Growing Up in Ireland
Strictly Confidential

Infant Cohort at 9 Years

Primary Caregiver Questionnaire

Group [] Household [ ] [ ] [ ] Child Number []

Interviewer Name ________________________ Interviewer No: [ ] [ ] [ ] [ ]

Date: _____ dd _____ mm _____ yy

About 4 years have passed since we visited you and your family, when <child> was 5 years of age. We would like to interview the parents/guardians of <child> as well as <child> him/herself. The whole interview with the parents/guardians and child will take about ____ minutes to complete [Interviewer: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a Growing Up in Ireland interviewer in the course of the survey is treated in the strictest confidence and will not be provided to anyone in a manner which would allow it to be associated with you or your family. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of a child or other vulnerable person, they may have to tell someone who can help.

Growing Up in Ireland is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with the Central Statistics Office. A contribution in support of the study is also being provided by The Atlantic Philanthropies.

The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

Section A – Household Composition

A1a. Is <primary caregiver at Previous wave> still resident in the household?

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

Resident but not available to do PCG [ ] Go to A7a

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

Yes ......................... [ ] No ......................... [ ]
A1c. When we last visited your home in [MM/YYYY] you told us that [number of people resident at Previous wave] 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 Previous wave> and <child> will be checked and edited where necessary and their residency in the household at Current wave confirmed.***

<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>Still resident?</th>
<th>Relationship of each member to PCG and child.</th>
<th>(E) [CARD PES]</th>
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</thead>
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</tbody>
</table>

Interviewer: PCG should be on line 1. Study Child should be on line 2. SCG on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE: 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 PREVIOUS WAVE - ADD THEM TO THE NEW GRID BELOW]

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

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID LAST TIME ANSWER ‘Yes’ TO THIS QUESTION AND ADD THEM TO THE NEW GRID BELOW]

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>PCG (Card REL)</th>
<th>Child (Card REL)</th>
<th>Month</th>
<th>Year</th>
<th>Y/N</th>
<th>Resident</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

[INTERVIEWER: 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.................................................

[INTERVIEWER: CHECK HOUSEHOLD GRID]

[INTERVIEWER ASK ONLY IF <PREVIOUS WAVE PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE.

A5. When we last visited your home 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? 

------------------------------------------------------------------------------------------------- ----------------------

[INTERVIEWER IF PRIMARY CAREGIVER FROM PREVIOUS WAVE 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 .................................................

[INTERVIEWER: PLEASE ESTABLISH WHO IS THE PRIMARY CAREGIVER OF <CHILD> AT THIS TIME]

Go to A9a

[INTERVIEWER IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE 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]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Biological mother/ father</td>
</tr>
<tr>
<td>2</td>
<td>Adoptive mother/ father</td>
</tr>
<tr>
<td>3</td>
<td>Step-mother / Step-father / Partner of child’s parent</td>
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<td>4</td>
<td>Foster mother / father</td>
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<td>5</td>
<td>Grandparent</td>
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<td>6</td>
<td>Aunt/uncle</td>
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<td>7</td>
<td>Other relative/ in law</td>
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<td>8</td>
<td>Unrelated guardian</td>
</tr>
</tbody>
</table>

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

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

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>If DOB not available</th>
<th>Was this Person Resident at Previous wave?</th>
<th>Relationship of each member to PCG and child.</th>
<th>(E) [CARD PES]</th>
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</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 full, half or step brother(s) or sister(s) who live outside the household?
Yes ....... 1 No ............ 2

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

A9c. [CARD A9C] For each full/half/step brother/sister who lives outside the household, can you tell me:
   1) their sex
      2) their Date of Birth (DOB)
      3) their relationship to <child>

   Male Female Date of Birth Relationship to <child>
   1. □ 1 □ 2 ___ / ___ / ____ ... [CARD A9C] 
   Male Female Date of Birth Relationship to <child>
   2. □ 1 □ 2 ___ / ___ / ____ ... [CARD A9C] 
   Male Female Date of Birth Relationship to <child>
   3. □ 1 □ 2 ___ / ___ / ____ ... [CARD A9C]
Section B - Child’s Sleep and Relationships

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

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

B4. [CARD B4] 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.


b. My child and I always seem to be struggling with each other [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies

c. If upset, my child will seek comfort from me. [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies

d. My child is uncomfortable with physical affection or touch from me. [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies


i. My child is in a bad mood I know we’re in for a long and difficult day. [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies

j. It is easy to be in tune with what my child is feeling. [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies


l. When my child is in a bad mood I know we’re in for a long and difficult day. [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies

m. My child’s feelings toward me can be unpredictable or can change suddenly. [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies

n. My child is sneaky or manipulative with me. [ ] 1. Definitely does not apply [ ] 2. Does not really apply [ ] 3. Neutral [ ] 4. Applies somewhat [ ] 5. Definitely applies


B5. [CARD B5] How often do you do the following when <child> misbehaves?

a. Discuss/Explain why behaviour was wrong [ ] 1. Never [ ] 2. Rarely [ ] 3. Now and again [ ] 4. Regularly [ ] 5. Always [ ] Can’t say

b. Ignore him/her out of the room or to his/her bedroom or naughty step. [ ] 1. Never [ ] 2. Rarely [ ] 3. Now and again [ ] 4. Regularly [ ] 5. Always [ ] Can’t say


d. Send him/her out of the room or to his/her bedroom or naughty step. [ ] 1. Never [ ] 2. Rarely [ ] 3. Now and again [ ] 4. Regularly [ ] 5. Always [ ] Can’t say


Section C - Child’s physical health and development

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 ........................................... 1
No ........................................... 2 → Go to C10

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

[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]

Asthma ............................................................................................................................. 1
Cystic Fibrosis .................................................................................................................. 2
Heart abnormalities .......................................................................................................... 3
Eczema or any kind of skin allergy .................................................................................. 4
Any kind of respiratory allergy (including hayfever) ..................................................... 5
Any kind of food or digestive allergy or food intolerance ............................................... 6
Problem with non-food allergies, such as to dust, animals or medicine ..................... 7
Bone, joint or muscle problems ..................................................................................... 8
A problem using his/her arms or legs .......................................................................... 9
A problem using his/her hands or fingers .................................................................. 10
Hyperactivity/Problems with attention ADD / ADHD .................................................. 11
Severe behavioural problems ...................................................................................... 12
Autism Spectrum Disorder ........................................................................................... 13
Other psychological or emotional condition .................................................................. 14
Intellectual disability .................................................................................................... 15
Diabetes .......................................................................................................................... 16
Kidney disease ............................................................................................................... 17
Migrainous headaches .................................................................................................... 18
Epilepsy or seizures ........................................................................................................ 19
Down syndrome ............................................................................................................ 20
Spina bifida/hydrocephalis ........................................................................................... 21
Cerebral palsy ................................................................................................................ 22
Other (please specify) .................................................................................................... 23

[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]

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

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

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

C6. Since when has <child> had this illness, condition or disability? ________ month

C7. Do any of these illnesses hamper <child> in his/her daily activities?

Yes, severely ........................... 1
Yes, to some extent ..................... 2
No ........................................... 3

C8. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

C9. Does <child> currently take any medication (including inhalers) for this longstanding illness, condition or disability; something that has been prescribed by a doctor or that you buy over the counter in the pharmacy? Don't include vitamin supplements unless they have been recommended or prescribed by a doctor. To be sure I get the name of the medication completely correct, it would help if you could show me the actual labels. [INTERVIEWER: CODE UP TO FIVE AND FOR EACH. INCLUDE WHEN THE CHILD MOST RECENTLY STARTED TO TAKE THE MEDICATION]

<table>
<thead>
<tr>
<th>Medication</th>
<th>Year started</th>
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<tbody>
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</tbody>
</table>

C10. 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.............☐1  Yes, in the past.................☐2  No.............☐3

C11. Has this sight problem been diagnosed by a professional? Yes.........................☐1  No.........................☐2

C12. What is the nature of this sight problem? _______________________________________________________

C13. Since when has <child> had this sight problem? ________ year

C14. Since when has <child> had this sight problem? ________ month

C15. Does this sight problem hamper <child> in his/her daily activities?

Yes, severely ...............☐1  Yes, to some extent..........☐2  No.............☐3

C16. Has <child> ever had grommets inserted in his / her eardrums?

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

C17. When? Year _____________ Month _______________

C18. Does <child> currently have, or at any time in the past had, any other sort of hearing problem requiring correction?

Yes, currently.............☐1  Yes, in the past .................☐2  No .............☐3

C19. Has this hearing problem been diagnosed by a professional? Yes.............................☐1  No............................☐2

C20. What is the nature of this hearing problem? _______________________________________________________________________________________

C21. Since when has <child> had this hearing problem? ________ year

C22. Since when has <child> had this hearing problem? ________ month

C23. Does this hearing problem hamper <child> in his/her daily activities?

Yes, severely ...............☐1  Yes, to some extent..........☐2  No.............☐3
C24. Does <child> usually require ongoing support to be able to move around?

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

C25. What supports does <child> require? [INTERVIEWER: TICK YES OR NO FOR EACH]

A. Braces ........................................ 1  
   No ........................................ 2
B. Crutches ..................................... 1  
   No ........................................ 2
C. A stick ........................................ 1  
   No ........................................ 2
D. Wheelchair .................................. 1  
   No ........................................ 2
E. Other (specify) ............................. 1  
   No ........................................ 2

C26. Does <child> need the help of another person to get around in the wheelchair?

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

C27. 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 ........................................ 1  
No ........................................ 2

C28. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? ______ N

C29. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

   a) An inhaler ........................................ 1  
       No ........................................ 2
   b) Antibiotics ...................................... 1  
       No ........................................ 2
   c) A nebuliser ..................................... 1  
       No ........................................ 2

C30. [CARD C30] 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? [INTERVIEWER: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

   a. A general practitioner (GP) ......................................................... ______ N
   b. Out-of-hours GP service ............................................................ ______ N
   c. A paediatrician / consultant / hospital doctor ................................. ______ N
   d. A public health nurse ................................................................. ______ N
   e. A practice nurse (i.e. a nurse in a GP’s surgery/clinic) ...................... ______ N
   f. A psychiatrist/psychologist ........................................................... ______ N
   g. Accident and Emergency ......................................................... ______ N
   h. A private walk-in clinic or medical centre e.g. Swiftcare ................. ______ N
   i. A social worker ........................................................................... ______ N
   j. A speech therapist ....................................................................... ______ N
   k. Other medical professional (please specify) ..................................... ______ N

C31. Has <child> received a course of antibiotics in the past 12 months?

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

C32. In total, how many courses of antibiotics has <child> received in the past 12 months? ______ N

C33. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? ______ nights [INTERVIEWER: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C34. Most children have accidents at some time. Since the last time we interviewed you in [MM/YYYY], has <child> had an accident or injury for which he/she has been taken to the doctor, health centre or hospital?

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

C35. How many separate accidents has <child> had since the last interview in [MM/YYYY] ? ______ accidents

C36. [CARD C36] Thinking about the MOST RECENT (or only) accident or injury since the last interview, what sort of accident or injury was it?
<table>
<thead>
<tr>
<th>Injury Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of consciousness / knocked out</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bang on the head / injury to head without being knocked out</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Broken bone or fracture</td>
<td>3</td>
<td></td>
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<tr>
<td>Near drowning</td>
<td>4</td>
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<tr>
<td>Swallowed household cleaner / other poison / pills</td>
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<tr>
<td>Swallowed object</td>
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<td>Cut needing stitches or glue</td>
<td>7</td>
<td></td>
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<tr>
<td>Injury to mouth or tooth</td>
<td>8</td>
<td></td>
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<tr>
<td>Burn or scald</td>
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<tr>
<td>Other (please specify)</td>
<td>10</td>
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</tbody>
</table>

**C37. What age was <child> when this MOST RECENT (or only) accident or injury happened?**

**C38. Did <child> go to the hospital?**

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

**C39. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>No</td>
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**C40. [CARD C40] Where did this accident happen?**

<table>
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<tr>
<th>Location</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>In your home</td>
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</tr>
<tr>
<td>A friend's, neighbour's or relative's house</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>In childcare – childminder’s house or after-school care</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>In school</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Outside in your local neighbourhood</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Outside, somewhere else – not in your local neighbourhood</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**C41. [CARD C41] 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:**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You couldn’t afford to pay</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. The necessary medical care wasn’t available or accessible to you</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>c. You could not take time off work to visit the doctor with &lt;child&gt;</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. You wanted to wait and see if the problem got better</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>e. &lt;Child&gt; refused / fear of doctor</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>f. &lt;Child&gt; is still on the waiting list</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>g. Other (please specify)</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

**C42. Is <child> currently on a waiting list for any type of medical assessment or treatment?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**C43. Please specify**

**C44. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?**

<table>
<thead>
<tr>
<th>Concern</th>
<th>No</th>
<th>Yes, a little</th>
<th>Yes, a lot</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Speech not clear to the family</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Speech not clear to others</td>
<td>3</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Speech is developing slowly</td>
<td>5</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Difficulty finding words</td>
<td>7</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Difficulty putting words together</td>
<td>9</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Voice sounds unusual</td>
<td>11</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Stutters, stammers</td>
<td>13</td>
<td>14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Lisp or difficulty pronouncing certain letter combinations</td>
<td>15</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Other (please specify)</td>
<td>17</td>
<td>18</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C45. [CARD C45] In which areas does <child> have difficulties? What speech problems does <child> have?**

<table>
<thead>
<tr>
<th>Area of Difficulties</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reluctant to speak</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Speech not clear to the family</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Speech not clear to others</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. Speech is developing slowly</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>e. Difficulty finding words</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>f. Difficulty putting words together</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>g. Voice sounds unusual</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>h. Stutters, stammers</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>i. Lisp or difficulty pronouncing certain letter combinations</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>j. Other (please specify)</td>
<td>19</td>
<td>20</td>
</tr>
</tbody>
</table>

**C46. Has this speech or language problem been diagnosed by a medical professional?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**C47. Has this problem ever been diagnosed by a medical professional?**

<table>
<thead>
<tr>
<th>Answer</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>No</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>
C47. Since when has <child> had this speech or language problem? ________ year
C48. Since when has <child> had this speech or language problem? ________ month
C49. Has <child> received any treatment for his/her speech or language problem? Yes ☐ No ☐
C50. Does this speech or language problem hamper <child> in his/her daily activities?
   Yes, severely .......... ☐   Yes, to some extent .......... ☐   No .......... ☐

C51. Do you think <child> has a Specific Learning Difficulty, Communication or Co-ordination Disorder
   Yes .......... ☐   No ............. ☐

C52. [CARD C52] Looking at Card C52, what is the nature of the difficulty or disorder?
   [INTERVIEWER: TICK ALL THAT APPLY]
   Dyslexia (incl. Dysgraphia, dyscalculia) .......... ☐
   ADHD (Attention Deficit Hyperactivity Disorder) .......... ☐
   Autism .......... ☐
   Aspergers Syndrome .......... ☐
   Speech & Language Difficulty .......... ☐
   Dyspraxia .......... ☐
   Slow progress (reasons unclear) .......... ☐
   Other (specify) .......... ☐

C53. Was it diagnosed by a professional?
   Yes .......... ☐   No .......... ☐   Awaiting consultation .......... ☐

C54. Since when has <child> had this difficulty? _____ year
C55. Since when has <child> had this difficulty? _____ month
C56. Does this difficulty hamper <child> in his/her daily activities?
   Yes, severely .......... ☐   Yes, to some extent .......... ☐   No .......... ☐

[INTERVIEWER: EXCEPT WHERE SPECIFIED, THE QUESTIONS ON ORAL HEALTH REFER TO TREATMENT FOR DENTAL HEALTH PROBLEMS/MEDICAL REASONS RATHER THAN PURELY COSMETIC TREATMENTS]

C57. How would you rate <child’s> oral health?
   Excellent .......... ☐   Very good .......... ☐   Good .......... ☐   Fair .......... ☐   Poor .......... ☐

C58. Which of the following best describes how regularly <child> visits the dentist?
   At least once a year .......... ☐
   Only when there is a problem .......... ☐
   Once every two years .......... ☐
   Never/Almost never .......... ☐
   Go to C60a

C59. When was the last time <child> saw a dentist?
   Year ___________  Month ___________
   a. Was it a HSE or private dentist?
      HSE .......... ☐   Private .......... ☐
   b. Did <child> have any treatment?
      Yes .......... ☐   No .......... ☐

C60a. Has <child> ever had any permanent / secondary teeth filled?
   Yes .......... ☐   No .......... ☐
   b. How many? ___________

C61a. Has <child> ever had any permanent / secondary teeth extracted?
   Yes .......... ☐   No .......... ☐
   b. How many? ___________
   c. Were the extractions part of orthodontic treatment? ......
      Yes .......... ☐   No .......... ☐
C62. [CARD C62] How often does <child> brush his/her teeth?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than twice a day</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Twice a day</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Once a day</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Less often than once a day</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Rarely</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

C63. [CARD C63] Was there any time in the last 12 months when, in your opinion, <child> needed a dental examination or treatment but he/she did not receive it because:

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>You couldn’t afford to pay</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The necessary dental care wasn’t available or accessible to you</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Our dental insurance didn’t cover the treatment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>You could not take time off work to visit the dentist</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>You wanted to wait and see if the problem got better</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Study child refused / fear of dentist</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Study child still on the waiting list</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Too far to travel / no means of transport</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Section D - Child’s diet and exercise

D1. [CARD D1] In the last 24 hours has <Child> had the following foods and drinks once, twice, more than twice or not at all?

<table>
<thead>
<tr>
<th>Food/Drink</th>
<th>Once</th>
<th>Twice</th>
<th>More than twice</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>
<td></td>
</tr>
<tr>
<td>b) Fruit juice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Meat / Chicken / Fish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Eggs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Cooked vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Raw vegetables or salad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Meat pie, hamburger, hot dog, sausage or sausage roll</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Hot chips or French fries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Crisps or savoury snacks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Bread</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Potatoes/ Pasta/ Rice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Cereals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) Biscuits, doughnuts, cake, pie or chocolate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>n) Cheese/yoghurt/ fromage frais</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>o) Low fat Cheese/ low fat yoghurt</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p) Water (tap water / still water/ sparkling water)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>q) Soft drinks / minerals / cordial / squash (not diet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r) Soft drinks / minerals / cordial / squash (diet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s) Full cream milk or full cream milk products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>t) Skimmed milk or skimmed milk products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>u) Full fat lactose free or vegan alternatives to milk products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>v) Low fat lactose free or vegan alternatives to milk products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D2. Does <child> usually have something to eat before going to school? Yes….□  No …… □
D3. [CARD D3] Which of these best describes <child’s> weight?
[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Underweight ..............................................
- Normal weight ...........................................
- Somewhat overweight ..............................
- Very overweight .....................................

D4. [CARD D4] Looking at Card D4, how many times in the past 14 days has <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 ........................................ 
- 10 or more days ....................................... 

D5. [CARD D5] Looking at Card D5, how many times in the past 14 days has <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 ........................................ 

D6. [CARD D6] How far away is the school from <child>’s home (one-way distance)?

- Less than ½mile (1km) ............................
- ½ to less than1 mile (1-2km) ...................
- 1 to less than 5 miles (2-8km) ............... 
- 5 miles or more (8km) ............................
- Attends boarding school ........................

D7. How does <child> usually (a) go to school and (b) come home from school?
[INTERVIEWER: TICK ONE BOX IN COL A AND B]

- a) He/she walks ........................................
- b) By public transport ................................
- c) School bus/coach ...................................
- d) By car ...................................................
- e) Rides a bicycle .......................................
- f) Other (please describe) .........................

D8. How long does it usually take <child> (a) to go to school (b) to come home from school?
[INTERVIEWER: TICK ONE BOX ON COL A AND COL B]

- a) Less than 5 mins ...................................
- b) 5-less 10 mins ...................................... 
- c) 10-less 20 mins ...................................
- d) 20-less 30 mins ...................................
- e) 30 mins or more ..................................

Section E - Parental Health

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

- Excellent...........  
- Very good ....  
- Good............ 
- Fair...........  
- Poor..........  

12
E2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ............1

No ..................2

E3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[INTERVIEWER: PLEASE RECORD DIAGNOSIS – NOT SYMPTOMS OF THE PROBLEM.]

______________________________________________________________________________________

______________________________________________________________________________________

E4a. Has this problem, illness or disability been diagnosed by a medical professional?

Yes .................1

No ...................2

E4b. Since when have you had this problem, illness or disability? ________(year)

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

Yes, severely......1

Yes, to some extent 2

No ..........3

E6. 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

E6a. Is <child> covered by a medical card (e.g. a discretionary card) even if the family isn’t covered?

Yes, full card ........................1

Yes, GP only card...........2

Not covered ..........3

E7. Is <child> covered by private medical insurance?

Yes .........................1

No ......................2

E8. Does that insurance include the cost of GP visits?

Yes, in full...........1

Yes, partially ...... 2

No ...............3

E9. Do you look after anyone who needs special help or care, for example, someone who is elderly or has a long term illness or who has special needs – either here in your home or elsewhere? Include the study child if applicable. Do not include people whom you are employed to look after, but do include those for whom you are in receipt of a carer’s allowance.

Yes .........................1

No ......................2

E10. How many people do you provide special help or care to? _________(number of people)

E11. [CARD E11] How are you related/connected to this person/these people? (tick all that apply)

Your own parent(s) .............................................1

Your partner/spouse’s parent(s) ..........................2

Your spouse/partner ..........................................3

The study child ...................................................4

Another child .....................................................5

Another adult ....................................................6

E12. Is that person/are those people living here in the family home or elsewhere? (tick all that apply)

Here, in the family home ..........1

Lives elsewhere...............2

E13. About how many hours per week would you say that you spend providing care to that person / those people?

___________ hrs per week

E14. [CARD E14] Would you say that providing this care puts pressure on your family life?

A lot of pressure ..........1

A little pressure ..........2

No pressure ..........3
E15. Thinking about your free-time, in general would you say you are:

- Very physically active ............................................................ 1
- Fairly physically active ............................................................ 2
- Not very physically active ....................................................... 3
- Not at all physically active ...................................................... 4

Section F - Child’s play and activities

F1. [CARD F1] How often would you do any of the following with <child>?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Hardly ever</th>
<th>Occasionally</th>
<th>One or two times a week</th>
<th>Everyday</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Play with &lt;child&gt; using toys and games / puzzles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Play computer games with &lt;child&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Listen to &lt;child&gt; read</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Read to &lt;child&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Use computer with &lt;child&gt; in educational ways</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Sport or physical activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Go on educational visits outside home such as museums, farms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Go shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F2. [CARD F2] In the past month, has <child> done any of these things with you or another family member?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Gone to a movie</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b) Gone to a sporting event in which the child was not a player</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c) Gone to a concert, play, museum, art gallery, community or school event</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d) Attended a religious service, church, temple, synagogue or mosque</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e) Visited a library</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f) Swimming</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g) Going for a walk, a cycle, a hike etc.</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

F3. [CARD F3/F4] Looking at Card F3/F4, on a normal weekday during term time, about how many hours does <child> spend reading for pleasure [NOT during school hours or for homework]? 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.

<table>
<thead>
<tr>
<th>Hours</th>
<th>Weekday (per day)</th>
<th>Weekend (per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Less than 30mins</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>30 mins up to 1 hour</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>1 hour up to 2 hours</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>2 hours up to 3 hours</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>3 hours up to 4 hours</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>4 hours or more</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>
F5. Do you do anything specifically to develop or maintain <child’s> Irish or other cultural or national identity – such as attending special classes, school, language classes, Gaeltacht, cultural events etc.?

Yes ............ 1  

No ............... 2  

F6. Which cultural or national identity?  

Irish...... 1  

Other (please specify) ...... 2  

Specify: ________________________  

F7. What sort of things do you do?  

Please specify as fully as possible.  

F.8 What sort of things do you do?  

Please specify as fully as possible.  

Section G – Screen time and internet use

G1. [CARD G1] Now I would like to ask you about <child’s> use of electronic devices outside school. The sort of devices I’m thinking about are televisions, games consoles, computers, tablets, smartphones and so on. In particular, I am interested in the amount of time he/she spends on them outside of school on an average day during the week and also at the weekend. So, on average, how long would <child> spend?

Watching TV programmes/DVDs from any source (TV, streamed over the internet or DVD player) on an average day (i) during the week and (ii) at the weekend [CARD G1]

None Less than 30 mins to 1 hour Less than 2 hours to 3 hours Less than 4 hours 4 or more hours

(a) During the week...

(b) At weekends...

On any other screen-based activity (not TV programmes) – such as playing games, on the internet (for any reason)

None Less than 30 mins to 1 hour Less than 2 hours to 3 hours Less than 4 hours

(c) During the week...

(d) At weekends...

G2. Does <child> have access to the following at home (his/her own or one belonging to someone else)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Television</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>f.</td>
<td>A mobile phone which doesn’t have access to the internet</td>
</tr>
<tr>
<td>b.</td>
<td>A desktop computer (PC)</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>g.</td>
<td>E-book reader such as a Kindle or Sony-Reader etc.</td>
</tr>
<tr>
<td>c.</td>
<td>A laptop computer</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>h.</td>
<td>Other handheld devices such as iPod touch or Nintendo DS and other games devices</td>
</tr>
<tr>
<td>d.</td>
<td>A computer tablet</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>i.</td>
<td>Home games consoles such as X-box, Wii or PlayStation</td>
</tr>
<tr>
<td>e.</td>
<td>A smartphone (with access to the internet)</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>j.</td>
<td>Other, please specify</td>
</tr>
</tbody>
</table>
G3. [CARD G3] What does <child> MOSTLY do on that ‘screen time’ when using any of the devices mentioned? Is s/he usually:

- Doing schoolwork/homework ............................................................ ☐
- Playing educational games ................................................................ ☐
- Playing other games ............................................................................ ☐
- Watching movies, videos, other TV .................................................... ☐
- Doing a mixture of all types of activities ............................................. ☐
- Something else (specify) ................................................................. ☐
- Doesn’t have any screen time .......................................................... ☐
- Don’t know ..................................................................................... ☐

G4. [CARD G4] When <child> is watching television or films, where does the programme content come from (tick all that apply)?

- Regular scheduled programming .................................................... ☐
- Scheduled programming that has been recorded / Catch-up TV ...... ☐
- On-demand service such as Netflix .................................................. ☐
- Youtube or similar website................................................................... ☐
- Streamed programs ............................................................................ ☐
- DVDs.................................................................................................... ☐
- Something else (specify) ..................................................................... ☐
- <Child> doesn’t watch TV or Films ................................................... ☐
- Don’t know ..................................................................................... ☐

G5. [CARD G5] What sort of internet access does your home have? (tick all that apply)

- No internet connection ................................................................. ☐
- Broadband with wifi ........................................................................... ☐
- Broadband with plug in connection .................................................... ☐
- Mobile broadband or ‘dongle’ from a phone provider ......................... ☐
- Other type of internet connection ....................................................... ☐

G6. Is <child> supervised by you or another adult when he/she accesses the internet?

- Always ................................................................. ☐
- Sometimes ...................... ☐
- Never  .................. ☐

G7. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Netnanny?

- Yes ............□
- No ...............□

G8. [CARD G8] Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (tick all that apply)

- Rules about content........................................................................................... ☐
- Rules about total time spent on devices ......................................................... ☐
- Rules about the time of day child can watch/use devices............................... ☐
- PIN numbers or passwords to lock or restrict devices ................................. ☐
- ‘Child-safe’ settings, for example on TV satellite boxes ................................... ☐
- Locking devices/modems away (or locking the room they are in) ..................... ☐
- Engaging the child in alternative activities(e.g. football, baking) ..................... ☐
- Something else (specify) ................................................................................... ☐
- None of the above ........................................................................................... ☐

G9. [Card G9] Does <child> have an online profile on a social media app or via a computer game they play online?

- Social media profile ☐
- Computer game profile ☐
- Both ☐
- Neither ☐
- Not sure ☐
SECTION H. CHILD’S EMOTIONAL HEALTH AND WELL-BEING

H1. [CARD H1] Looking at Card H1, has <child> ever experienced any of the following since we last interviewed you in [MM/YYYY]?:
[INTERVIEWER – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Death of a parent ................................................................. 1
Death of close family member (please specify) ................. 2
Death of close friend ............................................................... 3
Divorce/separation of parents ................................................ 4
Moving house ........................................................................... 5
Moving country ......................................................................... 6
Stay in foster home/ residential care ....................................... 7
Serious illness/injury ............................................................... 8
Serious illness/injury of a family member ............................. 9
Drug taking/alcoholism in the immediate family .................. 10
Mental disorder in immediate family .................................... 11
Conflict between parents ....................................................... 12
Parent in prison ....................................................................... 13
Other disturbing event (please specify) ............................... 14
None of the above ................................................................. 15

H2. [CARD H2] Listed below is a set of statements which could be used to describe <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 <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>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Restless, overactive, cannot stay still for long</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Often complains of headaches, stomach-aches or sickness</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Shares readily with other children (treats, toys, pencils etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Often has temper tantrums or hot tempers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Rather solitary, tends to play alone</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Generally obedient, usually does what adults request</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Many worries, often seems worried</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Helpful if someone is hurt, upset or feeling ill</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Constantly fidgeting or squirming</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>k. Has at least one good friend</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>l. Often fights with other children or bullies them</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>m. Often unhappy, down-hearted or tearful</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>n. Generally liked by other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>o. Easily distracted, concentration wanders</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>p. Nervous or clingy in new situations, easily loses confidence</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>q. Kind to younger children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>r. Often lies or cheats</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>s. Picked on or bullied by other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>t. Often volunteers to help others (parents, teachers, other children)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>u. Thinks things out before acting</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>v. Steals from home, school or elsewhere</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>w. Gets on better with adults than with other children</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>x. Many fears, easily scared</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>y. Sees tasks through to the end, good attention span</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Section I – Parenting and Family Context

I1. [Card I1] If you are currently working outside of the home, can I ask you the extent to which you agree or disagree with the following statements? [INTERVIEWER: IF RESPONDENT IS NOT CURRENTLY WORKING OUTSIDE OF THE HOUSE RECORD N/A]

<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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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

b) Your family time is less enjoyable and more pressured

Because of your family responsibilities:

c) You have to turn down work activities or opportunities that you would prefer to take on

d) The time you spend working is less enjoyable and more pressured

I2. [CARD I2] Looking at Card I2, now, I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

<table>
<thead>
<tr>
<th>Every day / 7 days per week</th>
<th>3 to 6 days per week</th>
<th>1 to 2 days per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

a) Sit down to eat together

b) Talk about things together
c) Do household activities together (e.g., gardening, cooking, cleaning, etc.)

I3. Does <child> have any brothers or sisters? [INTERVIEWER: INCLUDING HALF-SIBLINGS]

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

I4. [CARD I4] In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings

Mixed

Does not get on well with his/her siblings

Does not see them

I5. Are you in regular contact with <child’s> grandparents? [INTERVIEWER: CONTACT FACE-TO-FACE NOT VIA SKYPE, PHONE ETC.]

Yes ............. 1 No .......... 2 All grandparents are deceased .... 3 All grandparents live abroad 4

I6. How many of <child’s> grandparents are still alive? ______ N

I7. How often would <child> see any of his/her grandparents?

<table>
<thead>
<tr>
<th>Every day / 7 days per week</th>
<th>3 to 6 days per week</th>
<th>1 to 2 days per week</th>
<th>1 to 2 times per month</th>
<th>Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

I8. With how many of his/her grandparents would you say <child> has a close or very close relationship? ____ N
I9. [CARD I9] Looking at Card I9, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)

- Every day / 7 days per week
- 3 to 6 days per week
- 1 to 2 days per week
- 1 to 2 times per month
- Rarely or never
- Deceased / Don’t have
- None living in Ireland

a. Uncles/Aunts
b. Cousins

I10. [CARD I10] 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

I11. Does <child> belong to any religious denomination

- Yes
- No

I12. [CARD I12 / I15] If yes, which one

Christian – no denomination
Roman Catholic
Anglican/Church of Ireland/Episcopalian
Other Protestant
Jewish
Muslim
Other (specify)

I13. How regularly does <child> attend religious service?

- Daily
- Weekly
- Monthly
- Less Often
- Special Occasions
- Never
- Refused
- N/a to their religion

I14. Do you belong to any religious denomination

- Yes
- No

I15. [CARD I12/ I15] If yes, which one

Christian – no denomination
Roman Catholic
Anglican/Church of Ireland/Episcopalian
Other Protestant
Jewish
Muslim
Other (specify)

I16. How regularly do you attend religious service?

- Daily
- Weekly
- Monthly
- Less Often
- Special Occasions
- Never
- Refused
- N/a to your religion

I17a. In general, would you describe yourself as a religious person?

- Not at all
- A little
- Quite
- Very much so
- Extremely

I17b. In general, would you describe yourself as a spiritual person?

- Not at all
- A little
- Quite
- Very much so
- Extremely
Section J – Child’s Education

J0a. Is <child> currently attending primary school?

Yes ☐ No ☐

<child>. Is homeschooled ☐

Other ☐

Now I’d like to ask you some questions on school details

J0b. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: _________________________
Address 1: _________________________
Address 2: _________________________
Address 3: _________________________
Address 4: _________________________
County: _________________________

J0c. What class (or year) is <child> currently in?

[INTERVIEWER: IF INTERVIEW IS IN JULY/AUGUST PLEASE ENTER THE CLASS <CHILD> HAS JUST COMPLETED]

First class ☐
Second class ☐
Third class ☐
Other (please specify) ☐

J1. [CARD J1] Looking at Card J1, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for <child>. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends

[INTERVIEWER: TICK 1 BOX ONLY]

Child minded at home by me or resident partner ☐
Looking after him/herself or cared for by a sibling ☐
Child minded by non-resident partner ☐
Unpaid relative (or family friend) in your own home ☐
Paid relative (or family friend) in your own home ☐
Paid relative (or family friend) in his/her own home ☐
Paid childminder in his/her own home ☐
Paid childminder in your own home ☐
Paid after-school care in group setting ☐
Early morning care before school ☐
Homework club ☐
After-school activity-based facility ☐
Special needs facility ☐
Activity Camps (sport recreation arts/crafts etc) ☐
Unpaid relative (or family friend) in his/her own home ☐
Other (specify) ☐

J2. Approximately how many hours per week does <child> spend in this main form of childcare

_______ hours per week ☐

J3. Approximately how many days per week does <child> spend in this main form of childcare

_______ days per week ☐

[INTERVIEWER. ASK IF NOT CODES 1-5 AT J1]

J4. Approximately how much does this childcare for <child> typically cost you per week/fortnight/month etc.? [INTERVIEWER: RECORD ONLY IN RESPECT OF <STUDY CHILD> AND MAKE SURE TO RECORD THE PERIOD TO WHICH AMOUNT REFERS]

€ __________________ per Week ☐
Fortnight ☐
Month ☐

J5. Who usually minds <child> if he/she is too sick to attend school?

[INTERVIEWER: READ OUT ANSWER CATEGORIES]

Mother ☐
Father ☐
Parents take turns ☐
Grandparents ☐
Other relative ☐
Friend/ Neighbour ☐
Childminder ☐
Other (please specify) ☐
J6. [CARD J6] Looking at Card J6, during an average week does <child> participate in any club, organisation or class outside of school hours. Does this activity have to be paid for?

<table>
<thead>
<tr>
<th>Pay for the activity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pay for the activity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Team sports (sports where &lt;child&gt; participates as part of a team e.g. football, rugby, hockey, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Individual sports (sports where &lt;child&gt; participates individually not as part of a team e.g. judo, running, swimming, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Drama</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Arts/crafts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Computer/technology (eg. Coderdojo)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Youth clubs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Clubs/groups or classes associated with religious organisations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h) Music/Dance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Scouts/ Guides/ Boy's Brigade / Girl’s Brigade</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Homework club</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Language classes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Yes.................[1]  No.................[2]  Not applicable ......[3]

J8. [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 ..............................[1]

1 to 3 days..........................[2]

4 to 6 days..........................[3]

7 to 10 days..........................[4]

11 to 20 days........................[5]

More than 20 days........................[6]

Not in school last year........................[7] Go to J10

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

<table>
<thead>
<tr>
<th>Main reason for Study Child being absent from school?</th>
<th>Pay for the activity?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health reasons (illness or injuries) ................[1]</td>
<td>A problem with the teacher .................[8]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with transportation ........................[2]</td>
<td>A problem with children at school ..........[9]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with the weather ................................[3]</td>
<td>Difficulties with childcare arrangements ......[10]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A fear of school (school phobia) ..................[5]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J10. [CARD J10] Looking at Card J10, how often is <child> given homework?

Never........................................[1] Go to J13

Less than once a month ................[2]

Once a month........................[3]

A few times a month ................[4]

Once a week ...................................[5]

A few times a week ................[6]

Daily (Monday – Thursday) ..........[7]

Don’t Know ................................[8] Go to J13

J11. [CARD J11] Looking at Card J11, on days when <child> is given homework, how much time does he or she usually spend doing homework?

0 to 15 minutes .......................[1]

1.5 to less than 2 hours ...............[5]

16 to 30 minutes ......................[2]

2 to less than 3 hours ................[6]

31 minutes to less than one hour ....[3]

3 to less than 4 hours ................[7]

1 to less than 1.5 hours ............[4]

4 hours or more......................[8]

J12. How often do you or your spouse/partner provide help with <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>
<td>Child rarely gets homework</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21
J13. [CARD J13/14] Looking at Card J13/J14, based on your knowledge of <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:

- Poor ........................................................... 1
- Below average ........................................ 2
- Average ..................................................... 3
- Above average ........................................... 4
- Excellent ................................................. 5

J14. [CARD J13/14] Looking at Card J13/J14, based on your knowledge of <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? Do you think he/she is:

- Poor ........................................................... 1
- Below average ............................................ 2
- Average ..................................................... 3
- Above average ........................................... 4
- Excellent ................................................. 5

J15. About how many children’s books does <child> have access to in your home now, including any library books? Would you estimate:

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

J16. Do you use the Public Library for <child>? Yes ...... 1 No ............ 2

J17a. Does <child>’s school request a voluntary contribution from parents? Yes ...... 1 No ............ 2 Go to J18

J17b. Have you paid it in the last year? Yes ...... 1 No ............ 2 Go to J18

J17c. If yes, how much did you pay? € ______________

J17d. How many children in total did this cover, including <child>? ______

J18. [CARD J18] Looking at Card J18, taking everything into account, how far do you expect <child> will go in his/her education or training?

- Junior Certificate or equivalent ........................................ 1
- Leaving Certificate or equivalent ..................................... 2
- An apprenticeship or trade ............................................. 3
- Diploma/Certificate .................................................... 4
- Degree ............................................................................ 5
- Postgraduate/higher degree .......................................... 6
- Don’t know ..................................................................... 7

J19. Have you put <child’s> name down for a secondary school yet? Yes ...... 1 No ............ 2

J20. How many schools? _______________
Section K – Peer relationships and bullying

K1. About how many days a week does <child> do things with friends outside of school hours?

Never...☐ 1 day a week ....☐ 2-3 days a week ..☐ 4-5 days a week ..☐ 6-7 days a week ..☐

K2. About how many close friends does <child> have?

None....... ☐ 1 ............ ☐ 2 or 3............ ☐ 4 or 5 ........ ☐ 6 or more ...... ☐

K3. To your knowledge, has <child> been a victim of bullying in the last year?

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

K4. [Card K4] Looking at Card K4, what form did the bullying take?

[INTERVIEWER TICK ALL THAT APPLY]

Physical bullying ................................................. ☐ Written messages/notes etc................................. ☐
Verbal bullying......................................................... ☐ Exclusion.............................................................. ☐
Electronic [phone messaging, emails,facebook etc]............. ☐ Other (specify).............................................. ☐

K5. [CARD K5] Looking at Card K5, what was the reason for the bullying?

[INTERVIEWER: TICK MORE THAN ONE IF APPLICABLE]

Ethnicity.......................................................... ☐ Not conforming to gender role............................. ☐
Physical/Learning disability............................................ ☐ Sexuality .............................................................. ☐
Religion .................................................................. ☐ Teacher’s pet ...................................................... ☐
Class performance...................................................... ☐ Family background ........................................... ☐
Physical appearance (clothes, glasses, weight etc). ......... ☐ Other (specify) ................................................. ☐

Section L: Socio-demographics

L1. I would now like to ask you some questions about your accommodation: Is this accommodation a:

[INTERVIEWER: READ OUT ANSWER CATEGORIES]

House................................................................................. ☐
Apartment / flat/ bedsit ........................................................................... ☐
Duplex.......................................................................................... ☐
Other (specify)................................................................................... ☐

L2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?

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

L4. [Card L4] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

[INTERVIEWER: NOTE THAT WHERE THE PCG LIVES WITH <CHILD>’S GRANDPARENT(S) IN THEIR HOUSE, OCCUPANCY SHOULD BE RECORDED AS ‘LIVING WITH PARENTS’ RATHER THAN OWNER OCCUPIER, I.E. THE PCG’S NATURE OF OCCUPANCY RATHER THAN THE GRANDPARENTS]

Owner occupied (with a mortgage) .................................................. ☐
Owner occupied (without a mortgage) .............................................. ☐
Being purchased from a Local Authority under a Tenant Purchase Scheme ............................................. ☐
Rented from a Local Authority ............................................................ ☐
Rented from a Voluntary Body ............................................................. ☐
Rented from a Private Landlord.......................................................... ☐
Living with and paying rent to your (or your partner’s) parent(s) .............................................................................. ☐
Occupied free of rent with your (or your partner’s) parent(s) ................................................................................... ☐
Occupied free of rent from your (or your partner’s) job .......................................................................................... ☐
Emergency accommodation ................................................................................................................................. ☐
L5. How many bedrooms do you have in your home? ____________ number of bedrooms
[INTERVIEWER IF A STUDIO APARTMENT RECORD AS ZERO BEDROOMS]

L6. Do you feel that your current accommodation (excluding location) is suitable for your family’s needs?

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

L7. [CARD L7] Why is that?

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

L7. a. Too small ......................................................................
L7. b. Not a child-friendly layout ...........................................
L7. c. Poor conditions in the home (damp, drafts, leaks etc) ..........
L7. d. Other (specify) ..............................................................

L8. [CARD L8] Which of these descriptions BEST describes your usual situation in regard to work?

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

L9. 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

L10. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

__________ minutes
[INTERVIEWER. IF RESPONDENT WORKS AT HOME ENTER ‘0’ FOR MINUTES]

L11. [CARD L11] How often does your work involve…READ OUT…

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than once a month</th>
<th>Once a month</th>
<th>Several times a month</th>
<th>Once a week</th>
<th>Several times a week</th>
<th>Every day</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L12. [CARD L12] How often does your work involve working at weekends?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than once a month</th>
<th>Once a month</th>
<th>Several times a month</th>
<th>Every week</th>
<th>(Don’t know)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L13. When did you start your current job? ___________ year ___________ month
L14. [CARD L14] 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.

Write in your main OCCUPATION ____________________________

L15. In general, how would you rate your employer in terms of allowing 'family friendly' working?
Very good............................ ☐
Fairly good........................... ☐
Neither good nor poor........... ☐
Fairly poor............................ ☐
Very poor.............................. ☐

[INTERVIEWER: ASK L16 IF CODE 0 OR 1 AT L8]

L16. Do you supervise or manage any personnel in your job?
Yes ........ ☐
No ......... ☐

L17. How many? __________________

[INTERVIEWER: ASK L18 IF CODE 2 OR 3 AT L8]

L18. How many employees (if any) do you have? ________ employees → Go to L33

[INTERVIEWER: ASK L19 IF CODE 3 AT L8]

L19. How many acres do you farm? ________ acres ________ hectares → Go to L33

L20. Apart from holiday or casual work, have you ever had a full-time job? Yes ☐ No .. ☐ Go to L28

L21. In what year did you last work in that full-time job? ________ year

L22. When you last worked in that full-time job were you?
Employee (incl. apprenticeship or Community Employment) ................. ☐
Self-employed outside farming .... ☐
Farmer ...... ☐

L23. Did you supervise or manage any personnel in your job?
Yes ....... ☐
No ........ ☐

L24. How many? __________________

L25. How many employees (if any) did you have? ________ employees

L26. How many acres did you farm? ________ acres ________ hectares

L27. [CARD L27/30] 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 Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION _________________________________________________________

L28. Do you currently have a part-time job outside the home? Yes ...[ ] No ...[ ] Go to L32

L29. On average, how many hours per week do you work in that part-time job? __________ hours

L30. [CARD L27/30] What is your occupation in that part-time job?

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

Write in your OCCUPATION _______________________________________________________________

L31. If a farmer or a farm worker, write in the SIZE of the farm _______ acres _______ hectares Go to L33

L32. [CARD L32] 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.

1. I can’t find a job .................................................... ___
2. I chose not to work............................................. ___
3. I am caring for an elderly or ill relative or friend ... ___
4. I prefer be at home to look after my children myself     medical benefits if I was earning .................... ___
5. I cannot earn enough to pay for childcare ........... ___
6. I cannot find suitable childcare ......................... ___
7. There are no suitable jobs available for me .......... ___
8. My family would lose Social Welfare or...
9. Other reason ( please specify) ______________

L33. How would you best describe your spouse/partner in terms of their work status?

<table>
<thead>
<tr>
<th>An employee</th>
<th>Self-employed</th>
<th>Not employed</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
</tbody>
</table>

L34. [CARD L34] What is your spouse/partner’s occupation?

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

Write in main OCCUPATION (If a farmer or a farm worker, please specify how many acres)

______________________________________________________________________________

L35. I’d like you to think back over the last 4 years – the last 48 months. In approximately how many of those months would you say you were mainly engaged in paid work outside the home (ignore holidays and so on)

Paid work outside the home .............................................................................. ___________ months
Now I would like 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.

**L36. [CARD L36] Looking at the card, 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.

**[INTERVIEWER. TICK ‘YES’ OR ‘NO’ FOR EACH IN COL. A]**

**L37. And of these sources of income which is the largest source of income at present?**

**[INTERVIEWER TICK ONE BOX ONLY IN COL. B]**

A. Wages or Salaries .......................................................................................................................... a

b. Income from Self-Employment .................................................................................................... b

c. Income from Farming .................................................................................................................. b

d. Children’s Allowance/ Child Benefit .......................................................................................... b

e. Other Social Welfare Payments ............................................................................................... b

f. Student Maintenance Grants ..................................................................................................... b

g. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) ................................................. b

L38. 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.

**[INTERVIEWER: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L43. IF EXACT FIGURE GIVEN GO TO L45]**

Don’t know…… [ ]

€……………………. pcr  Week [ ]  Month [ ]  Year [ ]

L39. [Card L39] I know that it is difficult to give an exact figure for household income but 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.

**[INTERVIEWER: TICK THE LETTER OF THE GROUP YOUR HOUSEHOLD FALLS INTO]**

- Under €230 to under €350
- €351 to under €460
- €461 to under €575
- €576 to under €680
- €681 to under €800
- €801 to under €925
- €926 to under €1,150
- €1,151 to under €1,500
- €1,501 to under €1,850
- €1,851 or more
- Refused

*HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI*

<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 €350</td>
<td>Under €460</td>
<td>A [ ] Section A</td>
</tr>
<tr>
<td>€231 to under €350</td>
<td>€351 to under €460</td>
<td>€461 to under €575</td>
<td>B [ ] Section B</td>
</tr>
<tr>
<td>€351 to under €460</td>
<td>€461 to under €575</td>
<td>€576 to under €680</td>
<td>C [ ] Section C</td>
</tr>
<tr>
<td>€461 to under €575</td>
<td>€576 to under €680</td>
<td>€681 to under €800</td>
<td>D [ ] Section D</td>
</tr>
<tr>
<td>€576 to under €680</td>
<td>€681 to under €800</td>
<td>€801 to under €925</td>
<td>E [ ] Section E</td>
</tr>
<tr>
<td>€681 to under €800</td>
<td>€801 to under €925</td>
<td>€926 to under €1,150</td>
<td>F [ ] Section F</td>
</tr>
<tr>
<td>€801 to under €925</td>
<td>€926 to under €1,150</td>
<td>€1,151 to under €1,500</td>
<td>G [ ] Section G</td>
</tr>
<tr>
<td>€926 to under €1,150</td>
<td>€1,151 to under €1,500</td>
<td>€1,501 to under €1,850</td>
<td>H [ ] Section H</td>
</tr>
<tr>
<td>€1,151 to under €1,500</td>
<td>€1,501 to under €1,850</td>
<td>€1,851 or more</td>
<td>I [ ] Section I</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
<td>€1,851 or more</td>
<td>Refused</td>
<td>J [ ] Section J</td>
</tr>
</tbody>
</table>

*GO TO L40*  

L40. [CARD L40] Would that be

**[INTERVIEWER: SHOW CARD AND TICK 1, 2 OR 3 IN APPROPRIATE SECTION UNDER PER WK; PER MTH OR PER YR]**

<table>
<thead>
<tr>
<th>A Per week</th>
<th>Per Month</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>under €75</td>
<td>€0 to €300</td>
<td>€0 to €4,000</td>
</tr>
<tr>
<td>€75 to €150</td>
<td>€301 to €650</td>
<td>€4,001 to €8,000</td>
</tr>
<tr>
<td>€151 to €230</td>
<td>€651 to €1,000</td>
<td>€8,001 to €12,000</td>
</tr>
</tbody>
</table>
L41. Does anyone in your household currently receive any Social Welfare payments, other than child benefit?

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

L42. [CARD L42] Looking at Card L42 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?

[INTERVIEWER: NOTE THAT THE CHILD BENEFIT RATE IS €140 PER MONTH]

<table>
<thead>
<tr>
<th>None</th>
<th>Less than 5%</th>
<th>5% to less than 20%</th>
<th>20% to less than 50%</th>
<th>50% to less than 75%</th>
<th>75% to less than 100%</th>
<th>100%</th>
</tr>
</thead>
</table>

L43. [CARD L43] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn’t afford it or for another reason?

Yes  No, cannot afford  No, other reason

a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day? ..................................................[1][2][3]

b. Does your household have a roast joint (or its equivalent) at least once a week? ..................................................[1][2][3]

c. Do household members buy new rather than second-hand clothes? ..................................................[1][2][3]

d. Does each household member possess a warm waterproof coat? ..................................................[1][2][3]

e. Does each household member possess two pairs of strong shoes? ..................................................[1][2][3]

f. Does the household replace any worn out furniture? ..................................................[1][2][3]

g. Does the household keep the home adequately warm? ..................................................[1][2][3]

h. Does the household have family or friends for a drink or meal once a month? ..................................................[1][2][3]

i. Does the household buy presents for family or friends at least once a year? ..................................................[1][2][3]
L44. [CARD L44] 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? Would you say…

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

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

L45. 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

L46. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

L47. [CARD L47] Why was that?

Didn’t want to .................................................. 1  Couldn’t leave the children .......... 4
Have a full social life in other ways ............ 2  Illness .................................................. 5
 Couldn’t afford to .......................................... 3  Other (specify) __________________ 6

L48. Does your family have a car?

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

L49. Would your family like to have a car but you cannot afford it?

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

L50. In the last 12 months, was the family unable to pay rent or make mortgage repayments for the main dwelling on time, due to financial difficulties:

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

L51. Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are

[INTERVIEWER: READ OUT]

Much better off now Somewhat better off now No change off now Somewhat worse off now Much worse off now

L52. Why is that?___________________________________________________

L53. [CARD L53] 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 With difficulty With some difficulty Fairly easily Easily Very easily

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

L54. When you were 16 was your mother alive .............................. Yes .. 1 No .... 2

L55 When you were 16 was your father alive .............................. Yes .. 1 No .... 2
Section M – About You

M1a. [Forward feed of parental education from last interview]
When we last interviewed you in [MM/YYYY] we recorded that the highest level of education (full-time or part-time) which you had completed was <level of education from last interview>.

M1b. Is this still the highest level of education you have completed to date?
Yes ................... ☐ No, wrongly recorded last time ......................... ☐ No, changed since last time......... ☐

M1. [CARD M1] What is the highest level of education (full-time or part-time) which you have completed to date?
[INTERVIEWER: HIGHEST LEVEL ATTAINED (SUCCEEDED IN ACHIEVING)]
No formal education.................................................................................................................................................................................. ☐
Primary education........................................................................................................................................................................................................... ☐
Second Level
Lower Secondary ........................................................................................................................................................................................................... ☐
(Junior/Intermediate/Group Certificate. ‘O’ Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
Upper Secondary ....................................................................................................................................................................................................... ☐
(Leaving Certificate (including Applied and Vocational Programmes). ‘A’ Levels, NCVA Level 1 Certificate or equivalent
Technical or Vocational qualification ........................................................................................................................................................................... ☐
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
Third Level
National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma ........ ☐
(Non Degree)
Primary Degree ........................................................................................................................................................................................................... ☐
(Third Level Bachelor Degree)
Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor) .................. ☐
Both a Degree and a Professional qualification................................................................................................................................. ☐
Postgraduate Certificate or Diploma .............................................................................................................................................................. ☐
Postgraduate Degree (Masters) ....................................................................................................................................................................... ☐
Doctorate (Ph.D) .................................................................................................................................................................................................... ☐
[INTERVIEWER: ASK M2 ONLY IF M1 IS CODE 3 OR HIGHER]
M2. In what year did you get this qualification? __________
[INTERVIEWER: ASK M3 ONLY IF M1 IS CODE 5 OR HIGHER]
M3. What is the name of this qualification?
[INTERVIEWER: PLEASE RECORD AS MUCH DETAIL AS POSSIBLE]
______________________________________________________________________________________
[INTERVIEWER: ASK M4 ONLY IF M1 IS CODE 5]
M4. Did you complete your Upper Secondary education (Leaving Certificate/’A’Levels or equivalent) before gaining this qualification?
Yes .................. ☐ No ............ ☐

M5. What is <child’s> first language?
English ................... ☐ Irish.......... ☐ Other (please specify) ______________ ☐

M6. What language is usually spoken to <child> in the home?
English .................. ☐ Irish .......... ☐ Other (please specify) ______________ ☐

[BLAISE CONDITION: ASK M7 – M9 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]
M7. 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............. ☐

M8. Can I just check, can you read aloud to a child from a children’s story book written in English?
Yes .................. ☐ No............. ☐
M9. Can you usually read and fill out forms you might have to deal with in English?

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

[BLAISE CONDITION: ASK M10 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

M10. 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 ........................................

M11. Are you a citizen of Ireland?

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

M12. What citizenship do you hold? ________________________________

M13. Were you born in Ireland?

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

M14. In which country were you born? ________________________________

M15. In what year did you first come to live in Ireland? _________ year

M16. And what about <child>. Is he / she a citizen of Ireland? Yes ............ No ............. DK .............

M17. What citizenship does he / she hold? ________________________________ Don’t know .............

M18. [CARD M18] Looking at card M18, can you tell me, what is your ethnic or cultural background?

- White
  - Irish ....................................................................  □
  - Irish Traveller ...................................................... □
  - Any other White background ................................. □

- Black or Black Irish
  - African ................................................................. □
  - Any other Black background ................................. □

- Asian or Asian Irish
  - Chinese .................................................................. □
  - Any other Asian background ................................. □

- Other, including mixed background ............................. □

Section N. Neighbourhood / Community

N1. How long have you lived in your local area? _________ years ________ months

N2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes ............. No .............
N3. 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>Item</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>a. Rubbish and litter lying about</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>b. Homes and gardens in bad condition</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>c. Vandalism and deliberate damage to property</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>d. People being drunk or taking drugs in public</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

N4. To what extent do you agree or disagree with these statements about your local area?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is safe to walk alone in this area after dark</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. It is safe for children to play outside during the day in this area</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. There are safe parks, playgrounds and play spaces in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. There is heavy traffic on my street or road</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. People around here are willing to help their neighbours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Most people in your neighbourhood can be trusted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. You feel a strong sense of identity with your neighbourhood</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N5. 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>Service</th>
<th>Available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Regular public transport</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. GP or health clinic</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Schools (primary or secondary)</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Library</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Post Office</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Social Welfare Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Banking/ Credit Union</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Garda station</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Essential grocery shopping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Recreational facilities appropriate to a 9-yr old</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N6. Do you have any family living in this area?  Yes 1  No 2

N7. How do you feel about your neighbourhood as a place for bringing up children?

<table>
<thead>
<tr>
<th>Quality</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Good</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Poor</td>
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<td></td>
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<tr>
<td>Very poor</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't know</td>
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</tr>
</tbody>
</table>

N8. Would you describe the place where the household is situated as being…..?

<table>
<thead>
<tr>
<th>Location</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>In open country</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>In a village (200-1,499)</td>
<td></td>
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</tr>
<tr>
<td>In a town (1,500-2,999)</td>
<td></td>
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<tr>
<td>In a town (3,000-4,999)</td>
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</tr>
<tr>
<td>In a town (5,000-9,999)</td>
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</tr>
<tr>
<td>In a town (10,000 or more)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Waterford city</td>
<td></td>
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<td></td>
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<tr>
<td>Galway city</td>
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<td></td>
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<tr>
<td>Limerick city</td>
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</tr>
<tr>
<td>Cork city</td>
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<td></td>
</tr>
<tr>
<td>Dublin city (incl. Dun Laoghaire)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) urban</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) rural</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>