Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about Growing Up in Ireland - the National Longitudinal Study of Children. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study. We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself. The whole interview with the parents / guardians and child will take about 1 hour and 40 minutes or so to complete. [Interviewer adjust as appropriate for you in the field.]

All the information you and your family provides 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.

A. INTRODUCTION

A1. Are you the legal parent / guardian of the Study Child who usually provides the most care to him / her.


A1a. Are you in a position to answer in respect of the Study Child


A2. Int: Record gender of parent 1


A3. [Show Card A3] Looking at Card A3 which of the following best describes your relationship to the Study Child?

[Interviewer codes only if other persons are present at the time of interview]

A. Biological mother / father ................................................................. [1]
B. Adoptive mother / father ................................................................. [2]
C. Step-mother / step-father / partner of child’s parent ................................ [3]
D. Foster mother / father ................................................................. [4]
E. Grand parent .................................................................................... [5]
F. Aunt/uncle .................................................................................. [6]
G. Other relative / in law .................................................................. [7]
H. Unrelated guardian........................................................................ [8]
Household Composition

In this section, I would like to ask you a few details about yourself and the others in your household.

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household? ___________ persons

A5. For each member of the household could you tell me:
   a) their gender?
   b) their Date of Birth (DOB)
   c) if DOB not available - their age last birthday
   d) their relationship to the child’s mother / or lone father and the Study Child?
   e) tick one box to best describe their current economic status

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Age last birthday</th>
<th>Person No.</th>
<th>A5D1</th>
<th>A5D2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INT: Put respondent (mother / lone father) on line 1 and Study Child on line 2</td>
<td>M</td>
<td>dd</td>
<td>mm</td>
<td>yr</td>
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<td>1</td>
<td>1</td>
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<td>2</td>
<td>1 2 ___ ___ ___ yrs</td>
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<td></td>
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<tr>
<td>3</td>
<td>1 2 ___ ___ ___ yrs</td>
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<td></td>
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<td>3</td>
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<tr>
<td>4</td>
<td>1 2 ___ ___ ___ yrs</td>
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<td>5</td>
<td>1 2 ___ ___ ___ yrs</td>
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<td>6</td>
<td>1 2 ___ ___ ___ yrs</td>
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<td>7</td>
<td>1 2 ___ ___ ___ yrs</td>
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<td>7</td>
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<td>8</td>
<td>1 2 ___ ___ ___ yrs</td>
<td>8</td>
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<td>8</td>
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<td>1</td>
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<tr>
<td>9</td>
<td>1 2 ___ ___ ___ yrs</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Interviewer: Mother or lone father should be on line 1
Study Child should be on line 2

X1a. Was <Study Child> a single birth, twin, triplet etc. Single child _______ Twin _______ Triplet _______

X1b. Does the twin or triplet live in the household? Yes _______ No _______

X1c. Does <Study Child> go to the same school as twin? Yes _______ No _______

X1d. If not, name and address of school this child attends: ____________________________________________

X1e. Could I ask about the study child’s twin. Is he or she: Deceased _______ Lives elsewhere _______

Time Section Ended _______ (24 hour clock)
Now I would like to ask you a few questions regarding the Study Child’s health.

### B. CHILD’S HEALTH

**B1.** How much did the Study Child weigh at birth?  
_____Pounds _____Ounces OR  
_____Kilos _____Grams Don’t know.

**B2. [Show Card B2]** Looking at Card B2, was the Study Child born late, on time or early?
- Late birth (42 weeks or more) .......  
- On time (37-41 weeks) ............  
- Somewhat early (33-36 weeks) ....  
- Very early (32 weeks or less) .......  
- Don’t know ................................

**B3. [Show Card B3]** Looking at Card B3, what was the mode of delivery? [Int. Use codes only]
- A. Normal birth...........................
- B. Suction assisted birth ............
- C. Forceps assisted birth ...........
- D. Elective Caesarean....................
- E. Emergency Caesarean..............
- F. Other [please specify]..............
- Don’t Know..............................

**B4a.** Did the Study Child have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?
- Yes .....................................
- No .....................................
- Don’t know .............................

**B4b. [Show Card B4b]** Looking at Card B4b, how old was Study Child when he/she came home from hospital (or special care)?
- Less than 1 week ......................
- 1-4 weeks ................................
- 5-8 weeks ................................
- 9-12 weeks ..............................
- 1-4 months ..............................
- 5-8 months ..............................
- 9-12 months .............................
- Don’t Know ..............................

**B5. [Int. If respondent is biological mother]** Did you smoke during your pregnancy with the Study Child?
- Never ................................
- Occasionally .........................
- Daily ...................................

**B6. About how many did you smoke per day?**
- 1-5 /day......
- 6-10 /day.....
- 11-25/day.....
- 26 or more/day ............

**B7. [Int. If respondent is biological mother]** Did you consume alcohol during your pregnancy with the Study Child?
- Never ..............
- Occasionally ...........
- Weekly ................
- Daily ....................

**B8.** Was the Study Child ever breastfed, even if only for a short time?
- Yes ................................
- No ...................................
- Don’t know .......

**B9. For how many months or weeks was the Study Child breastfed?**
- _____ months   _____ weeks   Don’t Know / Can’t Remember.............

**B10. [Show Card B10]** Looking at Card B10, In general, how would you describe the Study Child’s health in the past year?
- Very healthy, no problems..................
- Healthy, but a few minor problems......
- Sometimes quite ill........................
- Almost always unwell....................
B11. Does the Study Child have any on-going chronic physical or mental health problem, illness or disability?

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

B12. 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]

______________________________________________________________________________________
______________________________________________________________________________________

B13. Since when has the Study Child had this problem, illness or disability? ________ (mth) _______(year)

B14. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?

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

B15. In addition to what we have just discussed has the Study Child ever at any time in the past had any chronic physical or mental health problem, illness or disability?

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

B16. What was the nature of this problem, illness or disability? Please describe as fully as possible.
[Int please record diagnosis, not symptoms of the problem]

______________________________________________________________________________________
______________________________________________________________________________________

B17. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes............ ☐  No............ ☐

B18. How many separate accidents has the Study Child ever had that required hospital treatment or admission? __________ accidents

B19. How many of these accidents involved bone fractures or breaks? _________________

Time Section Ended ____________ (24 hour clock)

C. CHILD’S USE OF HEALTH SERVICES

Now I’d like to ask you some questions about the Study Child’s use of health services, visits to the doctor, dentist and so on.

C1. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth)
[Int. if none, write none do not leave blank] __________ nights

C2. In the last 12 months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? ________ visits
[Int. if ‘none’ write ‘none’ do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the Study Child’s physical, emotional or mental health? [Int. if ‘none’ write ‘0’ do not leave blank]

A general practitioner (GP) --------------------------------------------------------------- N times ☐ Don’t know ☐ Refused ☐
Another medical doctor e.g. in a hospital --------------------------------------------------------------- N times ☐ Don’t know ☐ Refused ☐
Other professional, psychologist, psychiatrist, counsellor etc. ---------------------------------- N times ☐ Don’t know ☐ Refused ☐
C4. Was there any time in the last 12 months when, in your opinion, the Study Child needed medical care or treatment for a health problem but he/she did not receive it?

Yes ............ [ ]  No ............... [ ]  Don’t know .......... [ ]  Refused ........... [ ]

C5. Why did the Study Child not get the medical care or treatment? Was this because
[Ind: Please tick yes or no in respect of each]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>![ ]</td>
<td>![ ]</td>
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<tr>
<td>b)</td>
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<tr>
<td>d)</td>
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<td>e)</td>
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<td>![ ]</td>
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<tr>
<td>f)</td>
<td>![ ]</td>
<td>![ ]</td>
</tr>
<tr>
<td>g)</td>
<td>![ ]</td>
<td>![ ]</td>
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</tbody>
</table>

C6. Was there any time in the last 12 months when, in your opinion, the Study Child needed a dental examination or treatment but he/she did not receive it?

Yes ............ [ ]  No ............... [ ]  Don’t know .......... [ ]  Refused ........... [ ]

C7. Why did the Study Child not get the dental examination or treatment? Was this because
[Ind: Please tick yes or no in respect of each]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>![ ]</td>
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<td>g)</td>
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</tbody>
</table>

C8. Does the Study Child brush his/her teeth at least once per day? Yes ....... [ ]  No ...... [ ]

C9. Which of the following best describes how regularly the Study Child visits the dentist?

- At least once a year: [ ]
- Once every two years: [ ]
- Once every three years: [ ]

C10. Does the Study Child currently have, or at any time in the past had, any sort of sight problem requiring correction?

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

C11. [Show Card C11] Looking at Card C11, has the Study Child ever been given any treatment for the problem? If so, what?

- Laser treatment: [ ]
- Surgical operation: [ ]
- Patch: [ ]
- Glasses: [ ]
- Other, please specify: [ ]
- No treatment: [ ]

C12. Does the Study 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 .......... [ ]

C13. [Show Card C13] Looking at Card C13, has the Study Child ever been given any treatment for the problem? If so, what?

- Hearing aid: [ ]
- Grommets: [ ]
- Cochlear implant: [ ]
- Other, please specify: [ ]
- No treatment: [ ]
C14. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No ........................................... 1
Yes, a little ................................ b
Yes, a lot.................................... 3
Don’t know ............................... 4

C15. [Show Card C15] Looking at Card C15, in which areas does child have difficulties? What speech problems does the Study Child have? [Int: Tick all that apply. If child present use codes only]

A. Reluctant to speak ....................................................... 1
B. Speech not clear to the family ........................................ 2
C. Speech not clear to others ............................................. 3
D. Difficulty finding words ............................................... 4
E. Difficulty putting words together ................................. 5
F. Voice sounds unusual ................................................. 6
G. Stutters, stammers ...................................................... 7
H. Lisps ........................................................................... 8
I. Other ........................................................................... 9
J. Don’t know .................................................................... 9

C16. Does the Study Child usually require ongoing support to be able to move around?

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

C17. What supports does the Study Child require? [Int. Tick yes or no for each]

A. Braces ........................................................................... 1
B. Crutches ........................................................................ 2
C. A stick.......................................................................... 2
D. Wheelchair ................................................................. 1
E. Other (specify) ............................................................ 2

C18. Does the Study Child need the help of another person to get around in the wheelchair?

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

C19. Is Study Child right or left-handed?

Right handed ........... 1
Left handed ............. 2

Time Section Ended .......... ........................................... (24 hour clock)

D. CHILD’S DIET AND EXERCISE

D1. [Show Card D1] Looking at Card D1, in the last 24 hours has the Study Child had the following foods and drinks once, more than once, or not at all?

<table>
<thead>
<tr>
<th>Food</th>
<th>Once</th>
<th>More than Once</th>
<th>Not At All</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fresh fruit ...............................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Fruit juice ...............................................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Meat / Chicken / Fish ................................................................</td>
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<td></td>
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<tr>
<td>D. Eggs ..........................................................................................</td>
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<tr>
<td>E. Cooked vegetables .....................................................................</td>
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<tr>
<td>F. Raw vegetables or salad ..........................................................</td>
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<tr>
<td>G. Meat pie, hamburger, hot dog, sausage or sausage roll ...............</td>
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<td></td>
<td></td>
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<tr>
<td>H. Hot chips or French fries ..........................................................</td>
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<tr>
<td>I. Crisps or savoury snacks ...........................................................</td>
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<tr>
<td>J. Bread ...........................................................................................</td>
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<tr>
<td>K. Potatoes/ Pasta/ Rice ..................................................................</td>
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<tr>
<td>L. Cereals .........................................................................................</td>
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<td></td>
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<tr>
<td>M. Biscuits, doughnuts, cake, pie or chocolate ................................</td>
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<tr>
<td>N. Cheese/yoghurt/ fromage frais ...................................................</td>
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<tr>
<td>O. Low fat Cheese/ low fat yoghurt ..............................................</td>
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<tr>
<td>P. Water (tap water / still water/ sparkling water) ..........................</td>
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<tr>
<td>Q. Soft drinks / minerals / cordial / squash (not diet) .................</td>
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<tr>
<td>R. Soft drinks / minerals / cordial / squash (diet) ..........................</td>
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<tr>
<td>S. Full cream milk or full cream milk products ..............................</td>
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<td></td>
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<tr>
<td>T. Skimmed milk or skimmed milk products ....................................</td>
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</tbody>
</table>

D2. [Show Card D2] Looking at Card D2, if codes S or T are 1 or 2 ask:

Approximately, how much milk did the Study Child drink in the last 24 hours? [Int: This refers to the total amount of all milk full cream and skimmed that was drunk.]

<table>
<thead>
<tr>
<th>Amount of Milk Drunk</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to ½ pint (Approx ¼ litre) ........................................... 1</td>
<td></td>
</tr>
<tr>
<td>½ to 1 pint (Approx ¼ - ½ litre) ....................................... 2</td>
<td></td>
</tr>
<tr>
<td>1 - ½ pints (Approx ¼ - 1 litre) ................................. 3</td>
<td></td>
</tr>
<tr>
<td>More than 1 ½ pint (More than 1 litre) ......................... 4</td>
<td></td>
</tr>
</tbody>
</table>
D3. Does the Study Child usually have something to eat before going to school?  
Yes ... [ ]  
No ... [ ]

D4. [Show Card D4] Looking at Card D4, which of the following does he/she usually eat? [Int. Tick all that apply]

A. Cereal ...........................................  [ ]
B. Toast / Bread ..................................  [ ]
C. Fruit .........................................  [ ]
D. Porridge ......................................  [ ]
E. Cooked breakfast ...........................................  [ ]
F. Yoghurt / Cheese ...................................  [ ]
G. Eggs ..............................................  [ ]
H. Other Specify .........................................  [ ]

D5. Does the Study Child usually have a meal in the evening during the week?
Yes ... [ ]  
No ... [ ]

D6. [Show Card D6] Looking at Card D6, who would usually eat with the Study Child at that meal [Int. Tick all that apply]

A. Father ...........................................  [ ]
B. Mother .............................................  [ ]
C. Brothers / Sisters / other children in the household .............................................  [ ]
D. Other relatives .............................................  [ ]
E. Other unrelated adults (childminder, nanny etc) .............................................  [ ]
F. Friend(s) .............................................  [ ]
G. Someone else (specify) .............................................  [ ]
H. No one / child eats alone .............................................  [ ]

D7. Does the Study Child usually sit at a table for this meal?
Yes ... [ ]  
No ... [ ]

D8. [Show Card D8] Looking at Card D8, is the Study Child on any type of special diet e.g. vegetarian, vegan, coeliac etc?  
No ...........................................  [ ]
Yes, coeliac ...........................................  [ ]
Yes, other ...........................................  [ ]
Specify ________________________________________________  [ ]

D9. [Show Card D9] Looking at Card D9, do you think the Study Child is: [Int: Use codes only if child is present at time of interview]

Very underweight ...........................................  [ ]
Moderately underweight ...........................................  [ ]
Slightly underweight ...........................................  [ ]
About the right weight ...........................................  [ ]
Slightly overweight ...........................................  [ ]
Moderately overweight ...........................................  [ ]
Very overweight ...........................................  [ ]
Don't know ...........................................  [ ]

D10. [Show Card D10] Looking at Card D10, how many times in the past 14 days has the Study Child done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

none ...........................................  [ ]
1 to 2 days ...........................................  [ ]
3 to 5 days ...........................................  [ ]
6 to 8 days ...........................................  [ ]
9 or more days ...........................................  [ ]

D11. [Show Card D11] Looking at Card D11, how many times in the past 14 days has the Study Child done at least 20 minutes of light exercise that was not hard enough to make him / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling). Include time in physical education class.

none ...........................................  [ ]
1 to 2 days ...........................................  [ ]
3 to 5 days ...........................................  [ ]
6 to 8 days ...........................................  [ ]
9 or more days ...........................................  [ ]

D12. [Show Card D12] How far away is the school from the Study Child’s home (one-way distance)?

Less than ½ mile (1km) ...........................................  [ ]
½ to 1 mile (1-2km) ...........................................  [ ]
1-5 miles (2-8km) ...........................................  [ ]
More than 5 miles away (8km) ...........................................  [ ]
Attends boarding school ...........................................  [ ]
D13. How does the Study Child usually (a) go to school and (b) come home from school?
[Int tick one box in Col A and B]

<table>
<thead>
<tr>
<th></th>
<th>A. Going</th>
<th>B. Coming home</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. He/she walks</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>2. By public transport</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>3. School bus/coach</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>4. By car</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>5. Rides a bicycle</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>6. Other (please describe)</td>
<td>☐</td>
<td>☉</td>
</tr>
</tbody>
</table>

D14. How long does it usually take the Study Child (a) to go to school (b) to come home from school?
[Int. tick one box on Col A and Col B]

<table>
<thead>
<tr>
<th></th>
<th>A. Going</th>
<th>B. Coming home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 mins</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>5-less 10 mins</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>10-less 20 mins</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>20-less 30 mins</td>
<td>☐</td>
<td>☉</td>
</tr>
<tr>
<td>30 mins or more</td>
<td>☐</td>
<td>☉</td>
</tr>
</tbody>
</table>

Time Section Ended (24 hour clock) | ☐ | ☐ |

E. RESPONDENT’S HEALTH

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

E1. In general, how would you say your current health is?

- Excellent ☐
- Very Good ☐
- Good ☐
- Fair ☐
- Poor ☐

E2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ☐ No ☉

E3. 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.]

E4. Since when have you had this problem, illness or disability? _______(mth) ______(year)

E5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely ☐ Yes, to some extent ☐ No ☉

E6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?

In the past ☐ Currently ☐ No ☉

E7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child?

Yes ☐ No ☉

E8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent ☐ Brother / Sister ☐ Other relative ☐ Non relative ☐

E9. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card ☐ Yes, doctor only card ☐ Not covered ☐

E10. Does the family have private medical insurance?

Yes, in full ☐ Yes, partially ☐ No ☐ Don’t Know ☐

E11. Does that insurance include the cost of GP visits?

Yes, in full ☐ Yes, partially ☐ No ☐ Don’t Know ☐
E12. Can I just check, are you currently pregnant?

Yes [ ] No [ ]

E13. Approximately how many weeks?

_____________ weeks

F. RESPONDENT’S LIFESTYLE

Now I’d like to ask you some questions about your lifestyle.

F1. Do you currently smoke daily, occasionally or not at all?

Daily [ ] Occasionally [ ] Not at all [ ]

F2. Have you ever smoked? Was it:

Daily [ ] Occasionally [ ] Never [ ]

F3. About how many cigarettes or cigars do/did you smoke on average each day?

____________ [Int. enter ‘0’ if less than 1 on average]

F4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis[ ] Yes, on an occasional basis[ ] Never[ ]

F5. [Show Card F5] Looking at Card F5, which of the following best describes how often you usually drink alcohol?

Never [ ] Less than once a month [ ] 1-2 times a month [ ] 1-2 times a week [ ] 3-4 times a week [ ] 5-6 times a week [ ] Every day [ ]

If currently drink alcohol between everyday and once or twice a week ask:

F6. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer ________ Glasses of Wine ________ Measures of Spirits ________

F7. [Show Card F7] Looking at Card F7, do you think that you are:

Very underweight[ ] Moderately underweight[ ] Slightly underweight[ ] About the right weight[ ] Slightly overweight[ ] Moderately overweight[ ] Very overweight[ ] Don’t know[ ]

F8. How often do you try to lose weight through dieting?

Very often [ ] Often [ ] Sometimes [ ] Rarely [ ] Never [ ]

F9. What is your height without shoes?

_______ feet _______ inches OR _______ Metres

F10. What is your weight without clothes and shoes?

_______ stones _______ lbs OR _______ Kilograms

Time Section Ended ____________ (24 hour clock)
G. CHILD’S ACTIVITIES

Now I would like to ask you about some of the Study Child’s day-to-day activities.

G1. [Show Card G1] Looking at Card G1, on a normal weekday during term time, how many hours does the Study Child spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

None .............................................. 1 3 hours to less than 5 hours ............ 4
Less than an hour ................................ 2 5 hours to less than 7 hours ............ 5
1 hour to less than 3 hours ..................... 3 7 hours or more........................... 6
3 hours to less than 5 hours ..................... 4

G2. [Show Card G2] Looking at Card G2, on a normal weekday during term time, about how many hours does the Study Child spend reading for pleasure [NOT during school hours]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

None .............................................. 1 5 hours to less than 7 hours ............ 4
Less than an hour ................................ 2 7 hours or more........................... 6
1 hour to less than 3 hours ..................... 3 Child can’t read............................ 7
3 hours to less than 5 hours ..................... 4

G3. [Show Card G3] Looking at Card G3, on a normal weekday, during term-time, about how much time does the Study Child spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

None .............................................. 1 3 hours to less than 5 hours ............ 4
Less than an hour ................................ 2 5 hours to less than 7 hours ............ 5
1 hour to less than 3 hours ..................... 3 7 hours or more........................... 6

G4. [Show Card G4] Looking at Card G4, on a normal weekday, during term-time, about how much time does the Study Child spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in school.

None .............................................. 1 3 hours to less than 5 hours ............ 4
Less than an hour ................................ 2 5 hours to less than 7 hours ............ 5
1 hour to less than 3 hours ..................... 3 7 hours or more........................... 6

G5. Does the Study Child have the following in his/her bedroom?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television........... 1</td>
<td>Video/DVD player ....... 1</td>
</tr>
<tr>
<td>Computer or laptop ....... 1</td>
<td>Games console (playstation etc...)........... 1</td>
</tr>
</tbody>
</table>

G6. On an average week how much money would you say you give the Study Child to spend him/herself?

€ ______________________

H. CHILD’S EMOTIONAL HEALTH AND WELL-BEING

Now I’d like to ask some questions on the Study Child’s emotional well-being.

H1. [Show Card H1] Looking at Card H1, has the Study Child ever experienced any of the following: [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

A. Death of a parent................................. 1
B. Death of close family member (please specify) ... 2
C. Death of close friend............................ 3
D. Divorce/separation of parents............... 4
E. Moving house.................................... 5
F. Moving country................................ 6
G. Stay in foster home/ residential care ......... 7
H. Serious illness/injury ......................... 8
I. Serious illness/injury of a family member ....... 9
J. Drug taking/alcoholism in the immediate family ... 10
K. Mental disorder in immediate family........... 11
L. Conflict between parents....................... 12
M. Parent in prison................................ 13
N. Other disturbing event (please specify) ........ 14
O. None of the above................................ 15
H2. [Show Card H2] Listed on Card H2, 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>Item Description</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>
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<tr>
<td>B. Restless, overactive, cannot stay still for long</td>
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<tr>
<td>C. Often complains of headaches, stomach aches or sickness</td>
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<tr>
<td>D. Shares readily with other children (treats, toys, pencils etc.)</td>
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<tr>
<td>E. Often has temper tantrums or hot tempers</td>
<td></td>
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<tr>
<td>F. Rather solitary, tends to play alone</td>
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<tr>
<td>G. Generally obedient, usually does what adults request</td>
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<tr>
<td>H. Many worries, often seems worried</td>
<td></td>
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<tr>
<td>I. Helpful if someone is hurt, upset or feeling ill</td>
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<tr>
<td>J. Child finds people more stimulating than anything else.</td>
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<tr>
<td>K. Has at least one good friend</td>
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<tr>
<td>L. Often fights with other children or bullies them</td>
<td></td>
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<tr>
<td>M. Often unhappy, down-hearted or tearful</td>
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<tr>
<td>N. Generally liked by other children</td>
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<tr>
<td>O. Easily distracted, concentration wanders</td>
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<tr>
<td>P. Nervous or clingy in new situations, easily loses confidence</td>
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<tr>
<td>Q. Kind to younger children</td>
<td></td>
<td></td>
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<tr>
<td>R. Often lies or cheats</td>
<td></td>
<td></td>
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<tr>
<td>S. Picked on or bullied by other children</td>
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<tr>
<td>T. Often volunteers to help others (parents, teachers, other children)</td>
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<tr>
<td>U. Thinks things out before acting</td>
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<tr>
<td>V. Steals from home, school or elsewhere</td>
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<tr>
<td>W. Gets on better with adults than with other children</td>
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<tr>
<td>X. Many fears, easily scared</td>
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<tr>
<td>Y. Sees tasks through to the end, good attention span</td>
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</table>

H3. [Show Card H3] Looking at Card H3, thinking about the Study Child’s temperament, how characteristic of the Study Child are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A. Child tends to be shy</td>
<td></td>
<td></td>
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<tr>
<td>B. Child cries easily</td>
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<tr>
<td>C. Child likes to be with people</td>
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<tr>
<td>D. Child is always on the go</td>
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<tr>
<td>E. Child prefers playing with others rather than alone</td>
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<tr>
<td>F. Child tends to be somewhat emotional</td>
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<tr>
<td>G. When child moves about, he/she usually moves slowly</td>
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<tr>
<td>H. Child makes friends easily</td>
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<tr>
<td>I. Child is off and running as soon as he/she wakes up in the morning</td>
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<tr>
<td>J. Child finds people more stimulating than anything else</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Child often fusses and cries</td>
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<td></td>
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<tr>
<td>L. Child is very sociable</td>
<td></td>
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<tr>
<td>M. Child is very energetic</td>
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<tr>
<td>N. Child takes a long time to warm up to strangers</td>
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<tr>
<td>O. Child gets upset easily</td>
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<tr>
<td>P. Child is something of a loner</td>
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<tr>
<td>Q. Child prefers quiet, inactive games to more active ones</td>
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<tr>
<td>R. When alone, child feels isolated</td>
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<tr>
<td>S. Child reacts intensely when upset</td>
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<tr>
<td>T. Child is very friendly with strangers</td>
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</tbody>
</table>

Time Section Ended: [ ] [ ] [ ] (24 hour clock)
Now I’d like to ask you some questions about the Study Child’s education

J. CHILD’S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when the Study Child was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naíonra etc?

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

J2. [Show Card J2] Looking at Card J2, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

Child minded at home by me or resident partner ........................................ Yes ......... No ..................
Looking after him/herself or cared for by a sibling ........................................ Yes ........ No ........
Child minded by non-resident partner ......................................................... Yes ......... No ........
Unpaid relative (or family friend) in your own home .................................... Yes ......... No ........
Unpaid relative (or family friend) in his/her own home ................................ Yes ......... No ........
Paid relative (or family friend) in your own home ....................................... Yes ......... No ........
Paid relative (or family friend) in his/her own home ................................... Yes ......... No ........
Paid childminder in your own home ......................................................... Yes ......... No ........
Paid childminder in his/her own home ..................................................... Yes ......... No ........
Paid after-school care in group setting ..................................................... Yes ......... No ........
Paid after-school activity-based facility ............................................... Yes ......... No ........
Special needs facility ......................................................................................... Yes ......... No ........
Activity Camps (sport recreation arts/crafts etc) ........................................ Yes ......... No ........
Other (specify) ____________________________________________________________ Yes ......... No ........

J3. Approximately how many hours per week does the Study Child spend in this main form of childcare

_______ hours per week

J4. Approximately how many days per week does the Study Child spend in this main form of childcare

_______ days per week

J5. [Int. Ask if NOT codes 1-5 at J2]: Approximately how much does this childcare for the Study Child typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ ________________ per Week........................................  Fortnight..................................  Month.................................

J6. [Show Card J6] Looking at Card J6, during an average week does the Study Child participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

Activity
Sports/Fitness club (gym., GAA, soccer, hockey etc) ......................... Yes ......... No ........
Cultural activities (dance, ballet, music, arts, drama etc)........................ Yes ......... No ........
Youth club ................................................................................................................. Yes ......... No ........
Scouts/ Guides/ Boy’s Brigade / Girl’s Brigade ........................................ Yes ......... No ........
Homework club ................................................................................................. Yes ......... No ........
Other (specify) ........................................................................................................ Yes ......... No ........

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the Study Child’s teacher?

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

J8. [Show Card J8] Looking at Card J8, during the last school year, about how many days was Study Child absent from school for any reason?

0 days .................................................. 11 to 20 days ........................................
1 - 3 days ...........................................  More than 20 days ................................
4 to 6 days ........................................... Not in school last year .........................
7 to 10 days .........................................

J9. [Show Card J9] Looking at Card J9, what was the main reason for Study Child being absent from school?

Health reasons (illness or injuries) ........................................ A problem with the teacher ............
Problems with transportation ........................................ A problem with children at school ....
Problems with the weather ........................................ Difficulties with childcare arrangements ...
A family vacation........................................ Other (specify) ..................................
J10. [Show Card J10] Looking at Card J10, how often is the Study Child given homework?

<table>
<thead>
<tr>
<th>Never</th>
<th>Once a week</th>
<th>A few times a week</th>
<th>Daily</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

J11. [Show Card J11] Looking at Card J11, on days when the Study Child is given homework, how much time does he or she usually spend doing homework?

<table>
<thead>
<tr>
<th>0 to 15 minutes</th>
<th>1.5 to less than 2 hours</th>
<th>2 to less than 3 hours</th>
<th>3 to less than 4 hours</th>
<th>4 hours or more</th>
</tr>
</thead>
<tbody>
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</table>

J12. How often do you or your spouse/partner provide help with the Study Child’s homework?

<table>
<thead>
<tr>
<th>Always/Nearly Always</th>
<th>Regularly</th>
<th>Now and Again</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

J13. [Show Card J13/J14] Looking at Card J13/J14, based on your knowledge of the Study Child’s schoolwork, including his/her report cards, how well in general, do you think he/she is doing in *mathematics* relative to other children of his/her age? Do you think he/she is:

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

J14. [Show Card J13/J14] Looking at Card J13/J14, based on your knowledge of the Study Child’s schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in *reading* relative to other children of his/her age?

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Excellent</th>
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</thead>
<tbody>
<tr>
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</table>

J15. About how many days a week does the Study Child do things with friends outside of school hours?

<table>
<thead>
<tr>
<th>Never</th>
<th>1 day a week</th>
<th>2-3 days a week</th>
<th>4-5 days a week</th>
<th>6-7 days a week</th>
<th>6 or more</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

J16. About how many close friends does the Study Child have?

<table>
<thead>
<tr>
<th>None</th>
<th>1</th>
<th>2 or 3</th>
<th>4 or 5</th>
<th>6 or more</th>
</tr>
</thead>
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</table>

J17. [Show Card J17] Looking at Card J17, taking everything into account, how far do you expect the Study Child will go in his/her education or training?

<table>
<thead>
<tr>
<th>Junior Certificate or equivalent</th>
<th>Leaving Certificate or equivalent</th>
<th>An apprenticeship or trade</th>
<th>Diploma/Certificate</th>
<th>Degree</th>
<th>Postgraduate/higher degree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

J18. To your knowledge, has the Study Child been a victim of bullying in the last year?

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

J19. [Show Card J19] Looking at Card J19, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying
B. Verbal bullying
C. Electronic [phone messaging, emails, Bebo etc]
D. Written messages/notes etc
E. Exclusion
F. Other (specify)

J20. [Show Card J20] Looking at Card J20, what was the reason for the bullying?

A. Ethnicity
B. Physical/Learning disability
C. Religion
D. Class performance
E. Physical appearance (clothes, glasses, weight etc)
F. Gender role
G. Teacher’s pet
H. Family background
I. Other (specify)
J21. Do you think the Study Child has a Specific Learning Difficulty, Communication or Co-ordination Disorder

Yes [ ] No [ ]

J22. [Show Card J22] Looking at Card J22, what is the nature of the difficulty or disorder? [Int. tick all that apply]

A. Dyslexia (incl. Dysgraphia, dyscalculia) [ ]
B. ADHD (Attention Deficit Hyperactivity Disorder) [ ]
C. Autism [ ]
D. Aspergers Syndrome [ ]
E. Speech & Language Difficulty [ ]
F. Dyspraxia [ ]
G. Slow progress (reasons unclear) [ ]
H. Other (specify) [ ]

J23. Was it diagnosed by a professional?

Yes [ ] No [ ]

Awaiting consultation [ ]

J24. How long ago was it diagnosed?

Last 6 months [ ] 1-2 years [ ]
6-12 months [ ] Longer than 2 years [ ]

J25. About how many children’s books does the Study Child have access to in your home now, including any library books? Would you estimate:

None [ ]
Less than 10 [ ]
10 to 20 [ ]
21 to 30 [ ]
More than 30 [ ]

J26. Do you use the Public Library for the Study Child? Yes [ ] No [ ]

Time Section Ended [ ] (24 hour clock)

K: FAMILY CONTEXT

Now I’d like to ask you some general questions about your family as a whole.

K1. Do you feel you have fun with the Study Child every day? Yes [ ] No [ ]

K2. [Show Card K2] Looking at Card K2, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

A. I share an affectionate, warm relationship with my child. Definitely does not apply [ ]
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. My child appears hurt or embarrassed when I correct him/her. [ ]
G. My child does not want to accept help when he/she needs it. [ ]
H. When I praise my child, he/she beams with pride. [ ]
I. My child reacts strongly to separation from me. [ ]
J. My child spontaneously shares information about himself/herself. [ ]
K. My child is overly dependent on me. [ ]
L. My child easily becomes angry at me. [ ]
M. My child tries to please me. [ ]
N. My child feels that I treat him/her unfairly. [ ]
O. My child asks for my help when he/she really does not need help. [ ]
P. It is easy to be in tune with what my child is feeling.

Q. My child sees me as a source of punishment and criticism.

R. My child expresses hurt or jealousy when I spend time with other children.

S. My child remains angry or is resistant after being disciplined.

T. When my child is misbehaving, he/she responds to my look or tone of voice.

U. Dealing with my child drains my energy.

V. I've noticed my child copying my behaviour or ways of doing things.

W. When my child is in a bad mood, I know we're in for a long and difficult day.

X. My child's feelings toward me can be unpredictable or change suddenly.

Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.

Z. I often think about my child when at work.

AA. My child whines or cries when he/she wants something from me.

AB. My child is sneaky or manipulative with me.

AC. My child openly shares his/her feelings and experiences with me.

AD. My interactions with my child make me feel effective and confident as a parent.

K3. [Show Card K3] Looking at Card K3, how often do you do the following when the Study 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Ignore him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Smack him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Shout or yell at him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Send him/her out of the room or to their bedroom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Take away treats/pocket money</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Tell him/her off</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Bribe him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Ground him/her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K4. [Show Card K4] Looking at Card K4, now, I'd like to ask you about the time the Study Child spends with you including times when others are present.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Every day / 7 days per week</th>
<th>3 to 6 times per week</th>
<th>1 to 2 times per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Sit down to eat together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Play sports, cards or games together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Talk about things together</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Do household activities together (e.g., gardening, cooking, cleaning, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Go on an outing together (including going shopping)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K5. [Show Card K5] Looking at Card K5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

<table>
<thead>
<tr>
<th>Group</th>
<th>Quite a lot</th>
<th>Now and again</th>
<th>Rarely</th>
<th>Don't have</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Grandparents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Uncles/Aunts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Cousins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K6. Please tell me how strongly you agree or disagree with the following.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>NA</th>
</tr>
</thead>
</table>

**Because of your work responsibilities:**
A. You have missed out on home or family activities that you would have liked to have taken part in. ........................................................... 1 2 3 4 5 6
B. Your family time is less enjoyable and more pressured. ........................................................................................................ 1 2 3 4 5 6

**Because of your family responsibilities:**
C. You have to turn down work activities or opportunities you would prefer to take on. ........................................................................ 1 2 3 4 5 6
D. The time you spend working is less enjoyable and you would have liked to have taken part in. ................................................. 1 2 3 4 5 6
E. The time you spend at home is less enjoyable and you would have liked to have taken part in. .................................................. 1 2 3 4 5 6

K7. Does the Study Child belong to any religious denomination?
Yes ........ 1  No ........ 2

K8. [Show Card K8/K12] Looking at Card K8/K12, if yes, which one
- Christian – no denomination ........................................................................ 1
- Roman Catholic ......................................................................................... 2
- Anglican/Church of Ireland/Episcopalian .................................................. 3
- Other Protestant ....................................................................................... 4
- Jewish ....................................................................................................... 5
- Muslim ..................................................................................................... 6
- Other (specify) ....................................................................................... 7

K9. How regularly does the Study Child attend religious service?

<table>
<thead>
<tr>
<th></th>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Less Often</th>
<th>Special Occasions</th>
<th>Never</th>
<th>Refused</th>
<th>N/a to their religion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

K10. In general, would you describe yourself as a religious or spiritual person?
Not at all........ 1 A little ....... 2 Quite........ 3 Very much so ....... 4 Extremely .... 5

K11. Do you belong to any religious denomination?
Yes ........ 1 No ........ 2

K12. [Show Card K8/K12] Looking at Card K8/ K12, if yes, which one
- Christian – no denomination ........................................................................ 1
- Roman Catholic ......................................................................................... 2
- Anglican/Church of Ireland/Episcopalian .................................................. 3
- Other Protestant ....................................................................................... 4
- Jewish ....................................................................................................... 5
- Muslim ..................................................................................................... 6
- Other (specify) ....................................................................................... 7

K13. How fairly or unfairly would you say the household tasks are distributed between you and your partner?
Very unfairly ........ 1 Quite unfairly .......... 2 Fairly ............ 3 Don’t have partner........ 4

K14. [Show Card K14] I would now like to ask some questions about the Study Child’s behaviour over the last 12 months please tell me whether the following 7 statements are true or false for him/her.

<table>
<thead>
<tr>
<th></th>
<th>True</th>
<th>False</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Often started fights or bullies, threatens or intimidates others. .......... 1 ........ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Has been physically cruel to other people or animals ............................................ 1 ........ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Deliberately destroyed or damaged property .......................................................... 1 ........ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Often lied to obtain goods or favours (i.e., ‘cons’ others) ........................................ 1 ........ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering) ........................................ 1 ........ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period) ........................................ 1 ........ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Often truanted from school .................................................................................. 1 ........ 2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Time Section Ended [ ] [ ] [ ] (24 hour clock)
L: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

L1. 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, Cannot Afford □ No, other reason
B. Does your household have a roast joint (or its equivalent) at least once a week? □ Yes □ No, Cannot Afford □ No, other reason
C. Do household members buy new rather than second-hand clothes? □ Yes □ No, Cannot Afford □ No, other reason
D. Does each household member possess a warm waterproof coat? □ Yes □ No, Cannot Afford □ No, other reason
E. Does each household member possess two pairs of strong shoes? □ Yes □ No, Cannot Afford □ No, other reason
F. Does the household replace any worn out furniture? □ Yes □ No, Cannot Afford □ No, other reason
G. Does the household keep the home adequately warm? □ Yes □ No, Cannot Afford □ No, other reason
H. Does the household have family or friends for a drink or meal once a month? □ Yes □ No, Cannot Afford □ No, other reason
I. Does the household buy presents for family or friends at least once a year? □ Yes □ No, Cannot Afford □ No, other reason

L2. 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 □1 With difficulty □2 With some difficulty □3 Fairly easily □4 Easily □5 Very easily □6

L3. 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 □1 No □2

L4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes □1 No □2

L5. Why was that?
Did’t want to □1 Couldn’t leave the children □2
Have a full social life in other ways □3 Illness □4
Couldn’t afford to □1 Other (specify) □5

L6. Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

With great difficulty □1 With difficulty □2 With some difficulty □3 Fairly easily □4 Easily □5 Very easily □6

L7. 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

L8. [Show Card L8] Looking at Card L8, from this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

Owner occupied (with or without a mortage) □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

L9. How many separate bedrooms are in the accommodation? _______ bedrooms

L10. Does the Study Child have his/her own bedroom? Yes □1 No □2

L11. How many others does the Study Child share a bedroom with?
L12. [Show Card L12] Looking at Card L12, which of these descriptions BEST describes your usual situation in regard to work?

- Employee (incl. apprenticeship or Community Employment) ........................................... F
- Self-employed outside farming ................................................................................. F
- Farmer .................................................................................................................... F
- Student full-time ...................................................................................................... F
- On State training scheme (FAS, Failte Ireland etc.) ................................................. F
- Unemployed, actively looking for a job ...................................................................... F
- Long-term sickness or disability .............................................................................. F
- Home duties / looking after home or family .............................................................. F
- Retired ..................................................................................................................... F
- Other (specify) __________________________________________________________________ F

L13. 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

L14. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

______________________________________________________________________________

L15. Do you supervise or manage any personnel in your job?

- Yes F
- No F

If less than 30 hours per wk at L13 Go to L22d, otherwise to L22e

L16. How many? ________________

L17. How many employees (if any) do you have? ___________ employees N A …. F

If less than 30 hours per week at L13 Go to L22d, otherwise to L22e

L18. Apart from holiday or casual work, have you ever had a full-time job? .. Yes F
- No F Go to L22a

L19. In what year did you last work in that full-time job? __________ year

L20. When you last worked in that full-time job were you?

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

L21. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

______________________________________________________________________________

L22a. Do you currently have a part time job outside the home?  Yes F
- No F Go to L22d

L22b. On average, how many hours per week do you work in that part-time job? ____________ hours

L22c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

______________________________________________________________________________

L22d. [Show Card L22d] From the reasons listed on Card L22d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

- I can’t find a job........................................................................................................ F
- I cannot earn enough to pay for childcare......................................................... F
- I choose not to work................................................................................................ F
- I cannot find suitable childcare............................................................................ F
- I am caring for an elderly or ill relative or friend ................................................ F
- There are no suitable jobs available for me......................................................... F
- I prefer be at home to look after my children myself .......................................... F
- My family would lose Social Welfare or medical benefits if I was earning ......... F
- Other reason (specify) ......................................................................................... F

Now go to L22e

L22e. What is the occupation of your spouse/partner? (What does he/she mainly do in their job) – if relevant

[Int. If no spouse/partner enter NA – not applicable]
HOUSEHOLD INCOME

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

L23. Looking at Card L23/L24, 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 L23 / L24]

L24. And of these sources of income which is the largest source of income at present? [Intro Tick one box only in Col. B] [Card L23 / L24]

A. Wages or Salaries
B. Income from Self-Employment
C. Income from Farming
D. Children’s Allowance/ Child Benefit
E. Other Social Welfare Payments
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

L25. 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 only? Include income from all sources and from all household members.

Dont.Know €0 to €4,000 per Week €4,001 to €6,000 per Week €6,001 to €8,000 per Week €8,001 to €12,000 per Week

[multlined]

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L26. If exact figure given go to L28]

L26. [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 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 only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

[Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]
L28. Does anyone in your household currently receive Children's Allowance/Child Benefit?

Yes...\(\square\)  No...\(\square\)

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes  \(\square\)  \(\text{[Int Tick payments received by any household member]}\) \(\rightarrow\) Go to L30  
No...\(\square\) \(\rightarrow\) Go to L31a

L30. (Card L30) Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L30, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments?

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td>Jobseeker’s Benefit (\square)  Jobseeker’s Allowance or Unemployment Assistance (\square)</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td>Family Income Supplement (\square)  Back to Work Enterprise Allowance (\square)</td>
</tr>
<tr>
<td></td>
<td>Farm Assist (\square)  Part-time Job Incentive Scheme (\square)</td>
</tr>
<tr>
<td></td>
<td>Back to Work Allowance (Employees) (\square)  Back to Education Allowance (\square)</td>
</tr>
<tr>
<td></td>
<td>Supplementary Welfare Allowance (SWA) (\square)</td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</strong></td>
<td>Widow’s or Widower’s (Contributory) Pension (\square)  Deserted Wife’s Allowance (\square)</td>
</tr>
<tr>
<td></td>
<td>Deserted Wife’s Benefit (\square)  Prisoner’s Wife’s Allowance (\square)</td>
</tr>
<tr>
<td></td>
<td>Widowed Parent Grant (\square)  One-Parent Family Payment (\square)</td>
</tr>
<tr>
<td></td>
<td>Widow’s or Widower’s (Non-Contributory) Pension (\square)</td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td>Maternity Benefit (\square)  Health &amp; Safety Benefit (\square)</td>
</tr>
<tr>
<td></td>
<td>Adoptive Benefit (\square)  Guardian’s Payment (Contributory) (\square)</td>
</tr>
<tr>
<td></td>
<td>Guardian’s Payment (Non-Contributory) (\square)</td>
</tr>
<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
<td>Illness Benefit (\square)  Injury Benefit (\square)</td>
</tr>
<tr>
<td></td>
<td>Invalidity Pension (\square)  Incapacity Supplement (\square)</td>
</tr>
<tr>
<td></td>
<td>Disability Allowance (\square)  Disability Benefit (\square)</td>
</tr>
<tr>
<td></td>
<td>Blind Pension (\square)  Medical Care Scheme (\square)</td>
</tr>
<tr>
<td></td>
<td>Carer’s Benefit (\square)  Constant Attendance Allowance (\square)</td>
</tr>
<tr>
<td></td>
<td>Carer’s Allowance (\square)  Death Benefits (Survivor’s Benefits) (\square)</td>
</tr>
<tr>
<td><strong>RETIREMENT PAYMENTS</strong></td>
<td>State Pension (Transition) (\square)  State Pension Non-Contributory (\square)</td>
</tr>
<tr>
<td></td>
<td>State Pension (Contributory) (\square)  Pre-Retirement Allowance (\square)</td>
</tr>
</tbody>
</table>
L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes [ ] No [ ]

L31b. How much does the household receive per week in rent or mortgage supplement? €---------------------

---

L32. [Card L32] Looking at Card L32 and thinking of your household’s total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children’s Allowance/Child Benefit?

<table>
<thead>
<tr>
<th>Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
</tr>
<tr>
<td>2</td>
<td>Less 5%</td>
</tr>
<tr>
<td>3</td>
<td>5% to less 20%</td>
</tr>
<tr>
<td>4</td>
<td>20% to less 50%</td>
</tr>
<tr>
<td>5</td>
<td>50% to less 75%</td>
</tr>
<tr>
<td>6</td>
<td>75% to less than 100%</td>
</tr>
<tr>
<td>7</td>
<td>100%</td>
</tr>
</tbody>
</table>

**COUPLE / LONE PARENT INCOME** – income of family unit of <study child>

L33. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Only respondent and/or spouse/partner [ ] Go to L37  Other households members [ ] Go to L34

L34. Now I would like you to think ONLY OF THE INCOME WHICH YOUR AND YOUR PARTNER / SPOUSE RECEIVE. If you added up all the income sources from YOU AND YOUR PARTNER what would be the COMBINED TOTAL NET INCOME OF THE TWO OF YOU, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above and from BOTH YOU AND YOUR PARTNER / SPOUSE.

[Int: Tick the letter of the group Couple/lone parent falls into, after deductions for tax and PRSI only]

D.K.... [ ] €________ per Week.... [ ] €________ per Month.... [ ] €________ per Year [ ]

[Int: If respondent cannot give exact figure go to L35. If exact figure given go to L37]

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L35 [Show Card L35] I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on Card L35 we have a scale of incomes, and we would like to know into which group the combined total NET income of you and your spouse / partner falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above but only for you and your partner. Looking at the card could you tell me the letter of the group into which the combined income of you and your spouse / partner falls, after deductions for tax and PRSI.

[Int: Tick the letter of the group Couple/lone parent falls into, after deductions for tax and PRSI only]

---

**COMBINED NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI FOR RESPONSIBLE PARTNER**

<table>
<thead>
<tr>
<th>Per Week</th>
<th>Per Month</th>
<th>Per Year</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under €230</td>
<td>Under €1,000</td>
<td>Under €12,000</td>
<td>A → Section A, Card L36</td>
</tr>
<tr>
<td>€231 to under €350</td>
<td>€1,001 to under €1,500</td>
<td>€12,001 to under €18,000</td>
<td>B → Section B, Card L36</td>
</tr>
<tr>
<td>€351 to under €460</td>
<td>€1,501 to under €2,000</td>
<td>€18,001 to under €24,000</td>
<td>C → Section C, Card L36</td>
</tr>
<tr>
<td>€461 to under €575</td>
<td>€2,001 to under €2,500</td>
<td>€24,001 to under €30,000</td>
<td>D → Section D, Card L36</td>
</tr>
<tr>
<td>€576 to under €800</td>
<td>€2,501 to under €3,500</td>
<td>€30,001 to under €42,000</td>
<td>E → Section E, Card L36</td>
</tr>
<tr>
<td>€801 to under €925</td>
<td>€3,501 to under €4,000</td>
<td>€42,001 to under €48,000</td>
<td>F → Section F, Card L36</td>
</tr>
<tr>
<td>€926 to under €1,150</td>
<td>€4,001 to under €5,000</td>
<td>€48,001 to under €60,000</td>
<td>G → Section G, Card L36</td>
</tr>
<tr>
<td>€1,151 to under €1,500</td>
<td>€5,001 to under €6,500</td>
<td>€60,001 to under €78,000</td>
<td>H → Section H, Card L36</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
<td>€6,501 to under €8,000</td>
<td>€78,001 to under €96,000</td>
<td>I → Section I, Card L36</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€96,001 or more</td>
<td>J → Section J, Card L36</td>
</tr>
</tbody>
</table>

Refused [ ] 77  Don’t Know [ ] 88

---

L36. Would that be [Int: Show Card L36 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th>Alphabet</th>
<th>Per week</th>
<th>Per month</th>
<th>Per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>under €75</td>
<td>€75 to €150</td>
<td>€151 to €230</td>
</tr>
<tr>
<td></td>
<td>€75 to €150</td>
<td>€151 to €230</td>
<td>€231 to €350</td>
</tr>
<tr>
<td></td>
<td>€301 to €650</td>
<td>€651 to €1,000</td>
<td>€601 to €1,250</td>
</tr>
<tr>
<td></td>
<td>€4,001 to €8,000</td>
<td>€8,001 to €12,000</td>
<td>€8,001 to €12,000</td>
</tr>
<tr>
<td>B</td>
<td>€231 to €270</td>
<td>€271 to €310</td>
<td>€311 to €350</td>
</tr>
<tr>
<td></td>
<td>€1,001 to €1,150</td>
<td>€1,151 to €1,350</td>
<td>€1,351 to €1,500</td>
</tr>
<tr>
<td></td>
<td>€12,001 to €14,000</td>
<td>€14,001 to €16,000</td>
<td>€16,001 to €18,000</td>
</tr>
<tr>
<td>C</td>
<td>€351 to €390</td>
<td>€391 to €420</td>
<td>€421 to €460</td>
</tr>
<tr>
<td></td>
<td>€1,501 to €1,700</td>
<td>€1,701 to €1,800</td>
<td>€1,801 to €2,000</td>
</tr>
<tr>
<td></td>
<td>€18,001 to €20,000</td>
<td>€20,001 to €22,000</td>
<td>€22,001 to €24,000</td>
</tr>
<tr>
<td>D</td>
<td>€461 to €500</td>
<td>€501 to €655</td>
<td>€536 to €575</td>
</tr>
<tr>
<td></td>
<td>€2,001 to €2,150</td>
<td>€2,151 to €2,300</td>
<td>€2,301 to €2,500</td>
</tr>
<tr>
<td></td>
<td>€24,001 to €26,000</td>
<td>€26,001 to €28,000</td>
<td>€28,001 to €30,000</td>
</tr>
<tr>
<td>E</td>
<td>€576 to €650</td>
<td>€651 to €750</td>
<td>€751 to €800</td>
</tr>
<tr>
<td></td>
<td>€2,501 to €2,800</td>
<td>€2,801 to €3,250</td>
<td>€3,251 to €3,500</td>
</tr>
<tr>
<td></td>
<td>€3,001 to €3,400</td>
<td>€3,401 to €3,800</td>
<td>€3,801 to €4,200</td>
</tr>
<tr>
<td>F</td>
<td>€801 to €850</td>
<td>€851 to €880</td>
<td>€881 to €925</td>
</tr>
<tr>
<td></td>
<td>€3,501 to €3,650</td>
<td>€3,651 to €3,800</td>
<td>€3,801 to €4,000</td>
</tr>
<tr>
<td></td>
<td>€42,001 to €44,000</td>
<td>€44,001 to €46,000</td>
<td>€46,001 to €48,000</td>
</tr>
<tr>
<td></td>
<td>Per week</td>
<td>€926 to €1,000</td>
<td>€1,001 to €1,050</td>
</tr>
<tr>
<td>---</td>
<td>----------</td>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>G</td>
<td>Per month</td>
<td>€4,001 to €4,300</td>
<td>€4,301 to €4,600</td>
</tr>
<tr>
<td></td>
<td>Per year</td>
<td>€48,001 to €52,000</td>
<td>€52,001 to €56,000</td>
</tr>
<tr>
<td>H</td>
<td>Per week</td>
<td>€1,151 to €1,250</td>
<td>€1,251 to €1,375</td>
</tr>
<tr>
<td></td>
<td>Per month</td>
<td>€5,001 to €5,500</td>
<td>€5,501 to €6,000</td>
</tr>
<tr>
<td></td>
<td>Per year</td>
<td>€60,001 to €66,000</td>
<td>€66,001 to €72,000</td>
</tr>
<tr>
<td>I</td>
<td>Per week</td>
<td>€1,501 to €1,600</td>
<td>€1,601 to €1,750</td>
</tr>
<tr>
<td></td>
<td>Per month</td>
<td>€6,501 to €7,000</td>
<td>€7,001 to €7,500</td>
</tr>
<tr>
<td></td>
<td>Per year</td>
<td>€84,001 to €84,000</td>
<td>€84,001 to €90,000</td>
</tr>
<tr>
<td>J</td>
<td>Per week</td>
<td>€1,851 to €2,100</td>
<td>€2,101 to €2,400</td>
</tr>
<tr>
<td></td>
<td>Per month</td>
<td>€8,001 to €9,250</td>
<td>€9,251 to €10,500</td>
</tr>
<tr>
<td></td>
<td>Per year</td>
<td>€110,000 to €110,000</td>
<td>€96,001 to €110,000</td>
</tr>
</tbody>
</table>

**Time Section Ended**

(24 hour clock)

L37. **[Card L37]**

Looking at Card L37, what is the highest level of education you have completed to date?

- Primary or less .............................................
- Intermediate/ junior/ Group Certificate or equivalent ..
- Leaving Certificate or equivalent ...........................
- Diploma/ Certificate ........................................
- Primary degree .............................................
- Postgraduate/ Higher degree ..............................
- Refusal ................................................................

L38. **[Card L38]**

Looking at Card L38, what language or languages do you and your partner speak with the study child most often at home? [Int. Tick all that apply]

- English ......................................................
- Irish .........................................................
- Arabic ......................................................
- French .....................................................
- Polish .....................................................
- Russian ...................................................
- Czech .....................................................
- Latvian ...................................................
- Portuguese ..............................................
- Spanish ...................................................
- Chinese ...................................................
- Lithuanian ............................................... 
- Romanian ................................................
- Other (specify) ...........................................

[If English and any other language other than Irish is spoken at home, ask:] 

L38a. Is English your native language? Yes ...........  Go to L41 No ............

[Int: Ask L39 and L40 only if any language other than Irish or English is usually spoken at home see L38 above]

L39. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?

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

L40. Can you usually read and fill out forms you might have to deal with in your own language?

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

L41. As you may know 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 English?

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

L42. Can you usually read and fill out forms you might have to deal with in English?

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

L43. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

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

L44. Are you a citizen of Ireland?

Yes ...........  No ............  Don’t know ....

L45. What citizenship do you hold?  

Don’t know ....
L46. Were you born in Ireland?  
Yes .......... □  
No .......... □  
Don't know .... □

L47. In which country were you born?  
________________________________  
Don't know .... □

L48. How long ago did you first come to live in Ireland?  
Within the last year  
1-5 years ago  
6-10 years ago  
11-20 years ago  
More than 20 years ago  
Don't know .... □

L49. And what about the Study Child. Is he / she a citizen of Ireland?  
Yes ........ □  
No ....... □  
DK □

L50. What citizenship does he / she hold?  
________________________________  
Don't know .... □

L51. Was the Study Child born in Ireland?  
Yes .......... □  
No .......... □

L52. In which country was he/she born?  
________________________________  
Don't know .... □

L53. How long ago did the Study Child first come to live in Ireland?  
Within the last year  
1-5 years ago  
6-10 years ago  
Don't know .... □

L54. Card L54  
Looking at Card L54, What is your ethnic or cultural background?  
Irish .............................................. □  
Irish Traveller ................................... □  
Any other Black background ................... □  
Chinese ........................................... □  
Any other white background ................... □  
Any other Asian background ................... □  
African ........................................... □  
Other – incl. mixed background (specify) ........ □

L55. Does anyone other than yourself and/or your spouse / partner provide care to the Study Child on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder’s home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.  
Yes, regular care 8 hrs per week or more ...... □  
No regular care 8 hrs per wk or more ...... □

L56. Is this care provided in:  
the child’s home...................... □  
a relative’s home ...................... □  
home of carer – non-relative .......... □  
centre – (crèche, after-school etc.) ...... □

L57. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?  
Yes ...................................................... □  
No, does not wish regular carer to be contacted ...... □  
No, does not have contact details for regular carer ...... □

Interviewer:  
record contact details of regular carer on the Work Assignment Sheet

M. Neighbourhood / Community

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

M1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?  
Yes .......... □  
No .......... □

M2. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Very Common</th>
<th>Fairly common</th>
<th>Not very common</th>
<th>Not at all common</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubbish and litter lying about ..................................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homes and gardens in bad condition ............................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vandalism and deliberate damage to property ...................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People being drunk or taking drugs in public ................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
M3. To what extent do you agree or disagree with these statements about your local area?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is safe to walk alone in this area after dark ....................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>It is safe for children to play outside during the day in this area........................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>There are safe parks, playgrounds and play spaces in this area..............................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

M4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

<table>
<thead>
<tr>
<th>Available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular public transport ..........</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. GP or health clinic……………..</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3. Schools (primary or secondary)...</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4. Library .............................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Social Welfare Office ....................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>6. Banking/ Credit Union ..................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>7. Essential grocery shopping ......................</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Recreational facilities appropriate to a 9-yr old ...</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

M5. Do you have any family living in this area?  Yes  No

M6. Would you describe the place where the household is situated as being…..?

| In open country .............................. | X |
| In a village (200-1,499).................. | X |
| In a town (1,500-2,999).................. | X |
| In a town (3,000-4,999).................. | X |
| In a town (5,000-9,999).............. | X |
| In a town (10,000 or more)...... | X |

Waterford city .................................................... | X |
Galway city .................................................... | X |
Limerick city.................................................... | X |
Cork city .................................................... | X |
Dublin city (incl. Dun Laoghaire) .............. | X |
Dublin county (outside Dublin city) urban........ | X |
Dublin county (outside Dublin city) rural ....... | X |

Time Section Ended 

(24 hour clock)