NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) 
INFANT QUESTIONNAIRE 
STRICLTY CONFIDENTIAL 
MOTHER or LONE FATHER QUESTIONNAIRE

GROUP □ HHOLD □ □ □ □ Respondent □

INTERVIEWER NAME ______________________ INTERVIEWER NO: □ □ □ □ □ □

Time Section Started ______________ (24 hour clock) DATE: ___dd___ mm___yy

We are seeking to interview the parents/guardians of <baby>. The whole interview with the
parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust
as appropriate for you in the field]. All the information you and your family provide will be treated
in the strictest confidence and will not be released in any way which would allow the information you
provide to be identified with you or your family. If however, we are told something which might
suggest that a child or other vulnerable person is at risk we may have to act on it.

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

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

X1a. Record <baby's> name: ____________________________________________

X1b. Record <baby's> gender
Male ............□ ; Female .............□

X1c. Record <baby's> date of birth □□□□□□□□

X1d. Do you have a resident spouse / partner
Yes ............□ ; No .............. □

A1. Are you the legal parent / guardian of <baby> who usually provides the most care to him / her.
Yes ............□ ; No .............. □

A1a. Are you in a position to answer in respect of <baby>
Yes ............□ ; No .............. □ \rightarrow Int. Terminate interview, reschedule

A2. [Int: Record gender of respondent] Male ............□ ; Female .............□

A3. [Card A3] Looking at Card A3, can you tell me which of the following best describes your relationship to
<baby>? [Interviewer use codes only]

1. Biological mother/ father ..................................................□ 5. Grand parent ..................................................□
2. Adoptive mother/ father ..................................................□ 6. Aunt/uncle ..................................................□
3. Step-mother / Step-father / Partner of child’s parent □□□□□□□□ 7. Other relative/ in law ..................................................□
4. Foster mother / father ..................................................□ 8. Unrelated guardian ..................................................□

A4. How many people in total (including yourself and all children of all ages) live here regularly as members
of this household?
________________________persons
In this section, I would like to ask you a few details about yourself and the others in your household.

A5. For each member of the household could you tell me:

- their gender?
- their Date of Birth (DOB)
- if DOB not available - their age last birthday
- their relationship to the child’s mother / or lone father and <baby>?
- tick one box to best describe their current economic status

<table>
<thead>
<tr>
<th>Person No.</th>
<th>(A) Sex</th>
<th>(B) Date of Birth</th>
<th>(C) Age last birthday</th>
<th>(D) Relationship of each member to mother and child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>dd mm yr</td>
<td>yrs</td>
<td>1 Mother</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td></td>
<td></td>
<td>2 Study Child</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td></td>
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<td>4</td>
<td>F</td>
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<td>5</td>
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<tr>
<td>9</td>
<td>M</td>
<td></td>
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</tbody>
</table>

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

A6. Do you have any other biological children who live outside the household [Full or half brother/sister of the Study Child]?

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

A6a. How many children _____ n

A6b. For each biological child living outside the household can you please indicate their gender and date of birth.

1. Male  Female  Date of Birth
   (1)   (2)  ___ / ___ / ___  ___

2. Male  Female  Date of Birth
   (1)   (2)  ___ / ___ / ___  ___

3. Male  Female  Date of Birth
   (1)   (2)  ___ / ___ / ___  ___

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started ________  (24 hour clock)

Now I’d like to ask you some questions about your relationship with <baby>.

B1. [Card B1] When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave .............................................
Is unhappy at first but quickly settles down .........................................
Remains unsettled and unhappy during your entire absence ....................
Have never left <baby> with someone else...........................................

Go to B3

B2. [Card B2] And when you return, having left <baby> with someone else, how does he or she usually act?

With delight .................................................................
With a mixture of delight and annoyance ...........................................
Hard to tell, no particular emotion ...................................................
Seems to be annoyed/angry with me for leaving him/her .......................
B3. [Card B3] The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel attachment scale

a.

b.

c.

d.

e.

f.

g.

h.

i.

B4a. A one-year-old knows right from wrong. Do you agree or disagree?

Agree.......................... □1  Disagree ....................... □2

B4b. Would a child be younger or older than one year when he/she first knows right from wrong? Or are you not sure?

Younger .................... □1  Older  ...................... □2  Not sure .......... □3

B4c. When <baby> cries how often does he/she get on your nerves?

Never/ Almost never  Rarely  Sometimes  Often  Always / Almost always

□1 .................................................. □2 .................................................. □3 .................................................. □4 .................................................. □5
B5. [Card B5] I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of ‘1’ to ‘7’ for each question. temperament scale

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

K.

L.

M.
Now I’d like to ask you some questions about baby’s development

Communication

<table>
<thead>
<tr>
<th>Communication</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
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</tbody>
</table>

C. BABY’S DEVELOPMENT

Time Section Started [ ] [ ] [ ] [ ] [ ] (24 hour clock)

Now I’d like to ask you some questions about baby’s development
6. Does your baby make sounds like "da", "ga", "ka" and "ba"?

7. Does your baby respond to the tone of your voice and stop her activity at least briefly when you say "no-no" to her?

8. Does your baby make two similar sounds like "ba-ba," "da-da," or "ga-ga," (he may say these sounds without referring to any particular object or person.)

9. If you ask her to, does your baby play at least one nursery game even if you don't show her the activity yourself (e.g. "bye-bye", "Peekaboo", "clap your hands", "so big")?

10. Does your baby follow one simple command such as "Come here", "Give it to me", or "Put it back" without your using gestures?

11. Does your baby say one word in addition to "Mama" and "Dada"? (A "word" is a sound or sounds the baby says consistently to mean someone or something, such as "baba" of bottle.)

12. When you ask "Where is the ball (hat, shoe etc?)" does your baby look at the object? Make sure the object is present. Check yes if he knows one object.

13. When your baby wants something, does she tell you by pointing to it?

14. Does your baby shake his head when he means "no" or "yes"?

**Gross Motor**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
</table>

15. While on his back, does your baby lift his legs high enough to see his feet?

16. When she is on her tummy, does your baby straighten both arms and push her whole chest off the bed or floor?

17. When you put her on the floor, does your baby lean on her hands when sitting? (If she already sits up straight without leaning on her hands, check yes for this item).

18. Does your baby roll from his back to his tummy, getting both arms out from under him?

19. Does your baby get into the crawling position by getting up on her hands and knees?

20. If you hold both hands just to balance him, does your baby support his own weight when standing?

21. When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?

22. When you stand him next to the furniture or the crib rail, does your baby hold on without leaning his chest against the furniture for support?

23. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?

24. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?

25. Does your baby walk along furniture while holding on with only one hand?

26. If you hold both hands just to balance him, does your baby take several steps without tripping or falling? (If your baby already walks alone check yes for this item.)

27. When you hold one hand just to balance her, does your baby take several steps forward? (If your baby already walks alone check yes for this item.)

**Fine Motor**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
</table>

28. Does your baby stand up in the middle of the floor by himself and take several steps forward?

29. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?

30. Does your baby reach for or grasp a toy using both hands at once?

31. Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, check "yes" for this item.)

32. Does your baby pick up a small toy, holding it in the center of his/her hand with his/her fingers around it?

33. Does your baby try to pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion, even if he isn't able to pick it up? (If he already picks up a crumb or Cheerio, check "yes" for this item.)

34. Does your baby pick up small toys with only one hand?

35. Does your baby successfully pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion? (If he already picks up a crumb or Cheerio, check "yes" for this item.)

36. Does your baby pick up a small toy with the tips of her thumb and fingers? (You should see a space between the toy and her palm.)

37. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy).

38. Does your baby pick up a crumb or Cheerio with the tips of his thumb and finger? He may rest his arm or hand on the table while doing it.
<table>
<thead>
<tr>
<th>Question</th>
<th>Problem Solving</th>
<th>Personal - Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your baby set a small toy down, without dropping it, and then take her hand off the toy?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Without resting his arm or hand on the table does your baby pick up a crumb or Cheerio with the tip of his thumb and a finger?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, check “not yet” for this item.)</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby help turn the pages of a book? (You may lift a page for her to grasp).</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When a toy is in front of her, does your baby reach for it with both hands?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When he is on his back, does your baby turn his head to look for a toy when he drops it? (If he already picks it up, check “yes” for this item)?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby pick up a toy and put it in his mouth?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When she is on her back, does your baby try to get a toy she has dropped if she can see it?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby play by banging a toy up and down on the floor or table?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby pass a toy back and forth from one hand to the other?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When holding a toy in his hand, does your baby bang it against another toy on the table?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>While holding a small toy in each hand, does your baby clap the toys together (like “Pat-a-cake”)?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? (be sure the toy is completely hidden.)</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, check “yes” for this item).</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby drop two small toys, one after the other, into a container like a bowl or a box? (You may show him how to do it).</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own check “yes” for this item.)</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When in front of a large mirror, does your baby smile or coo at herself?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing or crying.)</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>While lying on her back does your baby play by grabbing her foot?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When in front of a large mirror, does your baby reach out to pat the mirror?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>While on her back, does your baby put her foot in her mouth?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby drink water, juice, or formula from a cup while you hold it?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby feed himself a cracker or a cookie?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn't let go of it? (If she already lets go of the toy into your hand, check “yes” for this item).</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When you dress him, does your baby push his arm through a sleeve once his arm is started in the hole of the sleeve?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>When you dress her, does your baby lift her foot for her shoe, sock, or pant leg?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby roll or throw a ball back to you so that you can return it to him?</td>
<td>Yes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Does your baby play with a doll or stuffed animal by hugging it?</td>
<td>Yes</td>
<td>Sometimes</td>
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</tbody>
</table>
CX1. Do you talk to your baby while you are busy doing other things? (e.g. while you do housework).

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
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</thead>
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</table>

CX2a. Do you have any other concerns about any aspects of baby’s behaviour or development?

Yes \[\square\]   No \[\square\]

CX2b. What concerns do you have?

______________________________________________________________________________________________

D. BABY’S HABITS

Time Section Started | (24 hour clock)

Now I’d like to ask you some questions about <baby’s> habits and routines.

D1. How many hours sleep do you get on an average night, at the present time? ______ hours

D2. In general, what time in the evening does your baby usually go to sleep? ______ (24 hour clock)

D3. Approximately how many hours sleep does your baby have during
   (a) the day? ______ hours       (b) the night? ________ hours

D4. On a normal day what time does your baby usually get up at in the morning? ______ (24 hour clock)

D5. Is your baby ever difficult when put to bed?

Most of the time | Often | At times | Rarely | Never
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</table>

D6. How often does your baby wake at night?

Never | Occasionally | Most nights | Every night | More than once per night
<table>
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<td>5</td>
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</table>

D7. How many times per night on average? _________________

D8. Do you ever wake <baby> for a feed during the night?

Yes, usually | Yes, sometimes | No, not at all
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<td>3</td>
</tr>
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</table>

D9. How do you normally put <baby> down to sleep?

On his/her stomach | On his/her side | On his/her back
<table>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

D10. Does <baby> usually sleep:

In a room on his/her own | In your bedroom | Elsewhere
<table>
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<tbody>
<tr>
<td>1</td>
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<td>3</td>
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</tbody>
</table>

D11. Where does <baby> sleep for most of the night?

In his/her own bed/cot | In bed/cot with other children | In your bed | Other (specify)
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<tbody>
<tr>
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<td>4</td>
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</tbody>
</table>

D12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? __________N

D13. Do you feel that <baby’s> crying is a problem for you?

Yes \[\square\]   No \[\square\]
D14. How much is <baby's> sleeping pattern or habits a problem for you?

<table>
<thead>
<tr>
<th>A large problem</th>
<th>A moderate problem</th>
<th>A small problem</th>
<th>No problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

D15. Have you ever taken <baby> to a doctor, or consulted a pharmacist for a sleeping problem?
Yes .................................. ☐ 1  No .................................. ☐ 2

D16. Have you used a soother / dummy with <baby> in the last week?
Yes .................................. ☐ 1  No .................................. ☐ 2

E. CHILDCARE ARRANGEMENTS

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

E1. Is <baby> currently being minded by someone else, other than you or your resident spouse / partner, on a regular basis each week?
Yes .................................. ☐ 1  No .................................. ☐ 2

E2. Can you indicate (a) who else minds <baby> on a regular basis, (b) number of days per week <baby> spends in each type of childcare, (c) number of hours per week <baby> spends in each type of childcare, (d) how much you pay for this childcare for <baby> per week (e) whether this is your main type of childcare

<table>
<thead>
<tr>
<th>[Tick all that apply]</th>
<th>Number of days</th>
<th>Number of hours</th>
<th>Cost per week</th>
<th>Main type of care</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A relative in your home ..................................</td>
<td>☐ Go to E3a</td>
<td>☐ 1 N</td>
<td>☐ 2 N</td>
<td>☐ 3 €</td>
</tr>
<tr>
<td>b. A non-relative in your home ..................................</td>
<td>☐ Go to E4a</td>
<td>☐ 1 N</td>
<td>☐ 2 N</td>
<td>☐ 3 €</td>
</tr>
<tr>
<td>c. A relative in their home ..................................</td>
<td>☐ Go to E3b</td>
<td>☐ 1 N</td>
<td>☐ 2 N</td>
<td>☐ 3 €</td>
</tr>
<tr>
<td>d. A non-relative in their home ..................................</td>
<td>☐ Go to E4b</td>
<td>☐ 1 N</td>
<td>☐ 2 N</td>
<td>☐ 3 €</td>
</tr>
<tr>
<td>e. Centre-based caregiver (e.g. Crèche / Day nursery) ..................................</td>
<td>☐ Go to E5</td>
<td>☐ 1 N</td>
<td>☐ 2 N</td>
<td>☐ 3 €</td>
</tr>
<tr>
<td>f. Other (please specify) ..................................</td>
<td>☐ Go to E6</td>
<td>☐ 1 N</td>
<td>☐ 2 N</td>
<td>☐ 3 €</td>
</tr>
</tbody>
</table>

E3a. Please specify how this person is related to <baby>

| a. Grandmother of <baby> .................................. | ☐ 1 |
| b. Grandfather of <baby> .................................. | ☐ 2 |
| c. Aunt / Uncle of <baby> .................................. | ☐ 3 |
| d. Brother / Sister of <baby> .................................. | ☐ 4 |
| e. Non-resident Parent .................................. | ☐ 5 |
| f. Cousin of <baby> .................................. | ☐ 6 |
| g. Other relative .................................. | ☐ 7 |

E3b. Please specify how this person is related to <baby>

| a. Grandmother of <baby> .................................. | ☐ 1 |
| b. Grandfather of <baby> .................................. | ☐ 2 |
| c. Aunt / Uncle of <baby> .................................. | ☐ 3 |
| d. Brother / Sister of <baby> .................................. | ☐ 4 |
| e. Non-resident Parent .................................. | ☐ 5 |
| f. Cousin of <baby> .................................. | ☐ 6 |
| g. Other relative .................................. | ☐ 7 |

E4a. Which of the following best describes that person?

| a. Au pair / Nanny .................................. | ☐ 1 |
| b. Friend or parent .................................. | ☐ 2 |
| c. Neighbour .................................. | ☐ 3 |
| d. Registered childminder .................................. | ☐ 4 |
| e. Unregistered childminder .................................. | ☐ 5 |
| f. Other .................................. | ☐ 6 |

E4b. Which of the following best describes that person?

| a. Au pair / Nanny .................................. | ☐ 1 |
| b. Friend or parent .................................. | ☐ 2 |
| c. Neighbour .................................. | ☐ 3 |
| d. Registered childminder .................................. | ☐ 4 |
| e. Unregistered childminder .................................. | ☐ 5 |
| f. Other .................................. | ☐ 6 |
E6. What age was <baby> when you started to use the main childcare arrangement? _______ months

E7. How many children (excluding <baby>) are looked after in this main type of care?

_____________ number of children
[Int. if answer at E2 is a or b please go to E9]

E8a. Do you personally drop <baby> to this main type of care on your way to work?
Yes.................□1  No...................□2  Don’t work........□3

E8b. Do you personally collect <baby> from this main type of care on your way home from work?
Yes.................□1  No...................□2  Don’t work........□3

E8c. What distance do you travel from home to this main type of care?
Carer lives on my street / road ......................................................□1
Less than ½ mile (1 kilometre) ......................................................□2
½ to 1 mile (1 – 1.5 kilometres) ....................................................□3
1 to 5 miles (1.5 – 8 kilometres) ...................................................□4
6 to 10 miles (9 – 16 kilometres) ...................................................□5
More than 10 miles (more than 16 kilometres) .........................□6

E8d. On average how long does it take to travel from home to where <baby> is cared for?
[Int. if time differs between getting there and coming home record the longer of the two]
____________ minutes

E8e. On a typical day, what time in the morning does <baby> leave home to go to the main type of care?
____________ 24 hour clock

E8f. On a typical day, what time does <baby> return home from the main type of care?
____________ 24 hour clock

E9a. [Card E9a] What was the single most important reason for you choosing this main form of childcare?
It was the only one I could afford........................................□1
Convenient to my home........................................................□2
Linked to my job .................................................................□3
The quality of the care provided .............................................□4
It was the only one available to me ........................................□5
Other (please describe) ______________________________________□6

E9b. To what extent was your choice of childcare determined by financial constraints?
Completely To a large degree To some degree Only a little  Not at all
□1 ................................................................□2
□3 ................................................................□4
□5 ................................................................□6

E10a. How satisfied are you with these arrangements?
Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied
□1 ................................................................□2
□3 ................................................................□4
□5 ................................................................□6

E10b. Why are you dissatisfied?
_________________________________________________________________________________
_________________________________________________________________________________

E10c. Why do you not change the arrangement?
_________________________________________________________________________________
_________________________________________________________________________________
E11. What are your intentions for childcare when <baby> is 3 years old? [Tick all that apply]

- Baby minded by me on a full-time basis ........................................... 1
- Baby minded by my partner on a full-time basis ................................. 2
- Shared by my partner and me ................................................................. 3
- Part-time child-care .................................................................................. 4
- Full-time child-care .................................................................................. 5

E12. Which type of childcare?

- A relative in your home .......................................................................... 1
- Someone else in your home .................................................................... 2
- A relative in their home .......................................................................... 3
- Someone else in their home .................................................................... 4
- A professional caregiver (e.g. crèche/day nursery) ................................. 5
- Other (please specify) ............................................................................. 6

E13. [Card E13] Since <baby> was born has difficulty in arranging childcare ever... [Tick all that apply]

- a. prevented you looking for a job ............................................................ 1
- b. made you turn down or leave a job ....................................................... 2
- c. stopped you from taking on some study or training ............................ 3
- d. made you leave a study or training course ......................................... 4
- e. restricted the hours you could work or study ..................................... 5
- f. prevented you from engaging in social activities .................................. 6
- g. Other please specify _______________________________________________ 7

F. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

F0. Does <baby> have brothers/sisters [include step, foster or adoptive siblings living in the household].

Yes .................  □ a  No ........... □ b

F1. Have any of the other children in your household been particularly jealous/unhappy about the baby (e.g. hitting etc.)?

Yes ................. □ a  No ........... □ b

F2a. Was <baby> a single birth, twin, triplet etc.  Single child.....□ a Twin.....□ b Triplet.....□ c

F2b. Does his/her twin live here in this household?

Yes ...........................................................................................................  □ a
Lives elsewhere .................................................................................. □ b
Deceased ......................................................................................... □ c

F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins? :

Identical twins ......................................................................................... □ a
Fraternal (i.e. non-identical twins) ......................................................... □ b

F4. Has this been confirmed by a medical professional?

Yes.............................. □ a  No ................. □ b

F5. How do you dress them?

- in matching clothes each day ................................................................. □ 1
- in matching clothes sometimes ............................................................... □ 2
- never in matching clothes ...................................................................... □ 3

F6. How does <baby> react to his / her twin?  

<table>
<thead>
<tr>
<th></th>
<th>Yes, most of the time</th>
<th>Yes, some of the time</th>
<th>No, hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) he/ she likes to be with his / her twin.............  □ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>b) he/she doesn't seem to notice his / her twin .........  □ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
<tr>
<td>c) he/she is upset if she is parted from his/her twin ....  □ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td></td>
</tr>
</tbody>
</table>
G. PRENATAL CARE

Now I’d like to ask you some questions about your pregnancy with <baby>.

[Int: Only ask G1 to G5 if biological mother]

G1. How was your Ante-natal care provided?

- Shared care (between GP and other professional) ............
- Private consultant alone ...............................................
- Hospital clinic alone ..................................................
- Midwives clinic alone ..............................................
- Independent midwife alone ........................................
- Had no ante-natal care .............................................
- Other [Please specify] ................................................

G2. At how many weeks did you first become aware that you were pregnant? ____ weeks

G3. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your GP or hospital? ____ weeks

G4. And who was this appointment with?

- GP/Family physician ..............................................
- Private consultant alone ........................................
- Hospital clinic alone .............................................
- Midwives clinic alone ...........................................
- Independent midwife alone ...................................
- Had no ante-natal care ........................................

G5. How many ultrasound scans (i.e. where you and the doctor/consultant see an image of the baby on screen) did you have in total during the course of your pregnancy? ____ No. of scans [If none enter '0']

G6. Did you know the sex of your baby before the birth? Yes ............... No.................

[Int: Only Ask G7 if biological mother]

G7. How much weight did you gain during the course of your pregnancy?

- ____stone     ____lbs    OR    _____kgs  Don’t Know ..................

G8. [Card G8] Were there any of the following complications with the pregnancy? [Tick all that apply]

- a. Raised blood pressure (in isolation) .......................................................... 
- b. Raised blood pressure and protein in the urine (Pre-eclampsia) ............... 
- c. Urinary or kidney infection ....................................................................... 
- d. Persistent vomiting or nausea ...................................................................
- e. Gestational diabetes (diet treated) ..............................................................
- f. Gestational diabetes (insulin treated) ........................................................ 
- g. Bleeding during the second half of pregnancy .......................................... 
- h. Vaginal Infection during pregnancy .......................................................... 
- i. Intrauterine Growth Restriction (small baby on scan) .................................
- j. Rhesus Incompatibility ..............................................................................
- k. Influenza ...................................................................................................
- l. Placenta praevia ...........................................................................................
- m. Miscarriage in a multiple pregnancy ....................................................... 
- n. Other [please specify] ..............................................................................

[Int: Only ask G9 to G12 if biological mother]

G9. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

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

G10. How many separate admissions did you have? _____No. of admissions
G11a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?
Yes........................ No ....................

G11b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?
Yes........................ No ....................

G11c. Did you take Iron during your pregnancy with <baby>?
Yes........................ No ....................

G12. During your pregnancy, how many members of the household [including yourself] smoked? _____ N

H. INFANT’S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started ______ _______ (24 hour clock)

Now I’d like to ask you some questions about the birth of <baby>

H1. Where was <baby> born?
Home birth [planned] .... No in hospital........ Other [please specify] ____________

H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.
a. Name:  _______________________________________
b. Address  _______________________________________  

[HINT: Only Ask H3 if biological mother]

H3. Did you have any form of pain relief in labour?
Yes........................ No .................... Did not have any labour ........

H4. [Card H4] What was the final mode of delivery?
Normal delivery........................ Emergency Caesarean.............................
Suction assisted birth................. Vaginal breech delivery ...........
Forceps assisted birth................ Other [please specify] __________________
Planned / Elective Caesarean ......

H5a. After how many weeks of pregnancy was <baby> born? ___________ Wks Don’t Know……

H5b. Was <baby> born late, on time or early?
Late birth (42 weeks or more)....... On time (37-41 weeks) .............. Somewhat early (33-36 weeks) .... Very early (32 weeks or less) ......

H6. How much did <baby> weigh at birth? ___lbs ___ounces OR ___kgs

H7. What was <baby’s> length at birth? ___inches OR ____cms

H8. [Card H8] Were there any complications during the <baby’s> birth? [Tick all that apply]
A. No complications .............................................. E. Foetal distress - Meconium or other sign ...........
B. Very long labour (more than 12 hours) ................. F. Foetal blood sample taken in labour................
C. Very rapid labour (less than 2 hours) ..................... G. Birth injury – nerve injury / fracture / bruising.....
D. Foetal distress – Abnormal Heart rate tracing ........ H. Other complication [please specify] ________________

H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?
Yes........................ No ....................

H10. Did <baby> need any help with his/her breathing from a ventilator?
Yes........................ No ....................

13
H11. How many days or parts of days were you in hospital after the birth? ____ days

H12. How many days or parts of days was <baby> in hospital after the birth? ____ days

H13a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes ........................................  No ........................................  Go to H15d

H13b. Was <baby> still being breastfed when you brought him/her home from hospital?

Yes ........................................  No ........................................  Go to H15d

H14a. Was <baby> ever exclusively breastfed?

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes ........................................  No ........................................  Go to H15a

H14b. How old was <baby> when he/she completely stopped being breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

_____ Days  _____ Weeks  _____ Months  <Baby> still being exclusively breastfed... Go to H20

H15a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes ........................................  Go to H16  No ........................................

H15b. How old was <baby> when he/she completely stopped being breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

_____ Days  _____ Weeks  _____ Months

[INT: Only ask H15c if biological mother]

H15c. [Card H15c] What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

a. Not enough milk/hungry baby ........................................  

b. Inconvenience/fatigue ........................................  

c. Difficulty with breast feeding techniques .....................  

d. Sore nipples/engorged breast ...................................  

e. Mother’s illness .......................................................  

f. Planned to stop at this time .......................................  

g. Baby weaned himself/herself .....................................  

h. Physician told me to stop ...........................................

i. Returned to work .....................................................  

j. Partner/father wanted me to stop ...............................  

k. Formula feeding preferable .......................................  

l. Wanted to drink alcohol ...........................................  

m. Embarrassment/social stigma ..................................  

n. Other, please specify ..............................................

H15d. [Card H15d] Why did you choose not to breastfeed <baby> [Tick all that apply]

a. Not enough milk .....................................................  

b. Inconvenience/fatigue .............................................  

c. Difficulty with breast feeding techniques .....................  

d. Sore nipples/engorged breast ...................................  

e. Mother’s illness .......................................................  

f. Physician advised me not to ......................................

g. Partner/father did not want me to breastfeed ..............

h. Formula feeding preferable .......................................  

i. Wanted to drink alcohol ...........................................  

j. Embarrassment/social stigma ..................................

k. Other, please specify ..............................................

H16. I'm now going to ask when <baby> first had (other) different types of milk. Please include any eaten with cereal. How old was <baby> when he/she first had:

Formula milk, such as Cow & Gate or SMA?  _____ Days  _____ Weeks  _____ Months  999 Hasn't Had  
Cow’s milk?  _____ Days  _____ Weeks  _____ Months  999 Hasn't Had

Any other type of milk, such as soya milk?  _____ Days  _____ Weeks  _____ Months  999 Hasn't Had

H17. What else does <baby> drink apart from milk or formula? [Tick all that apply]

Water .................................................................  

Baby Juice ..........................................................  

Fruit juices/Cordial/Squash .......................................  

Fizzy or soft drinks (e.g. lemonade, coke) .....................  

None of the above ....................................................

Herbal drinks ......................................................  

Tea ............................................................................  

Coffee ......................................................................  

Other [please specify] ..............................................
H18. Can I check, has <baby> had any solid food on a regular basis?

REGULARLY = MORE THAN TWICE A DAY FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

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

H19. How old was <baby> when he/she first had solid food regularly?
[Int: Accept answer in Days OR Weeks OR Months]

____ Days ______ Weeks ______ Months

H20. In general, how would you describe (a) <Baby’s> Health at Birth (i.e. the first two weeks after birth) and (b) <Baby’s> Current Health

(a) Health at birth

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

(b) Current health

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

H21. Can you tell me whether <baby> has received: [Tick all that apply]

Their six-week checkup ................................................ [ ]
Vaccines at 2 months .................................................. [ ]
Vaccines at 4 months .................................................. [ ]
Vaccines at 6 months .................................................. [ ]
No vaccinations........................................................ [ ]

H22. [Card H22] Has a medical professional ever told you that <baby> has any of the following conditions?

[Tick all that apply]

a. Respiratory disease [including asthma] ....................... [ ]
b. Heart abnormalities.................................................. [ ]
c. Digestive allergies (e.g. lactose intolerant).................. [ ]
d. Eczema or any kind of skin allergy............................ [ ]
e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) ........................................ [ ]
f. Difficulty seeing......................................................... [ ]
g. A problem with mobility or using his/her arms/legs to get around ................................................ [ ]
h. A problem with using his/her hands or arms ................... [ ]
i. Cerebral palsy.............................................................. [ ]
j. Kidney disease............................................................ [ ]
k. Diabetes ................................................................. [ ]
l. Any developmental delay ............................................ [ ]
m. Down syndrome....................................................... [ ]
n. Spina bifida / Hydroencephalis .................................. [ ]
o. Cleft lip and/or palate................................................ [ ]
p. Other long-term condition [please specify] ................. [ ]
q. None of the above .................................................... [ ]

H23. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE RESPONDENT TO CONSIDER [CHILD]’S MOST SEVERE CONDITION.

Minor ................. [ ]
Moderate .......... [ ]
Severe ............ [ ]

H24. [Card H24] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse or to Accident and Emergency. What were these problems? [TICK ALL THAT APPLY]

a. Snuffles/common cold................................................. [ ]
b. Chest infections............................................................. [ ]
c. Ear infections............................................................... [ ]
d. Feeding problems........................................................ [ ]
e. Sleeping problems...................................................... [ ]
f. Dental problems (e.g. teething).................................... [ ]
g. Wheezing or asthma.................................................... [ ]
h. Skin problems............................................................. [ ]
i. Persistent nappy rash.................................................... [ ]
j. Undescended testicle.................................................... [ ]
k. Tight foreskin............................................................... [ ]
l. Hernia ........................................................................ [ ]
m. Sight or eye problems ............................................... [ ]
n. Failure to gain weight or to grow ................................ [ ]
o. Persistent or severe vomiting ...................................... [ ]
p. Persistent diarrhea or constipation ............................ [ ]
q. Fits or convulsions....................................................... [ ]
r. Meningitis..................................................................... [ ]
s. Colic........................................................................... [ ]
t. Other health problems [please specify] ....................... [ ]
u. None of the above ........................................................ [ ]
H25 Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about <baby>'s physical health? (exclude at time of birth)
IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK
A general practitioner (GP), or family physician
A paediatrician
A public health nurse or practice nurse
Another medical doctor (such as a hearing specialist)
Accident and Emergency or Outpatient

H26 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?
Yes
No

H27. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS.

H28. Since <baby> was born, was there any time, in your opinion, when he/she needed a medical examination or treatment but did not receive it?
Yes
No

H29. Why did <baby> not get the medical care or treatment? Was this because:
Yes  No
You couldn’t afford to pay
The necessary medical care wasn’t available or accessible to you
You could not take time off work to visit the doctor
You wanted to wait and see if the problem got better
The child is still on the waiting list
Other (specify)

H30. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card
Yes, GP only
Not covered

H31. Does the family have private medical insurance?
Yes
No

H32. Does that insurance include the cost of GP visits?
Yes, in full
Yes, partially
No

H33. Many babies have accidents at some time. Has <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?
Yes
No

J. PARENT’S HEALTH

Time Section Started (24 hour clock)

Now a few questions about your own health

J1. In general, how would you say your current health is?
Excellent
Very Good
Good
Fair
Poor
J2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

J3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[Int. please record diagnosis – not symptoms of the problem.]

________________________________________________________________________________________________________

________________________________________________________________________________________________________

J4. Since when have you had this problem, illness or disability? __________(mth) ______(year)

J5. Are you hampered in your daily activities by this problem, illness or disability?

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

J6. Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

<table>
<thead>
<tr>
<th>No Difficulty</th>
<th>Some difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>?

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

J8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent ....... Brother / Sister ...................... Other relative ...... Non relative......

J9. Do you currently smoke daily, occasionally or not at all?

Daily .................... Occasionally ............. Not at all ..........

J10. Have you ever smoked? Was it:

Daily ...... Occasionally ... Never ....

J11. About how many cigarettes or cigars do/did you smoke on average each day?

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

J12. Including yourself, how many members of the household smoke? ____N

J13. Which of the following best describes how often you usually drink alcohol?

Never .................................................................

Less than once a month ...........................................

1-2 times a month ..................................................

1-2 times a week ..................................................

3-4 times a week ..................................................

5-6 times a week ..................................................

Every day .........................................................

If currently drink alcohol between everyday and 1-2 times a month ask:

J14. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

Pints of Beer/Cider _____ Glasses of Wine _____ Measures of Spirits _____ Bottles of alcopops _____

J15. What is your height without shoes? ______feet _______inches OR Metres ________

J16. What is your weight without clothes and shoes? ________stones ______lbs OR ______Kilograms
K. FAMILY CONTEXT

Time Section Started  

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

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn’t do for my child if it was necessary</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>F. I enjoy spending time with my child</td>
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<tr>
<td>G. My child is an important source of affection for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have a child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. Having a child has meant having too few choices and too little control over my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. I am satisfied as a parent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. I find my child enjoyable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K2. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

<table>
<thead>
<tr>
<th>Description</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I get enough help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t get enough help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t get any help at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t need any help</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K3. Are you in regular contact with <baby’s> grandparents?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>All Grandparents are deceased</th>
<th>All Grandparents live abroad</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

K4. Here are some questions about how much support you receive from <baby’s> grandparents

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less often than once every 3 months</th>
<th>At least once every 3 months</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Every day or almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do &lt;baby’s&gt; grandparents babysit?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents have &lt;baby&gt; to stay over night?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents take &lt;baby&gt; out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents buy toys or clothes for &lt;baby&gt;?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents help you around the house?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents help you out financially?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K5. Did you work full-time, part-time or not at all immediately before you became pregnant with <baby>?

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to K6

K6. How many hours were you working per week? ________ hours

K7. How long before you gave birth did you stop working? _______ weeks OR _______ months

K8. Are you currently at work outside the home?

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to K9

K9. What age was <baby> when you returned to work? _______ months

K10. Did you take any of the following types of leave? If yes, how many weeks did you take?

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid maternity / paternity leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid maternity / paternity leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick leave</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K11. What was your main reason for going back to work?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need an outlet outside the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain a Career</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other [please specify]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job related benefits (pension, car, health insurance etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to K12

K12. Do you intend to return to work outside the home?

<table>
<thead>
<tr>
<th>Full-time</th>
<th>Part-time</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to K13

K13. What age will <baby> be when you return to work? _______ months

K14. Did you or do you intend to take any of the following types of leave? If yes, how many weeks did you/will you take?

<table>
<thead>
<tr>
<th>Type of Leave</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid maternity / paternity leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpaid maternity / paternity leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sick leave</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

K15. What is your main reason for going back to work?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need an outlet outside the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain a Career</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other [please specify]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job related benefits (pension, car, health insurance etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to K16

K16. Did you ever work? Yes | No

Go to Section L

K17. When were you last in paid employment outside the home? Month____ Year_____

K18. Do you intend to return to work?

<table>
<thead>
<tr>
<th>Yes, definitely</th>
<th>Yes, probably</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Go to K19

K19. What age will <baby> be when you return to work? _______ Months

K20. What will be your main reason for going back to work?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need an outlet outside the home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain a Career</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other [please specify]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job related benefits (pension, car, health insurance etc)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
K21. If you have returned to work after the birth of <baby>, or if you have other children and have previously worked outside the home, can I ask you the extent to which you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
</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

L: SOCIO-DEMOGRAPHICS

Time Section Started [__][__][__] (24 hour clock)

Now I'd like to ask you some questions about the circumstances of your household.

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:
- House
- Apartment / Flat / Bedsit
- Other (specify) ________________________________________________

L7b. Does your accommodation have access to a garden or common space (either private or shared)?
- Yes
- No

L8. [Card L8] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?
- Owner occupied (with or without a 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

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

L10. [Card L10] Which of these descriptions BEST describes your usual situation in regard to work? [Int. Note that if resp is on maternity leave and has a job which she intends to return to she should be coded as ‘at work’].
- Employee (incl. apprenticeship or Community Employment)
- Self employed outside farming
- Farmer
- Student full-time
- On State training scheme (FAS, Failte Ireland etc.)
- Unemployed, actively looking for a job
- Long-term sickness or disability
- Home duties / looking after home or family
- Retired
- Other (specify) ________________________________________________

L11. 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

L11x. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

______________________ minutes [Int. if respondent works at home enter ‘0’ for minutes]
L12. [Card L12] 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:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER  
Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER  

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

Write in your main OCCUPATION

__________________________________________________________________________________________

L13. Do you supervise or manage any personnel in your job?

Yes ...... ☐  No ........ ☐

L14. How many?

L15. How many employees (if any) do you have? _______ employees  
N A .... ☐

L15x. [Ask only if Farmer at L10.] What is the acreage of the farm? ____________ acres

L16. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? ________ hours per week

Go to L22

L17. Apart from holiday or casual work, have you ever had a full-time job?  
Yes ........ ☐  No ........ ☐

Go to L21a

L18. In what year did you last work in that full-time job? _______ year

L19. When you last worked in that full-time job were you?

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

L20. [Card L12] 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:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER  
Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER  

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

Write in your main OCCUPATION

__________________________________________________________________________________________

L20x. [Ask only if Farmer at L19.] What was the acreage of the farm? ______________ acres

L21a. Do you currently have a part time job outside the home?  
Yes ☐  No ...... ☐

Go to L21d

L21b. On average, how many hours per week do you work in that part-time job? ________ hours

L21c. [Card L12] What is your occupation in that job?

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

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

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

___________________________________________________

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

Go to L22

L21d. [Card L21d] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

L21e. Do you plan to start or return to paid work?

Yes, in the next 3 months ........................................................[ ] 1
Yes, in 3 to 12 months time .....................................................[ ] 2
Yes, in more than 1 year’s time ..............................................[ ] 3
Have no plans to return to paid work.............................. [ ] 4

Go to L22

L22. [Card L12] What is the occupation of your spouse / partner?

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

Use precise terms such as: 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 Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION

___________________________________________________

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

HOUSEHOLD INCOME

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

L23. Looking at Card L23/L24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner’s income.

[INT. Tick ‘Yes’ or ‘No’ for each in Col. A][Card L23 / L24]

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

<table>
<thead>
<tr>
<th></th>
<th>A Receive?</th>
<th>B Largest Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No</td>
<td>1 2 3</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

A. Wages or Salaries.................................................................[ ] 1 2 3
B. Income from Self-Employment..................................................[ ] 1 2 3
C. Income from Farming..............................................................[ ] 1 2 3
D. Children’s Allowance/ Child Benefit ........................................[ ] 1 2 3
E. Other Social Welfare Payments ................................................[ ] 1 2 3
F. Other Income (incl. income from maintenance payments,
   investments, savings, dividends, private pensions, property) ...........[ ] 1 2 3
HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

L25. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members.

Don't KNOW [ ] £________________ per Week [ ] £________________ per Month [ ] £________________ per Year

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

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your total HOUSEHOLD NET income falls into, after deductions for tax and PRSI.

[Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

### 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 €1,000</td>
<td>Under €12,000</td>
<td>A</td>
</tr>
<tr>
<td>€231 to under €350</td>
<td>€1,001 to under €1,500</td>
<td>€12,001 to under €18,000</td>
<td>B</td>
</tr>
<tr>
<td>€351 to under €460</td>
<td>€1,501 to under €2,000</td>
<td>€18,001 to under €24,000</td>
<td>C</td>
</tr>
<tr>
<td>€461 to under €575</td>
<td>€2,001 to under €2,500</td>
<td>€24,001 to under €30,000</td>
<td>D</td>
</tr>
<tr>
<td>€576 to under €800</td>
<td>€2,501 to under €3,500</td>
<td>€30,001 to under €42,000</td>
<td>E</td>
</tr>
<tr>
<td>€801 to under €925</td>
<td>€3,501 to under €4,000</td>
<td>€42,001 to under €48,000</td>
<td>F</td>
</tr>
<tr>
<td>€926 to under €1,150</td>
<td>€4,001 to under €5,000</td>
<td>€48,001 to under €60,000</td>
<td>G</td>
</tr>
<tr>
<td>€1,151 to under €1,500</td>
<td>€5,001 to under €6,500</td>
<td>€60,001 to under €78,000</td>
<td>H</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
<td>€6,001 to under €8,000</td>
<td>€78,001 to under €96,000</td>
<td>I</td>
</tr>
<tr>
<td>€1,851 or more</td>
<td>€8,001 or more</td>
<td>€96,001 or more</td>
<td>J</td>
</tr>
<tr>
<td>Refused [ ]</td>
<td>Don't Know [ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L27. Would that be [Int: Show Card L27] and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr

| A | Per week | under €75 | £75 to €150 | £151 to €230 |
| -- | Per Month | £0 to €300 | £301 to €650 | £651 to €1,000 |
| -- | Per Year | £0 to €4,000 | £4,001 to €8,000 | £8,001 to €12,000 |
| B | Per week | £231 to €270 | £271 to €310 | £311 to €350 |
| -- | Per Month | £1,001 to €1,150 | £1,151 to €1,350 | £1,351 to €1,500 |
| -- | Per Year | £12,001 to €14,000 | £14,001 to €16,000 | £16,001 to €18,000 |
| C | Per week | £351 to €390 | £391 to €420 | £421 to €460 |
| -- | Per Month | £1,501 to €1,700 | £1,701 to €1,800 | £1,801 to €2,000 |
| -- | Per Year | £18,001 to €20,000 | £20,001 to €22,000 | £22,001 to €24,000 |
| D | Per week | £461 to €500 | £501 to €535 | £536 to €575 |
| -- | Per Month | £2,001 to €2,150 | £2,151 to €2,300 | £2,301 to €2,500 |
| -- | Per Year | £24,001 to €26,000 | £26,001 to €28,000 | £28,001 to €30,000 |
| E | Per week | £576 to €650 | £651 to €750 | £751 to €800 |
| -- | Per Month | £2,501 to €2,800 | £2,801 to €3,250 | £3,251 to €3,500 |
| -- | Per Year | £30,001 to €34,000 | £34,001 to €38,000 | £38,001 to €42,000 |
| F | Per week | £801 to €850 | £851 to £880 | £881 to £925 |
| -- | Per Month | £3,501 to €3,650 | £3,651 to €3,800 | £3,801 to €4,000 |
| -- | Per Year | £42,001 to €44,000 | £44,001 to €46,000 | £46,001 to €48,000 |
| G | Per week | £926 to €1,000 | £1,001 to £1,050 | £1,051 to £1,150 |
| -- | Per Month | £4,001 to €4,300 | £4,301 to €4,600 | £4,601 to £5,000 |
| -- | Per Year | £48,001 to €52,000 | £52,001 to €56,000 | £56,001 to €60,000 |
| H | Per week | £1,151 to €1,250 | £1,251 to £1,375 | £1,376 to £1,500 |
| -- | Per Month | £5,001 to €5,500 | £5,501 to £6,000 | £6,001 to £6,500 |
| -- | Per Year | £60,001 to €66,000 | £66,001 to £72,000 | £72,001 to £78,000 |
| I | Per week | £1,501 to €1,600 | £1,601 to €1,750 | £1,751 to €1,850 |
| -- | Per Month | £6,501 to €7,000 | £7,001 to €7,500 | £7,501 to €8,000 |
| -- | Per Year | £78,001 to €84,000 | £84,001 to €90,000 | £90,001 to €96,000 |
| J | Per week | £1,851 to €2,100 | £2,101 to €2,400 | £2,401 or more |
| -- | Per Month | £8,001 to €9,250 | £9,251 to €10,500 | £10,501 or more |
| -- | Per Year | £96,001 to €110,000 | £110,001 to £125,000 | £125,001 or more |
L28a. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare?  
Yes............☐  No.......☐

L28b. Does anyone in your household currently receive any other Social Welfare payments?  
Yes  ...............☐→Go to L29  No.............☐→Go to L30

L29. (Card L29) Now I’d like to record information on any Social Welfare payments which are received by anyone in the household.  Looking at Card L29, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments?  [Int Tick payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
</tr>
<tr>
<td>Jobseeker’s Benefit ☐</td>
<td>Jobseeker’s Allowance or Unemployment Assistance ☐</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
</tr>
<tr>
<td>Family Income Supplement ☐</td>
<td>Back to Work Enterprise Allowance ☐</td>
</tr>
<tr>
<td>Farm Assist ☐</td>
<td>Part-time Job Incentive Scheme ☐</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees) ☐</td>
<td>Back to Education Allowance ☐</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA) ☐</td>
<td></td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</strong></td>
<td><strong>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</strong></td>
</tr>
<tr>
<td>Widow's or Widower's (Contributory) Pension ☐</td>
<td>Deserted Wife's Allowance ☐</td>
</tr>
<tr>
<td>Deserted Wife’s Benefit ☐</td>
<td>Prisoner’s Wife’s Allowance ☐</td>
</tr>
<tr>
<td>Widowed Parent Grant ☐</td>
<td>One-Parent Family Payment ☐</td>
</tr>
<tr>
<td>Widow’s or Widower’s (Non-Contrib) Pension ☐</td>
<td></td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
</tr>
<tr>
<td>Maternity Benefit ☐</td>
<td>Health &amp; Safety Benefit ☐</td>
</tr>
<tr>
<td>Adoptive Benefit ☐</td>
<td>Guardian’s Payment (Contributory) ☐</td>
</tr>
<tr>
<td></td>
<td>Guardian’s Payment (Non-Contributory) ☐</td>
</tr>
<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
</tr>
<tr>
<td>Illness Benefit ☐</td>
<td>Injury Benefit ☐</td>
</tr>
<tr>
<td>Invalidity Pension ☐</td>
<td>Incapacity Supplement ☐</td>
</tr>
<tr>
<td>Disability Allowance ☐</td>
<td>Disablement Benefit ☐</td>
</tr>
<tr>
<td>Blind Pension ☐</td>
<td>Medical Care Scheme ☐</td>
</tr>
<tr>
<td>Carer’s Benefit ☐</td>
<td>Constant Attendance Allowance ☐</td>
</tr>
<tr>
<td>Domiciliary Care Allowance ☐</td>
<td>Death Benefits (Survivor’s Benefits) ☐</td>
</tr>
<tr>
<td><strong>RETIREMENT PAYMENTS</strong></td>
<td><strong>RETIREMENT PAYMENTS</strong></td>
</tr>
<tr>
<td>State Pension (Transition) ☐</td>
<td>State Pension Non-Contributory ☐</td>
</tr>
<tr>
<td>State Pension (Contributory) ☐</td>
<td>Pre-Retirement Allowance ☐</td>
</tr>
</tbody>
</table>

L30. Does anyone in your household currently receive rent or mortgage supplement? Yes............☐  No.......☐

L31. How much does the household receive PER WEEK in rent or mortgage supplement? €-------------------------

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

<table>
<thead>
<tr>
<th></th>
<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>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

L33a. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.  
Yes ...............☐  No ............☐
L33b. [Card L33b] 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?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your household have a roast joint (or its equivalent) at least once a week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do household members buy new rather than second-hand clothes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each household member possess a warm waterproof coat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each household member possess two pairs of strong shoes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household replace any worn out furniture?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household keep the home adequately warm?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household have family or friends for a drink or meal once a month?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household buy presents for family or friends at least once a year?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

L33c. [Card L33c] 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?

<table>
<thead>
<tr>
<th>Degree of Ease or Difficulty</th>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

L33d. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

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

L33e. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

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

L33f. Why was that?

Didn’t want to .................................................................[ ]
Have a full social life in other ways .....................................[ ]
Couldn’t afford .................................................................[ ]

L33f. 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?

<table>
<thead>
<tr>
<th>Degree of Ease or Difficulty</th>
<th>With great difficulty</th>
<th>With difficulty</th>
<th>With some difficulty</th>
<th>Fairly easily</th>
<th>Easily</th>
<th>Very easily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Box 1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

L34 [Card L34]. What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education
2. Primary education
4. Upper Secondary (Leaving Certificate (including Applied and Vocational Programmes). ‘A’ Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification (completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent)
6. Both Upper Secondary and Technical or Vocational qualification
7. Non Degree (National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma)
8. Primary Degree (Third Level Bachelor Degree)
9. Professional qualification (Degree status at least)
10. Both a Degree and a Professional qualification
11. Postgraduate Certificate or Diploma
12. Postgraduate Degree (Masters)
13. Doctorate (Ph.D)

L34x. At what age did you leave full-time education for the first time? _____ years
L35. [Card L35] What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]

- English ........................................... ☐
- Arabic .......................................... ☐
- Polish ........................................... ☐
- Czech ............................................ ☐
- Portuguese .................................... ☐
- Chinese ....................................... ☐
- Romanian ..................................... ☐
- Other (specify) .................................... ☐

L35a. Is English your native language?  Yes ........... ☐  ❯ Go to L38  No ........... ☐

L36. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s storybook in your own language?  Yes ........... ☐  No ........... ☐

L37. Can you usually read and fill out forms you might have to deal with in your own language?  Yes ........... ☐  No ........... ☐

L38. Many people have problems with reading. Can I just check can you read aloud to a child from a children’s story book written in English?  Yes ........... ☐  No ........... ☐

L39. Can you usually read and fill out forms you might have to deal with in English?  Yes ........... ☐  No ........... ☐

L40. 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 ........... ☐

L41. Are you a citizen of Ireland?  Yes ........... ☐  No ........... ☐

L42. What citizenship do you hold?  ________________________________

L43. Were you born in Ireland?  Yes ........... ☐  No ........... ☐

L44. In which country were you born?  ________________________________

L45. How long ago did you first come to live in Ireland?  
- Within the last year  ☐
- 1-5 years ago  ☐
- 6-10 years ago  ☐
- 11-20 years ago  ☐
- More than 20 years ago  ☐

L46. And what about <baby>. Is he / she a citizen of Ireland?  Yes ........... ☐  No ........... ☐

L47. What citizenship does he / she hold?  ________________________________

L48. Was <baby> born in Ireland?  Yes........... ☐  No ........... ☐

L49. In which country was he/she born?  ________________________________

L50. How long ago did <baby> first come to live in Ireland?  
- Within last 3 months  ☐
- 3-6 months  ☐
- More than 6 months  ☐

L51. [Card L51] Looking at Card L51, can you tell me what is your ethnic or cultural background?  
- Irish .................................................. ☐
- Any other Black background ...................... ☐
- Irish Traveller ..................................... ☐
- Chinese .......................................... ☐
- Any other white background ..................... ☐
- Any other Asian background .................... ☐
- African ............................................ ☐
- Other – incl. mixed background (specify) .... ☐
L52a. Do you belong to any religion?  

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

L52b. [Card L52b] Which religion

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

L53a. And what about <baby> does he/she belong to any religion?  

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

L53b. [Card L53b] Which religion

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

L54. Can I just check again, does anyone other than yourself and/ or your spouse / partner provide care to <baby> on a regular basis for 8 or more hours each week? Remember, this could be in your own home, in a child-minder’s home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

- Yes, regular care 8 hrs per week or more ........  
- No regular care 8 hrs per wk or more........

L55. Is this care provided in:

- the child’s home ..................................................  
- a relative’s home ..................................................  
- home of carer – non-relative ........................................  
- centre – crèche) .....................................................

L56. We would like to send a short questionnaire to the person / centre who provides this care to <baby>. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to <baby>?

- Yes ...............................................................  
- No, does not wish regular carer to be contacted .......  
- No, does not have contact details for regular carer .......

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

M. Neighbourhood / Community

Time Section Started (24 hour clock)

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

M1. How long have you lived in your local area? ________ years OR ________ months

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

- Rubbish and litter lying about ........................................  
- Homes and -gardens in bad condition ................................  
- Vandalism and deliberate damage to property .....................  
- People being drunk or taking drugs in public ........................
M3. 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>It is safe to walk alone in this area after dark</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is safe for children to play outside during the day in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are safe parks, playgrounds and play spaces in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We as a family intend to continue living in this area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a family we are settled in and part of this community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Available?</th>
<th>Available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular public transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. GP or health clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Schools (primary or secondary)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Library</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Social Welfare Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Banking/ Credit Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Essential grocery shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Creche, day-care, mother and toddler groups etc.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M5. Do you have any family living in this area, including your partner’s family (if relevant)?

Yes: ___________________________  No: ___________________________

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

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

Time Section Ended: [ ] [ ] [ ] (24 hour clock)