

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PRIMARY CAREGIVER QUESTIONNAIRE – 13-year

TWIN SUPPLEMENT

AREA

HOUSEHOLD

Interviewer Name _____ Interviewer Number

Date _____
Day month year

Child's Name: _____ [1st Name Only]

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

Height: _____ cms

Weight: _____ kgs

Now I would like to ask you a few questions regarding the Child's health.

A. CHILD'S HEALTH

A1. [Card A1] In general, how would you describe <child's> health in the past year?

- Very healthy, no problems ₁
 Healthy, but a few minor problems ₂
 Sometimes quite ill ₃
 Almost always unwell ₄

A2. Does <child> have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

A3. 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]

A4. Has this problem, illness or disability been diagnosed by a medical professional?

Yes ₁ No ₂

A5. Since when has <child> had this problem, illness or disability? _____ (mth) _____ (year)

A6. Is <child> hampered in his/her daily activities by this problem, illness or disability?

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

A7. In the past year has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes ₁

No..... ₂

A8. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _____ N

A9. Has <child> been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) over the last 12 months?

Yes ₁

No..... ₂

A10a. Has <child> received a course of antibiotics in the past 12 months?

Yes ₁

No..... ₂

A10b. In total, how many courses of antibiotics has <child> received in the past 12 months?

_____ N

A11. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission?

Yes ₁

No..... ₂

**A12. How many separate accidents has <child> ever had that required hospital treatment or admission?
_____ accidents**

A13. How many of these accidents involved bone fractures or breaks? _____

A14. About how many nights has <child> spent in hospital over his/her lifetime? (Exclude at time of birth)

[INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] _____nights

A15. In the last 12 months how many visits has <child> made to the A&E (Accident and Emergency) department of a hospital? [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

A16. [Card A16] In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the <child's> physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

N times Don't know Refused

A. A general practitioner (GP)..... ₃..... ₄

B. A practice nurse..... ₃..... ₄

C. Another medical doctor e.g. in a hospital ₃..... ₄

D. Other professional, psychologist, psychiatrist, counsellor etc..... ₃..... ₄

E. A social worker ₃..... ₄

A17. Was there any time during the past 12 months when <child> really needed to consult a GP or specialist but did not?

Yes, there was at least one occasion ₁

No, there was no such occasion..... ₂

A18. [Card A18] What was the main reason for not consulting a GP or specialist?

a) You couldn't afford to pay ₁

b) The necessary medical care wasn't available or accessible to you ₂

c) You could not take time off work to visit the doctor with <child> ₃

d) You wanted to wait and see if the problem got better ₄

e) Child refused / fear of doctor ₅

f) Child is still on the waiting list ₆

g) Too far to travel/no means of transport ₇

h) Other (specify) ₈

A19. [Card A19] Which of the following best describes how regularly <child> visits the dentist?

- At least once a year 1
- Once every two years 2
- Once every three years 3
- Only when there is a problem 4
- Never/almost never 5

A20. Has <child> ever had:

- | | Yes | No |
|---|----------------------------|----------------------------|
| (a) Any permanent / secondary teeth filled? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (b) Any permanent / secondary teeth pulled? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

A21. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?

- Yes, there was at least one occasion 1 No, there was no such occasion 2

A22. [Card A22] What was the main reason for not consulting the dentist?

- a) You couldn't afford to pay 1
- b) The necessary medical care wasn't available or accessible to you 2
- c) You could not take time off work to visit the dentist with <child> 3
- d) You wanted to wait and see if the problem got better 4
- e) Child refused / fear of dentist 5
- f) Child is still on the waiting list 6
- g) Too far to travel/no means of transport 7
- h) Other (specify) 8

A23. Does <child> usually have breakfast at home before going to school?

- Yes 1 No 2

A24. [Card A24] Which of these best describes <child's> weight?

[INT: ASK THE RESPONDENT TO USE THE CODES 1-8 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Very underweight 1
- Moderately underweight 2
- Slightly underweight 3
- About the right weight 4
- Slightly overweight 5
- Moderately overweight 6
- Very overweight 7
- Don't know 8

A25. [Card A25] How far away is <child's> school from your home (one-way distance)?

- Less than ½ mile (less than 1km) 1
- ½ to less than 1 mile (1 - less than 2km) 2
- 1-5 miles (2 - less than 8km) 3
- More than 5 miles away (8km or more) 4
- Attends boarding school 5
- Not applicable 6

A26. [Card A26] How does <child> usually go to school?

- 1. He/she walks 1
- 2. By public transport 2
- 3. School bus/coach 3
- 4. By car 4
- 5. Rides a bicycle 5
- 6. Other (please describe) 6
- 7. Not applicable 7

B. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Child's emotional health and well-being.

B1. [Card B1] Looking at Card B1, has <child> experienced any of the following since we last interviewed you when he/ she was nine:

[INT: ASK THE RESPONDENT TO USE CODES A-P AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- A. Death of a parent 1
- B. Death of a close family member (other than a parent) please specify. 2 _____
- C. Death of close friend 3
- D. Divorce/separation of parents 4
- E. Moving house within Ireland 5
- F. Moving country 6
- G. Stay in foster home/ residential care 7
- H. Serious illness/injury 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in the immediate family 10
- K. Mental disorder in immediate family 11
- L. Your house being broken into 12
- M. Conflict between parents 13
- N. Parent in prison 14
- O. Other disturbing event (please specify) 15 _____
- P. None of the above 16

B2. [Card B2] Listed on Card B2, is a set of statements which could be used to describe <child's> behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <child's> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

- | | Not
True | Somewhat
True | Certainly
True |
|---|----------------------------|----------------------------|----------------------------|
| A. Considerate of other people's feelings <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. Restless, overactive, cannot stay still for long <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. Often complains of headaches, stomach aches or sickness <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. Shares readily with other children (treats, toys, pencils etc.) <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| E. Often has temper tantrums or hot tempers <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| F. Rather solitary, tends to play alone <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| G. Generally obedient, usually does what adults request <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| H. Many worries, often seems worried <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| I. Helpful if someone is hurt, upset or feeling ill <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| J. Constantly fidgeting or squirming <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| K. Has at least one good friend <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| L. Often fights with other children or bullies them <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| M. Often unhappy, down-hearted or tearful <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| N. Generally liked by other children <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| O. Easily distracted, concentration wanders <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| P. Nervous or clingy in new situations, easily loses confidence <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Q. Kind to younger children <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| R. Often lies or cheats <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| S. Picked on or bullied by other children <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| T. Often volunteers to help others (parents, teachers, other children) <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| U. Thinks things out before acting <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| V. Steals from home, school or elsewhere <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| W. Gets on better with adults than with other children <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| X. Many fears, easily scared <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Y. Sees tasks through to the end, good attention span <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

B3. [Card B3] Listed on card B3 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
Extroverted, enthusiastic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Critical, quarrelsome.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dependable, self-disciplined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Anxious, easily upset.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Open to new experiences, complex.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Reserved, quiet.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sympathetic, warm.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Disorganized, careless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Calm, emotionally stable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Conventional, uncreative.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

Now I'd like to ask you some questions about the Child's education

C. CHILD'S EDUCATION – PAST AND CURRENT

C1a. What class did / will <child> start in September 2011?

- 5th Class 1 Go to C1b
- 6th Class 2 Go to C1b
- First Year..... 3 Go to C1b
- Second Year 4 Go to C1b
- Child is being home schooled..... 5 Go to C7
- Child attends a special school 6 Go to C1b
- Child no longer attends school 7 Go to C10

C1b. What school does <child> attend / will attend from September 2011?

Name of school: _____

Full address of school: _____

C1c. In what year did <child> start primary school? September 20__ __

C1d. [Card C1d] How would you describe <child's> current base class – the one they will be in from September 2011? (Tick one box)

- Special class 1
- Class which is mixed ability / randomly allocated..... 2
- Higher stream class in streamed school..... 3
- Middle stream class in streamed school..... 4
- Lower stream class in streamed school..... 5
- Not sure / don't know 6

[ONLY ASK IF CHILD IS IN 2nd YEAR AT C1a, THEN GO TO C5]

C2. [Card C2] Here are some views about how your child settled into their new school. There are no right or wrong answers. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child settled well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child missed old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child was anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child coped well with the school work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ONLY ASK IF CHILD IS IN 1st YEAR AT C1a, THEN GO TO C4b]

C3. [Card C3] Here are some views about how your child is settling into their new school. There are no right or wrong answers. For each statement please tick **ONE BOX ONLY** to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is settling in well into secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child misses old friends from primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is anxious about making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is coping well with the school work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child has made new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is involved in extra-curricular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child gets too much homework at this school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[ONLY ASK IF CHILD IS IN 5th / 6th CLASS AT C1a, THEN GO TO C5]

C4a. [Card C4a] If your child is still in fifth / sixth class for each statement please tick **ONE BOX ONLY** to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My child is excited about starting secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is looking forward to making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is nervous about moving to a new school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C4b. Has <child> attended an Open Day at his/her new school Yes.....1 No 2

C5. [Card C5] Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months) [Please tick 'Yes' or 'No' to each.]

	Yes	No
A. You have attended a parent-teacher meeting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance	<input type="checkbox"/> 1	<input type="checkbox"/> 2

C6a. [Card C6a] Looking at Card C6a, during the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of the school being closed due to bad weather).

0 days.....	<input type="checkbox"/> 1	11 to 20 days.....	<input type="checkbox"/> 5
1 - 3 days	<input type="checkbox"/> 2	More than 20 days	<input type="checkbox"/> 6
4 to 6 days.....	<input type="checkbox"/> 3	Not in school last year.....	<input type="checkbox"/> 7
7 to 10 days	<input type="checkbox"/> 4		

C6b. [Card C6b] Looking at Card C6b, what was the main reason for <child> being absent from school?

Health reasons (illness or injuries).....	<input type="checkbox"/> 1	A problem with a teacher.....	<input type="checkbox"/> 8
Problems with transportation	<input type="checkbox"/> 2	A problem with children at school.....	<input type="checkbox"/> 9
Problems with the weather.....	<input type="checkbox"/> 3	Difficulties with childcare arrangements	<input type="checkbox"/> 10
A family vacation.....	<input type="checkbox"/> 4	Family crisis.....	<input type="checkbox"/> 11
Refused to go to school.....	<input type="checkbox"/> 5	Child has left school.....	<input type="checkbox"/> 12
A fear of school (school phobia)	<input type="checkbox"/> 6	Other (specify)	<input type="checkbox"/> 13
Suspended from school	<input type="checkbox"/> 7		

C7. [Card C7] Looking at Card C7, how much time does <child> usually spend doing homework on a weekday during term time?

0 to 30 minutes	<input type="checkbox"/> 1	2 to less than 3 hours.....	<input type="checkbox"/> 5
31 minutes to less than one hour.....	<input type="checkbox"/> 2	3 to less than 4 hours.....	<input type="checkbox"/> 6
1 to less than 1.5 hours.....	<input type="checkbox"/> 3	4 hours or more.....	<input type="checkbox"/> 7
1.5 to less than 2 hours.....	<input type="checkbox"/> 4	Doesn't get homework	<input type="checkbox"/> 8 Go to C9

C8a. How often do you or your spouse/partner provide help with <child>'s homework? Would you say...[INT: READ OUT]

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C8b. Why is that?

**Child doesn't
need help**

**I / We don't
have time**

**I / We are not
able to help**

**Child doesn't
want help**

**Someone else
helps**

1

2

3

4

5

C9. [Card C9] Looking at Card C9, taking everything into account, how far do you expect <child> will go in his/her education or training?

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

C10. About how many close friends does <child> have?

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

C11. To your knowledge, has <child> been a victim of bullying in the last 3 months?

- Yes..... 1 No 2

C12. [Card C12] Looking at Card C12, what form did the bullying take? [Int. tick all that apply]

- | | |
|---|---|
| A. Physical bullying <input type="checkbox"/> 1 | F. Sexual comments <input type="checkbox"/> 6 |
| B. Verbal bullying (name calling, hurtful slanging)..... <input type="checkbox"/> 2 | G. Exclusion (being left out)..... <input type="checkbox"/> 7 |
| C. Electronic (phone messaging, emails, Facebook, etc) ... <input type="checkbox"/> 3 | H. Gossip, spreading rumours..... <input type="checkbox"/> 8 |
| D. Graffiti/pinning up notes/passing notes in class <input type="checkbox"/> 4 | I. Threatened or forced to do things s/he didn't want to <input type="checkbox"/> 9 |
| E. Taking /damaging personal possessions <input type="checkbox"/> 5 | J. Other (specify) _____ <input type="checkbox"/> 10 |

C13. [Card C13] How often did the bullying take place?

- A. Once or twice..... 1
- B. 2 or 3 times a month 2
- C. About once a week..... 3
- D. Several times a week 4

C14. Did this upset your child?

- A. A lot..... 1
- B. A little 2
- C. Not at all 3

C15. [Card C15] Does <child> have any of the following conditions or disabilities? [Tick all that apply]

- a. Physical disability or visual or hearing impairment 1
- b. Specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia) 2
- c. General learning disabilities (Mild, Moderate, Severe/Profound) 3
- d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome) 4
- e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD)..... 5
- f. Mental health difficulty 6
- g. Speech or language difficulty (including speech impediment) 7
- h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome) 8
- i. Slow progress (reasons unclear) 9
- j. Other (please specify) 10
- k. None of the above 11 → **Go to C24**

C16. Has this condition or disability been diagnosed by a medical professional?

Yes ₁ No ₂ Awaiting Consultation ₃

C17. What age was <child> when this condition or disability was first diagnosed? _____ years

[INT: If condition or disability was diagnosed at time of birth, code as '0']

Ask C18 only of respondents who ticked yes at C15e

C18. Has <child> been prescribed any medication for this condition (e.g. Ritalin, Abilify etc...)?

Yes ₁ No ₂

Ask C19 only of respondents who ticked yes at C15f

C19. Has <child> been prescribed any medication for this condition?

Yes ₁ No ₂

Ask C20 only of respondents who ticked yes at C15G

C20. [Card C20] In which areas does <child> have difficulties? What speech problems does <child> have?

[TICK ALL THAT APPLY]

- A. Reluctant to speak ₁
- B. Speech not clear to the family ₂
- C. Speech not clear to others ₃
- D. Speech is developing slowly ₄
- E. Difficulty finding words ₅
- F. Difficulty putting words together ₆
- G. Voice sounds unusual ₇
- H. Stutters, stammers ₈
- I. Lisp or difficulty pronouncing certain letter combinations ₉
- J. Other (please specify) ₁₀
- K. Don't know ₉₉

C21. [Card C21] Please indicate if <child> receives support from any of the following IN SCHOOL

[Tick all that apply]

In School

- | | |
|---|--|
| Resource Teaching/ Learning Support <input type="checkbox"/> ₁ | Behavioural Management Programme <input type="checkbox"/> ₇ |
| Special Needs Assistant <input type="checkbox"/> ₂ | School psychologist <input type="checkbox"/> ₈ |
| Technical Assistance <input type="checkbox"/> ₃ | National Educational Psychological Service <input type="checkbox"/> ₉ |
| Visiting Teacher <input type="checkbox"/> ₄ | Other (please specify) <input type="checkbox"/> ₁₀ |
| Transport Service <input type="checkbox"/> ₅ | Doesn't receive any supports <input type="checkbox"/> ₁₁ |
| Speech and Language Therapist <input type="checkbox"/> ₆ | |

C22. [Card C22] Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL

[Tick all that apply]

Outside School

- | | |
|---|---|
| Speech and Language Therapist <input type="checkbox"/> ₁ | Psychiatrist <input type="checkbox"/> ₅ |
| Occupational Therapist <input type="checkbox"/> ₂ | Extra tuition/private tuition <input type="checkbox"/> ₆ |
| Physiotherapist <input type="checkbox"/> ₃ | Other (please specify) <input type="checkbox"/> ₇ |
| Psychologist <input type="checkbox"/> ₄ | Doesn't receive any supports <input type="checkbox"/> ₈ |

C23. In general, how adequate are the supports <child> receives for this/these condition(s) or disability(ies)?

- Barely adequate ₁
- Adequate ₂
- Excellent ₃
- Doesn't receive any supports ₄

C24. How many books does <child> have access to in the home? Would you say...[INT: READ OUT]

- | | |
|--|---|
| None <input type="checkbox"/> ₁ | 31 to 50 <input type="checkbox"/> ₄ |
| 1 to 10 <input type="checkbox"/> ₂ | 51 to 100 <input type="checkbox"/> ₅ |
| 11 to 30 <input type="checkbox"/> ₃ | More than 100 <input type="checkbox"/> ₆ |

C25. [Card C25] On a normal weekday, during term-time, about how much time does <child> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- None.....1 3 hours to less than 5 hours.....4
 Less than an hour2 5 hours to less than 7 hours.....5
 1 hour to less than 3 hours3 7 hours or more.....6

C26. [Card C26] On a typical weekday, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one indicate the type of care where <child> spends MOST time or is the most frequently used)

- They come home and take care of themselves1
 Minded at home by an older sibling2
 Minded at home by you or your spouse/partner.....3
 Minded at home by a relative4
 Minded at home by another adult (not a relative).....5
 Attend an after-school program/club6
 Hang out with friends.....7
 Other (please specify)8

D: FAMILY CONTEXT

Now some questions about your relationship with <Child>.

D1. [Show Card D1] Looking at Card D1, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
A. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. My child values his/her relationship with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. When I praise my child, he/she beams with pride.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child spontaneously shares information about himself/herself ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. My child easily becomes angry at me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Dealing with my child drains my energy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. My child is sneaky or manipulative with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. My child openly shares his/her feelings and experiences with me. ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D2. [Card D2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Do you know what <child> does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Do you usually know what type of homework he/she has.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do you know when he/she has a test or homework due at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do you know how he/she does in different subjects at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do you know where he/she goes and what he/she does after school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. How often in the last month have you had no idea where he/she was.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

D3. [CARD D3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Does he/she spontaneously tell you about his/her friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

D4. [Show Card D4] Looking at Card D4, now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning, etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D5. [Show Card D5] Looking at Card D5, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Live Abroad	Doesn't have
A. Grandparents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Uncles/Aunts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Cousins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Other family members/ close family friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

D6. [Show Card D6] I would now like to ask some questions about <child's> behaviour over the last 12 months. Please tell me the extent to which the following statements apply:

	Not at all	Once	2-5 times	6 or more times
A. Often started fights or bullies, threatens or intimidates others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Has used a weapon that could cause serious physical harm to others (eg, a bat, brick, broken bottle, knife).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Has been physically cruel to other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Has been physically cruel to animals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. Deliberately destroyed or damaged property.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
F. Has broken into someone else's house, building or car.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
G. Has lied to obtain goods or favours (i.e., 'cons' others).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
H. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I. Has stayed out at night despite parental prohibitions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
J. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
K. Has truanted from school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4