressing, picking up toys) for 5 minutes or more</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>I. This child shows much bodily movement (stomps, writhes, swings arms) when upset or crying</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>J. This child is still wary of strangers after 15 minutes</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>K. This child stops to examine objects thoroughly (5 minutes or more)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>L. This child reacts strongly (cries, screams) when unable to complete a play activity</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>M. This child practices a new skill (throwing, building, drawing for 10 or more minutes)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

Easier than average .................................................. [ ]
About average...................................................... [ ]
More difficult than average................................. [ ]

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.

E3. [Card E3] 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>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

c) On how many days in an average week does anyone at home help <child> learn numbers or counting?

<table>
<thead>
<tr>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
d) On how many days in an average week does anyone at home help <child> learn songs, poems or nursery rhymes

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

E4. 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
Less than 10 ........................................................................2
10 to 20 ..............................................................................3
21 to 30 ............................................................................4
More than 30 ....................................................................5

E5. 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]

E6. And are there rules in your family about what <child> may watch on television?

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

E7. Is there a television or computer (including games console) in <child’s> bedroom?

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

E8. [Card E8] What does <child> prefer to do when he/she has a choice about how to spend free time?

Usually chooses inactive pastimes like TV, drawing or playing with toys in one place ..........1
Usually chooses active pastimes like running around, riding push-cars, kicking balls ..........2
Just as likely to choose active as inactive .............................................................................3

E9. Can your child ride a tricycle or other similar toy vehicle with pedals?

Yes, can use pedals to cycle ........................................................................................................1
Can sit on tricycle and push it along with his/her feet but does not pedal properly yet ..........2
No .........................................................................................3
Not sure/doesn’t have tricycle ..............................................................................................4

E10. 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 .................................................................1
No .................................................................................2
Not sure ............................................................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.

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

F2. Does <child> have any brothers or sisters?

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

F3. [Card F3] In general, how well does <child> get on with his/her siblings?

<table>
<thead>
<tr>
<th>Rating</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gets on well with his/her siblings</td>
<td>[□] 1</td>
</tr>
<tr>
<td>Mixed</td>
<td>[□]</td>
</tr>
<tr>
<td>Does not get on well with his/her siblings</td>
<td>[□] 2</td>
</tr>
<tr>
<td>Does not see them</td>
<td>[□] 3</td>
</tr>
</tbody>
</table>
Section G – Childcare Arrangements

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

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

Yes ............................................. □ h
No ............................................. □ b If no go to G8a

G2. (a) Who minds <child> on a regular basis each week? [Int: Show Card G2]
(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 G3a] _______ N _______ N €_______ □ 4
- b. A nonrelative in your home ...................... [2 Go to G4a] _______ N _______ N €_______ □ 4
- c. A relative in their home ...................... [3 Go to G3b] _______ N _______ N €_______ □ 4
- d. A nonrelative in their home ...................... [4 Go to G4b] _______ N _______ N €_______ □ 4
- e. A creche, Montessori, pre-school, naíonra or other centre-based care setting, .... [5 Go to G5] _______ N _______ N €_______ □ 4
- f. Other (please specify) ...................... [6 Go to G5] _______ N _______ N €_______ □ 4

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

G3a. [Card G3] Please specify how this person is related to <child>

- a. Grandmother of <baby> ................... [1]
- b. Grandfather of <baby> ..................... [2]
- e. Non-resident Parent ....................... [5]
- g. Other relative .................................. [7]

G3b. [Card G3] Please specify how this person is related to <child>

- a. Grandmother of <baby> ................... [1]
- b. Grandfather of <baby> ..................... [2]
- e. Non-resident Parent ....................... [5]
- g. Other relative .................................. [7]

G4a. [Card G4a] Which of the following best describes that person?

- a. Au pair / Nanny (live in) .................... [1]
- b. Friend / Neighbour .......................... [2]
- c. Childminder .................................... [3]
- d. Other ............................................ [6]

G4b. [Card G4b] Which of the following best describes that person?

- a. Friend / Neighbour .......................... [1]
- b. Childminder .................................... [2]
- c. Other ............................................ [3]

G5. What age was <child> when you started to use the main childcare arrangement? _______ months

[Int: If answer at G2 is (A) or (B) please go to G7]

G6a. 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

G6b. 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
G7. [Card G7] 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>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>
</tr>
<tr>
<td>b. My caregiver knows a lot about children and their needs</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>
</tr>
<tr>
<td>d. The place where my child is cared for is kept clean</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. My child spends time learning letters and numbers</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>f. There are different play activities, e.g. water based, sand based, outdoor play, construction, painting etc. available to &lt;child&gt;</td>
<td></td>
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</tr>
</tbody>
</table>

G8a. [Card G8a] 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
2. Have heard of and plan to avail of the preschool scheme
3. Have heard of but unsure if I will avail of the preschool scheme
4. Have heard of but don’t plan to avail of
5. Have never heard of the preschool scheme

G8b. Why not?

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

G9. [Card G9] 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

[If <child> is in receipt of childcare for 8 or more hours per week, ask of the person identified as the main childcare provider at G2]

G10. 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

Section H – Parenting and Family Context

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

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

H2. [Card H2] The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

Thinking about <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
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)

(a) Of all the times you talk to this child about his/her behaviour, how often is this praise ..............................................
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval ..............................................
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it ..............................................
(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 ..............................................
(e) How often does this child get away with things that you feel should have been punished ..............................................
(f) How often are you angry when you punish this child ..............................................
(g) How often do you feel you are having problems managing this child in general ..............................................
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it ..............................................
(i) When you discipline this child, how often does he/she ignore the punishment ..............................................
(j) How often do you tell this child that he/she is bad or not as good as others ..............................................
(k) How often do you think that the level of punishment you give this child depends on your mood ..............................................

H4. [Card H4] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Because of your work responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. You have missed out on home or family activities that you would have liked to have taken part in...</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Your family time is less enjoyable and more pressured...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Because of your family responsibilities:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C. You have to turn down work activities or opportunities that you would prefer to take on...</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>D. The time you spend working is less enjoyable and more pressured...</td>
<td></td>
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</tbody>
</table>

H5. [Card H5] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help I don’t get enough help I don’t get any help at all I don’t need any help

H6. Are you in regular contact with <child’s> grandparents?

Yes... No... All Grandparents are deceased... All Grandparents live abroad

H7. How many of <child’s> grandparents are still alive? _______ N

H8. With how many his/her grandparents would you say (child) has a close or very close relationship? ____ N
H9. [Card H9] Here are some questions about how much support you receive from <child’s> grandparents

<table>
<thead>
<tr>
<th>Option</th>
<th>Never</th>
<th>Less often than once every 3 months</th>
<th>At least once every 3 months</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Every day or almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) How often do &lt;child’s&gt; grandparents babysit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(b) How often do &lt;child’s&gt; grandparents have &lt;baby&gt; to stay over night?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(c) How often do &lt;child’s&gt; grandparents take &lt;child&gt; out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) How often do &lt;child’s&gt; grandparents buy toys or clothes for &lt;child&gt;?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(e) How often do &lt;child’s&gt; grandparents help &lt;child&gt; learn the ABC/Alphabet or Numbers/Counting?</td>
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<tr>
<td>(f) How often do &lt;child’s&gt; grandparents help you out financially?</td>
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</tbody>
</table>

J: SOCIO-DEMOGRAPHICS

Time Section Started        (24 hour clock)

Now some questions about the circumstances of your household.

J1. I would now like to ask you some questions about your accommodation: Is this accommodation a:
   - House...................................................................................................... [1]
   - Apartment / Flat/ Bedsit ........................................................................ [2]
   - Other (specify)___________________________________________ [3]

J2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?
   - Yes .................................................. [1]
   - No ................................................ [2]

J3. [Card J3] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?
   - Owner occupied (with or without a mortgage)........................................................... [1]
   - Being purchased from a Local Authority under a Tenant Purchase Scheme ................................ [2]
   - Rented from a Local Authority ........................................................................................... [3]
   - Rented from a Voluntary Body................................................................................................ [4]
   - Rented from a Private Landlord ............................................................................................ [5]
   - Living with and paying rent to your (or your partner’s) parent(s) .................................... [6]
   - Occupied free of rent with your (or your partner’s) parent(s) ........................................ [7]
   - Occupied free of rent from your (or your partner’s) job .................................................... [8]

J4a. Do you feel that your current accommodation (excluding location) is suitable for your family’s needs?
   - Yes ................................................ [1]
   - No ................................................ [2]

J4b. [CARD J4b] Why is that? [Int: tick all that apply]
   - Too small ............................................................................................ [1]
   - Not a child-friendly layout........................................................................ [2]
   - Too many steps...................................................................................... [3]
   - Poor conditions in the home (damp, drafts, leaks etc) ............................... [4]
   - Problems with rats, mice, cockroaches etc............................................. [5]
   - Too noisy.............................................................................................. [6]
   - Problems with neighbours ...................................................................... [7]
   - Other (specify)...................................................................................... [8]
J5. [Card J5] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

0. Currently on maternity leave, but have a job to return to.........................................................
1. Employee (incl. apprenticeship or Community Employment) .........................................................
2. Self employed outside farming .................................................................................................
3. Farmer.................................................................................................................................
4. Student full-time ..................................................................................................................
5. On State training scheme (FAS, Failte Ireland etc).................................................................
6. Unemployed, actively looking for a job ..................................................................................
7. Long-term sickness or disability ............................................................................................
8. Home duties / looking after home or family ...........................................................................
9. Retired ....................................................................................................................................
10. Other (please specify) ___________________

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 OR ON MATERNITY LEAVE AT TIME 1 BUT IS WORKING AT TIME 2 ASK J6a]

J6a. When did you return to work? _____ mth ________ year

[BLAISE CONDITION: IF RESPONDENT IS CURRENTLY ON MATERNITY LEAVE AND PLANS TO RETURN TO WORK ASK J6b]

J6b. When will you return to work? _____ mth ________ year

J7. How many hours do you normally work per week, including any regular overtime work?
If you work at more than one job, please include the hours in all jobs. ________________ hours

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

[Int. if respondent works at home enter ‘0’ for minutes]

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

In all cases please describe the occupation fully and precisely giving the full job title.
Use precise terms such as: Do not use general terms such as:

RETAIL STORE MANAGER MANAGER
SECONDARY TEACHER TEACHER
ELECTRICAL ENGINEER ENGINEER

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

Write in your main OCCUPATION ___________________________________________________________________________

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

Yes ......□  No ....... □

J11. How many? ______________________

J12. How many employees (if any) do you have?________ employees

NA .... □

J13. [Ask only if Farmer at J5.] How many acres do you farm? ________ acres _______ hectares

Go to J23

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

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

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

Employee (incl. apprenticeship or Community Employment) □ Self-employed outside farming □ Farmer □

17
J17. [Card J17] What (was) your occupation in your main job?

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

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

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

Write in your main OCCUPATION
______________________________________________________________________________

J18. [Ask only if Farmer at J16] How many acres did you farm? ________ acres _______ hectares

J19. Do you currently have a part time job outside the home? Yes ________ No ________

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

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

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

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

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

Write in your main OCCUPATION
______________________________________________________________________________

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

Go to J23

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

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

Go to J23

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

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

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

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

Write in main OCCUPATION
______________________________________________________________________________

If a farmer or a farm worker, how many acres do you farm? ________ acres
J24. Looking at Card J24, which of the following sources of income does the HOUSEHOLD receive?  Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INT. Tick 'Yes' or 'No' for each in Col. A] [Card J24]

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

J26. [Card J26] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET INCOME, i.e. after deductions for tax and PRSI as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO J27. IF EXACT FIGURE GIVEN GO TO J29]

J27. [Card J27] I know that it is difficult to give an exact figure for household income but on Card J27 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI, the income levy and public sector pension levy [if applicable]. Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after these deductions have been applied.

[Int: Tick the letter of the group your household falls into]

J28. Would that be [Int: Show Card J28 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]
J29. Does anyone in your household currently receive any Social Welfare payments?

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

J30. [Card J30] Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card J30, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Jobseeker’s Benefit</td>
<td>Jobseeker’s Allowance or</td>
</tr>
<tr>
<td></td>
<td>Unemployment Assistance</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td></td>
</tr>
<tr>
<td>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td>Rural Social Scheme</td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOWER(ER) PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Widow’s or Widower’s (Contributory) Pension</td>
<td>Deserted Wife’s Allowance</td>
</tr>
<tr>
<td>Deserted Wife’s Benefit</td>
<td>Prisoner’s Wife’s Allowance</td>
</tr>
<tr>
<td>Widowed Parent Grant</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Widow’s or Widower’s (Non-Contrib) Pension</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Guardian’s Payment (Contributory)</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>Guardian’s Payment (Non-Contributory)</td>
</tr>
<tr>
<td>Health &amp; Safety Benefit</td>
<td>Guardian/Orphan’s pension</td>
</tr>
<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Illness Benefit</td>
<td>Prescribed Relative’s Allowance</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>Injury Benefit</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>Incapacity Supplement</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Disablement Benefit</td>
</tr>
<tr>
<td>Carer’s Benefit</td>
<td>Medical Care Scheme</td>
</tr>
<tr>
<td>Domiciliary Care Allowance</td>
<td>Constant Attendance Allowance</td>
</tr>
<tr>
<td>Carer’s Allowance</td>
<td>Death Benefits (Survivor’s Benefits)</td>
</tr>
<tr>
<td>Half-rate Carer’s Allowance</td>
<td></td>
</tr>
<tr>
<td><strong>RETIREMENT PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>State Pension (Transition)</td>
<td>State Pension Non-Contributory</td>
</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>Pre-Retirement Allowance</td>
</tr>
<tr>
<td><strong>OTHER PAYMENTS</strong></td>
<td></td>
</tr>
<tr>
<td>Fuel/Smokeless Fuel Allowance</td>
<td>Diet/heating supplements</td>
</tr>
<tr>
<td>Household Benefits Package (electricity/gas/phone)</td>
<td></td>
</tr>
</tbody>
</table>
J31a. Does anyone in your household currently receive rent or mortgage supplement? Yes ☐ No ☐

J31b. How much does the household receive PER WEEK in rent or mortgage supplement? €------------

J31c. Do you receive or have you received in the last 12 months, any of the following payments? [Tick all that apply]
(a) Back to school clothing and footwear allowance................................. ☐
(b) Exceptional and urgent needs payments (from Community Welfare Officer)........ ☐
(c) Foster Care Allowance .............................................................................. ☐

J32. [Card J32] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn’t afford it or for another reason?

| a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| b. Does your household have a roast joint (or its equivalent) at least once a week? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| c. Do household members buy new rather than second-hand clothes? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| d. Does each household member possess a warm waterproof coat? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| e. Does each household member possess two pairs of strong shoes? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| f. Does the household replace any worn out furniture? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| g. Does the household keep the home adequately warm? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| h. Does the household have family or friends for a drink or meal once a month? | Yes ☐ No, Afford ☐ No, other reason ☐ |
| i. Does the household buy presents for family or friends at least once a year? | Yes ☐ No, Afford ☐ No, other reason ☐ |

J33. [Card J33] A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

| With great difficulty ☐ With difficulty ☐ With some difficulty ☐ Fairly easily ☐ Easily ☐ Very easily ☐ |

J34. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

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

J35a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

J35b. [CARD J35b] Why was that?

| Didn’t want to .................... ☐ | Couldn’t leave the children .......... ☐ |
| Have a full social life in other ways ........ ☐ | Illness ............................................. ☐ |
| Couldn’t afford to .................... ☐ | Other (specify) __________________ ☐ |

J36a. Does your family have a car?

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

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

Yes ............. ☐ No ............. ☐
J37. Since our last interview when <child> was 9 months old we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had … … [INT: READ OUT]

A very significant effect on your family .......................................................... [ ]
A significant effect on your family ................................................................. [ ]
A small effect on your family ........................................................................ [ ]
No effect at all on your family ....................................................................... [ ]

J38. [Card J38] How has it affected your family? [Int: tick all that apply]

a. You were made redundant / lost your job .................................................. [ ]
   b. Your spouse/partner was made redundant / lost their job .......................... [ ]
   c. Your or your spouse/partner's working hours were reduced .................... [ ]
   d. Your or your spouse/partner's wages were reduced ................................. [ ]
   e. Your or your spouse/partner's social welfare benefits were reduced ........ [ ]
   f. Your family can't afford luxuries (holidays, meals out etc) ......................... [ ]
   g. Your family can't afford / had to cut back on basics (food, clothes etc.) .... [ ]
   h. You are behind with rent / mortgage payments ...................................... [ ]
   i. You are behind with utility bills (e.g. electricity, gas bills etc) ...................... [ ]
   j. Other (please specify) .............................................................................. [ ]

Section K – About You

Now some more questions about yourself

K1. [Card K1] What is the highest level of education (full-time or part-time) which you have completed to date?
1. No formal education .................................................................................... [ ]
2. Primary education ....................................................................................... [ ]

Second Level
3. Lower Secondary ....................................................................................... [ ]
   4. Upper Secondary ................................................................................... [ ]
   (Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCVA Level 1 Certificate or equivalent)
   5. Technical or Vocational qualification ...................................................... [ ]
   (Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
   6. Both Upper Secondary and Technical or Vocational qualification .......... [ ]

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

K2. At what age did you leave full-time education for the first time? ______ years
[INTERVIEWER: Code as ‘0’ if respondent never undertook full-time education]

K3. What is <child’s> first language?
English .......... [ ]
Irish ......... [ ]
Other (please specify) .......... [ ]

K4. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s story book written in your native language?
Yes ................. [ ]
No ................... [ ]

K5. Can I just check, can you read aloud to a child from a children’s story book written in English?
Yes ................. [ ]
No ................... [ ]
K6. Can you usually read and fill out forms you might have to deal with in English?

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

[BLAISE CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

K7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

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

K8. Do you belong to any religion?

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


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

[ASK K10 – K11 IF NOT AN IRISH CITIZEN AT TIME 1, NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

K10. Are you a citizen of Ireland?  Yes ........ □1
No ........... □2

K11. What citizenship do you hold? ______________________________________

[ASK K12 – K14 IF NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

K12. Were you born in Ireland?  Yes ........ □1
No ........... □2

K13. In which country were you born? ______________________________________

K14. How long ago did you first come to live in Ireland?

Within the last year .......................................................... □1
1-5 years ago ........................................................................ □2
6-10 years ago ........................................................................ □3
11-20 years ago ......................................................................... □4
More than 20 years ago ........................................................... □5
Don’t Know ............................................................................. □8

K15. [Card K15] Looking at card K15, can you tell me, what is your ethnic or cultural background?

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

1. White
   Irish ......................................................................................... □1
   Irish Traveller ........................................................................... □2
   Any other White background ................................................... □3

2. Black or Black Irish
   African ..................................................................................... □4
   Any other Black background .................................................... □5

3. Asian or Asian Irish
   Chinese .................................................................................... □6
   Any other Asian background .................................................... □7

4. Other, including mixed background .......................................... □8
L. Neighbourhood / Community

Time Section Started ___________ (24 hour clock)

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

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

L2. [Card L2] To what extent do you agree or disagree with these statements?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

- It is safe to walk alone in this area after dark....................................................
- It is safe for children to play outside during the day in this area........................
- There are safe parks, playgrounds and play spaces in this area ......................
- As a family we are happy living in this area ....................................................
- We as a family intend to continue living in this area.........................................

L3. Do you intend to continue living in Ireland?
- Yes ..........................................................
- No ..........................................................

OBSERVATIONS

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

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

3. Please ask your child to stand on one leg. Interviewer: Have you observed the child to stand on one leg?
- Yes ..........................................................
- No ..........................................................

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 ..........................................................
- No ..........................................................

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 ..........................................................

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