



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

MOTHER or LONE FATHER QUESTIONNAIRE – TWIN MODULE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Interview Started (24 hour clock) Date day mth year

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study.

We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself.

All the information you and your family provides will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family.

A. INTRODUCTION

A0. Person number of twin covered by this questionnaire (from household register – main survey)

Respondent code of twin

A1. Are you the parent / guardian of the <Study Child's twin> who usually provides the most care to him / her.

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

A2. Int: Record gender of parent 1 Male 1 Female 2

A3. [Show Card A3] Which of the following best describes your relationship with <the Study Child's twin>?
[Interviewer use codes only]

- | | |
|--|--|
| A. Biological mother/ father <input type="checkbox"/> 1 | E. Grand parent <input type="checkbox"/> 5 |
| B. Adoptive mother/ father <input type="checkbox"/> 2 | F. Aunt/uncle <input type="checkbox"/> 6 |
| C. Step- mother/ father/partner of child's parent <input type="checkbox"/> 3 | G. Other relative/ in law <input type="checkbox"/> 7 |
| D. Foster mother/ father <input type="checkbox"/> 4 | H. Unrelated guardian <input type="checkbox"/> 8 |

A4. Does <Study Child> go to the same school as twin? Yes 1 No..... 2

If not, name and address of school this child attends: _____

A4. Are the twins :

Identical₁ Fraternal₂ Not sure₃

Note: By identical we mean that both babies came from a single egg that separated after fertilisation (they would have identical DNA); by fraternal we mean that each baby came from different eggs that were fertilised at the same time (DNA would be similar but not identical)

A5. Can the following people usually tell the twins apart?

	Always/most of the time	Sometimes	Never/hardly ever
You.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other family members	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

A6. At what age did you first start to notice differences, if any, between the twins in terms of . . ?

Height	___ years or ___ months..... <input type="checkbox"/> ₁	OR	No difference <input type="checkbox"/> ₂
Weight	___ years or ___ months <input type="checkbox"/> ₁	OR	No difference <input type="checkbox"/> ₂
Facial features	___ years or ___ months <input type="checkbox"/> ₁	OR	No difference <input type="checkbox"/> ₂
Voice	___ years or ___ months <input type="checkbox"/> ₁	OR	No difference <input type="checkbox"/> ₂
Personality	___ years or ___ months <input type="checkbox"/> ₁	OR	No difference <input type="checkbox"/> ₂

A7. Which twin was born first? _____ (child's first name only)

A8. Were the twins a result of fertility treatment? Yes₁ No₂

A8a. If yes, please specify the type of fertility treatment _____

A9. Are you personally a twin (or triplet)? Yes₁ No₂

A10. Have you had any other multiple births? Yes₁ No₂

_____ number of other children in multiple births

A11. Have any of the following women in your family had multiple births? (Tick all that apply)

Your mother	<input type="checkbox"/> ₁	Twins' father's mother.....	<input type="checkbox"/> ₄
Your maternal grandmother.....	<input type="checkbox"/> ₂	Twins' father's maternal grandmother	<input type="checkbox"/> ₅
Your paternal grandmother.....	<input type="checkbox"/> ₃	Twins' father's paternal grandmother	<input type="checkbox"/> ₆
Other close blood relative (please specify) _____			<input type="checkbox"/> ₇

A12. Compared to typical siblings of a similar age, would you say that the twins' relationship is?

Much closer	Somewhat closer	About the same	Somewhat more distant	Much more distant
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A13. Please complete the following sentences:

a) The most challenging thing about parenting twins is:

b) The most rewarding thing about parenting twins is:

B. CHILD'S HEALTH

B1. How much did the <Study Child's twin> weigh at birth? _____ Pounds _____ Ounces OR
 _____ Kilos _____ Grams Don't know 99

B2. [Show Card B2] Was the <Study Child's twin> born late, on time or early?

- Late birth (42 weeks or more)..... 1
- On time (37-41 weeks) 2
- Somewhat early (33-36 weeks) 3
- Very early (32 weeks or less) 4
- Don't know 5

B3. [Show Card B3] What was the mode of delivery? [Int. Use codes only]

- A. Normal birth..... 1
- B. Suction assisted birth 2
- C. Forceps assisted birth..... 3
- D. Elective Caesarean..... 4
- E. Emergency Caesarean..... 5
- F. Other [please specify]..... 6
- Don't Know..... 7

B4a. Did the <Study Child's twin> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

- Yes..... 1 No..... 2 Don't know 3

B4b. How old was Study Child when he/she came home from hospital (or special care)?

- | | |
|---|--|
| Less than 1 week <input type="checkbox"/> 1 | 3-6 months <input type="checkbox"/> 5 |
| 1-4 weeks <input type="checkbox"/> 2 | 7-12 months <input type="checkbox"/> 6 |
| 5-8 weeks <input type="checkbox"/> 3 | More than 12 months <input type="checkbox"/> 7 |
| 9-12 weeks <input type="checkbox"/> 4 | Don't Know <input type="checkbox"/> 8 |

B5. Was the <Study Child's twin> ever breastfed, even if only for a short time?

- Yes..... 1 No..... 2 Don't know 3

B6. For how many months was the Study Child breastfed? _____ months DK / Can't Remember... 99

B7. [Show Card B7] In general, how would you describe the <Study Child's twin> health in the past year?

(a) In the past year

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

B8. Does the <Study Child's twin> have any on-going chronic physical or mental health problem, illness or disability?

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

B9. What is the nature of this illness or disability? Please describe as fully as possible. [Int please record diagnosis, not symptoms of the problem]

B10. Since when has the <Study Child's twin> had this illness or disability? _____ (mth) _____ (year)

B11. Is the <Study Child's twin> hampered in his/her daily activities by this physical or mental health problem?

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

B12. In addition to what we have just discussed has the <Study Child's twin> ever at any time in the past had any chronic physical or mental health problem, illness or disability?

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

B13. What was the nature of this illness or disability? Please describe as fully as possible. [Int please record diagnosis, not symptoms of the problem]

B14. Most children have accidents at some time. Has the <Study Child's twin> ever had an accident or injury that required hospital treatment or admission?

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

B15. How many separate accidents has the <Study Child's twin> ever had that required hospital treatment or admission?

_____accidents

B16. How many of these accidents involved bone fractures or breaks? _____

C. CHILD'S USE OF HEALTH SERVICES

C1. About how many nights has the <Study Child's twin> spent in hospital over his/her lifetime? [Int. if none, write none]

_____nights

C2. In the last 12months how visits has <Study Child's twin> made to the A&E (Accident and Emergence) department of a hospital?

_____ visits [Int. if 'none' write 'none' do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the physical, emotional or mental health of the <Study Child's twin>?

	N times	None	Don't know	Refused
A general practitioner (GP).....	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another medical doctor e.g. in a hospital	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professional, psychologist, psychiatrist, counsellor etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. Was there any time in the last 12 months when, in your opinion, the <Study Child's twin> needed a medical examination or treatment for a health problem but he/she did not receive it?

Yes..... No Don't know..... Refused.....

C5. Why did the <Study Child's twin> not get the medical care or treatment? Was this because [int: please tick yes or no in respect of each]:

	Yes	No
a)You couldn't afford to pay.....	<input type="checkbox"/>	<input type="checkbox"/>
b)The necessary medical care wasn't available or accessible to you	<input type="checkbox"/>	<input type="checkbox"/>
c)You could not take time off work to visit the doctor	<input type="checkbox"/>	<input type="checkbox"/>
d)Wanted to wait and see if the problem got better.....	<input type="checkbox"/>	<input type="checkbox"/>
e)Child refused / fear of doctor	<input type="checkbox"/>	<input type="checkbox"/>
f)Still on the waiting list	<input type="checkbox"/>	<input type="checkbox"/>
g)Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes..... No Don't know..... Refused.....

C7. Why did the <Study Child's twin> not get the dental care or treatment? Was this because [Int: Please tick yes or no in respect of each]

	Yes	No
a)You couldn't afford to pay.....	<input type="checkbox"/>	<input type="checkbox"/>
b)The necessary dental care wasn't available or accessible to you	<input type="checkbox"/>	<input type="checkbox"/>
c)You could not take time off work to visit the dentist	<input type="checkbox"/>	<input type="checkbox"/>
d)Wanted to wait and see if the problem got better.....	<input type="checkbox"/>	<input type="checkbox"/>
e)Child refused / fear of dentist	<input type="checkbox"/>	<input type="checkbox"/>
f)Still on the waiting list	<input type="checkbox"/>	<input type="checkbox"/>
g)Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

C8. Does the <Study Child's twin> brush his/her teeth at least once per day? Yes No

C9. Which of the following best describes how regularly the <Study Child's twin> visits the dentist?

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

C10. Does the <Study Child's twin> currently or at any time in the past have / had any sort of sight problem requiring correction?

- Yes, currently 1 Yes, in the past 2 No 3

C11. [Show Card C11] Has the <Study Child's twin> ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

- Laser treatment..... 1 Glasses..... 4
 Surgical operation..... 2 Other, please specify..... 5 _____
 Patch..... 3 No treatment..... 6

C12. Does the <Study Child's twin> currently or at any time in the past have /had any sort of hearing problem requiring correction?

- Yes, currently 1 Yes, in the past 2 No 3

C13 [Show Card C13] Has the <Study Child's twin> ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

- Hearing aid 1 Other, please specify..... 4 _____
 Grommets 2 No treatment..... 5
 Cochlear implant..... 3

C14. Do you have any concerns about how the <Study Child's twin> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

- No 1 Yes, a little 2 Yes, a lot..... 3 Don't know 4

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

- A. Reluctant to speak..... 1 F. Voice sounds unusual 6
 B. Speech not clear to the family..... 2 G. Stutters, stammers or lisps..... 7
 C. Speech not clear to others 3 H. Lisps 8
 D. Difficulty finding words 4 I. Other..... 9
 E. Difficulty putting words together 5 J. Don't know..... 99

C16. Does the <Study Child's twin> usually require ongoing support to be able to move around?

- Yes..... 1 No 2

C17. What supports does the <Study Child's twin> require? [Int. Tick all that apply]

- Braces 1 Crutches 2 A stick..... 3 Wheelchair..... 4

C18. Does the <Study Child's twin> need the help of another person to get around in the wheelchair?

- Yes..... 1 No 2

C19. Is <Study Child's twin> right or left-handed? Right handed 1 Left handed 2

D. CHILD'S DIET AND EXERCISE

D1. [Show Card D1] In the last 24 hours has the <Study Child's twin> had the following foods and drinks once, more than once, or not at all?

	Once	More than Once	Not At All	Don't know
1. Fresh fruit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Fruit juice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Meat / Chicken / Fish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Eggs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Cooked vegetables.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. Meat pie, hamburger, hot dog, sausage or sausage roll.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. Hot chips or French fries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. Crisps or savoury snacks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11. Potatoes/ Pasta/ Rice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14. Cheese/yoghurt/ fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15. Low fat Cheese/ low fat yoghurt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16. Water (tap water / still water/ sparkling water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17. Soft drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18. Soft drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19. Full cream milk or full cream milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20. Skimmed milk or skimmed milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

D2. If codes 19 or 20 are 1 or 2 ask: Approximately, how much milk did the <Study Child's twin> drink in the last 24 hours?

Up to ½ pint 1 ½-1 pint 2 1-1½ pints.....3 More than 1½ pints4 D K..... 9

D3. Does the <Study Child's twin> usually have something to eat before school? Yes.....1 No2

D4. Which of the following does he/she usually eat? [Int. Tick all that apply]

- | | |
|---|--|
| Cereal..... <input type="checkbox"/> 1 | Cooked breakfast..... <input type="checkbox"/> 5 |
| Toast / Bread..... <input type="checkbox"/> 2 | Yoghurt / Cheese..... <input type="checkbox"/> 6 |
| Fruit..... <input type="checkbox"/> 3 | Eggs..... <input type="checkbox"/> 7 |
| Porridge..... <input type="checkbox"/> 4 | Other Specify..... <input type="checkbox"/> 8 |

D5. Does the <Study Child's twin> usually have a meal in the evening during the week?

Yes.....1 No2

D6. Who would usually eat with the <Study Child's twin> at that meal [Int. Tick all that apply]

- | | |
|---|---|
| Father..... <input type="checkbox"/> 1 | Other unrelated adults (childminder, nanny etc)..... <input type="checkbox"/> 5 |
| Mother..... <input type="checkbox"/> 2 | Friend(s)..... <input type="checkbox"/> 6 |
| Brothers / Sisters/ other children in the household..... <input type="checkbox"/> 3 | Someone else (specify)..... <input type="checkbox"/> 7 |
| Other relatives..... <input type="checkbox"/> 4 | No one / child eats alone..... <input type="checkbox"/> 8 |

D7 Does the <Study Child's twin> usually sit at a table for this meal? Yes.....1 No2

D8. Is <Study Child's twin> on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

No1 Yes, coeliac4
 Yes, vegetarian2 Yes, other (specify)5
 Yes, vegan3

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

D9. [Show Card D9] Do you think the <Study Child's twin> is:

- 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

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

- none..... 1
- 1 to 2 days 2
- 3 to 5 days 3
- 6 to 8 days 4
- 9 or more days 5

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

- none..... 1
- 1 to 2 days 2
- 3 to 5 days 3
- 6 to 8 days 4
- 9 or more days 5

D12. How far away is the school from the <Study Child's twin>'s home (one-way distance)?

- Less than ½mile (1km) 1
- ½ to 1 mile (1-2km)..... 2
- 1-5 miles (2-8km)..... 3
- More than 5 miles away (8km) 4
- Attends boarding school 5

D13. How does the <Study Child's twin> usually (a) go to school and (b) come home from school?

[Int tick one box in Col A and B]

- | | A. Going | B. Coming home |
|----------------------------------|----------------------------|----------------------------|
| 1. He/she walks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2. By public transport..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3. School bus/coach | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4. By car..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5. Rides a bicycle..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6. Other (please describe) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

- | | A. Going | B. Coming home |
|------------------------|----------------------------|----------------------------|
| Less than 5 mins | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 5-less 10 mins | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| 10-less 20 mins | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| 20-less 30 mins | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| 30 mins or more | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |

G. CHILD'S ACTIVITIES

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

- | | |
|---|--|
| None <input type="checkbox"/> _1 | 3 hours to less than 5 hours <input type="checkbox"/> _4 |
| Less than an hour <input type="checkbox"/> _2 | 5 hours to less than 7 hours <input type="checkbox"/> _5 |
| 1 hour to less than 3 hours <input type="checkbox"/> _3 | 7 hours or more..... <input type="checkbox"/> _6 |

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

- | | |
|--|--|
| None <input type="checkbox"/> _1 | 5 hours to less than 7 hours <input type="checkbox"/> _4 |
| Less than an hour <input type="checkbox"/> _2 | 7 hours or more..... <input type="checkbox"/> _5 |
| 1 hour to less than 3 hours <input type="checkbox"/> _3 | Child can't read <input type="checkbox"/> _7 |
| 3 hours to less than 5 hours <input type="checkbox"/> _4 | |

G3. [Show Card G3] On a normal weekday, during term-time, about how much time does the <Study Child's twin> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in class.

- | | |
|---|--|
| None <input type="checkbox"/> _1 | 3 hours to less than 5 hours <input type="checkbox"/> _4 |
| Less than an hour <input type="checkbox"/> _2 | 5 hours to less than 7 hours <input type="checkbox"/> _5 |
| 1 hour to less than 3 hours <input type="checkbox"/> _3 | 7 hours or more..... <input type="checkbox"/> _6 |

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

- | | |
|---|--|
| None <input type="checkbox"/> _1 | 3 hours to less than 5 hours <input type="checkbox"/> _4 |
| Less than an hour <input type="checkbox"/> _2 | 5 hours to less than 7 hours <input type="checkbox"/> _5 |
| 1 hour to less than 3 hours <input type="checkbox"/> _3 | 7 hours or more..... <input type="checkbox"/> _6 |

G5. Does the <Study Child's twin> have the following in his/her bedroom?

- | | Yes | No | | Yes | No |
|------------------------|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|
| Television..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | Computer or laptop | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |
| Video/DVD player | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | Games console (playstation etc...)..... | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 |

G6. On an average week how much money would you say you give the <Study Child's twin> to spend him/herself? € _____

H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

H1. [Show Card H1] Looking at this card, has the <Study Child's twin> ever experienced any of the following, at any time in their life : [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- A. Death of parent(s) _1
- B. Death of close family member (please specify) _2 _____
- C. Death of close friend _3
- D. Divorce/separation of parents _4
- E. Moving house _5
- F. Moving country _6
- G. Stay in foster home/ residential care _7
- H. Serious illness/injury _8
- I. Serious illness/injury of a family member _9
- J. Drug taking/alcoholism in immediate family _10
- K. Mental disorder in immediate family..... _11
- L. Conflict between parents _12
- M. Parent in prison..... _13
- N. Other disturbing event (please specify) _14 _____

H2. [Show Card H2] I am going to read a number of statements which could be used to describe the child's behaviour over the past six months. Please tell me whether or not you consider each to be 'not true', 'somewhat true' or 'certainly true'. Use answers A, B, C and so on 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"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<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"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.).....	<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"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<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"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<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"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming	<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"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them	<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"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders	<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"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often lies or cheats	<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"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children).....	<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"/> 2	<input type="checkbox"/> 3
V. Steals from home, school or elsewhere	<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"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared	<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"/> 2	<input type="checkbox"/> 3

H3. [Show Card H3] Thinking about the <Study Child's twin's> temperament, how characteristic of the <Study Child's twin> are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

	1. Not Characteristic	2. Occasionally characteristic	3. Somewhat characteristic	4. Characteristic	5. Very characteristic
A. Child tends to be shy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Child cries easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Child likes to be with people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Child is always on the go.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Child prefers playing with others rather than alone.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Child tends to be somewhat emotional.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. When child moves about, he usually moves slowly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Child makes friends easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Child is off and running as soon as he wakes up in the morning.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Child finds people more stimulating than anything else. ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Child often fusses and cries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Child is very sociable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. Child is very energetic.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. Child takes a long time to warm up to strangers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. Child gets upset easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Child is something of a loner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. Child prefers quiet, inactive games to more active ones.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. When alone, child feels isolated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
S. Child reacts intensely when upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
T. Child is very friendly with strangers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

J. CHILD'S EDUCATION – PAST AND CURRENT

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

Yes ₁ No ₂

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

- | | |
|--|--|
| Child minded at home by me or resident partner <input type="checkbox"/> ₁
Looking after him/herself or cared for by a sibling..... <input type="checkbox"/> ₂
Child minded by non-resident partner <input type="checkbox"/> ₃
Unpaid relative (or family friend) in your own home <input type="checkbox"/> ₄
Unpaid relative (or family friend) in his/her own home .. <input type="checkbox"/> ₅
Paid relative (or family friend) in your own home <input type="checkbox"/> ₆
Paid relative (or family friend) in his/her own home <input type="checkbox"/> ₇
Paid childminder in your own home..... <input type="checkbox"/> ₈ | Paid childminder in his/her own home <input type="checkbox"/> ₉
Au Pair / Nanny <input type="checkbox"/> ₁₀
Paid after-school care in group setting <input type="checkbox"/> ₁₁
Homework club <input type="checkbox"/> ₁₂
After-school activity-based facility..... <input type="checkbox"/> ₁₃
Special needs facility <input type="checkbox"/> ₁₄
Activity Camps (sport recreation arts/crafts etc) .. <input type="checkbox"/> ₁₅
Other <input type="checkbox"/> ₁₆ |
|--|--|

J3. Approximately how many hours per week does the <Study Child's twin> spend in this main form of childcare

_____ hours per week₁ Not relevant, at home with parent/guardian ₂

J4. Approximately how many days per week does the <Study Child's twin> spend in this main form of childcare

_____ days per week₁ Not relevant, at home with parent/guardian ₂

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

€ _____ per Week..... ₁ Fortnight..... ₂ Month..... ₄

J6. [Show Card J6] During an average week does the <Study Child's twin> participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

<u>Activity</u>	Participate in activity?		Pay for activity?	
	Yes	No	Yes	No
Sports/Fitness club (gym., GAA, soccer, hockey etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Cultural activities (dance, ballet, music, arts, drama etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Youth club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Homework club.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

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

Yes..... ₁ No..... ₂

J8. [Show Card J8] During the last school year, about how many days was <Study Child's twin> absent from school for any reason?

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

J9. [Show Card J9] What was the main reason for <Study Child's twin> being absent from school?

- | | |
|---|--|
| Health reasons (illness or injuries) <input type="checkbox"/> ₁
Problems with transportation <input type="checkbox"/> ₂
Problems with the weather <input type="checkbox"/> ₃
A family vacation..... <input type="checkbox"/> ₄
A fear of school (school phobia) <input type="checkbox"/> ₅ | A problem with the teacher <input type="checkbox"/> ₆
A problem with children at school <input type="checkbox"/> ₇
Difficulties with childcare arrangements <input type="checkbox"/> ₈
Other <input type="checkbox"/> ₉ |
|---|--|

J10. How often is the <Study Child's twin> given homework? [Card J10]

- | | | | |
|-----------------------------|----------------------------|-------------------------|----------------------------|
| Never..... | <input type="checkbox"/> 1 | Once a week..... | <input type="checkbox"/> 5 |
| Less than once a month..... | <input type="checkbox"/> 2 | A few times a week..... | <input type="checkbox"/> 6 |
| Once a month..... | <input type="checkbox"/> 3 | Daily..... | <input type="checkbox"/> 7 |
| A few times a month..... | <input type="checkbox"/> 4 | Don't Know..... | <input type="checkbox"/> 8 |

J11. On days when the <Study Child's twin> is given homework, how much time does he or she usually spend doing homework? [Card J11]

- | | | | |
|---------------------------------------|----------------------------|-------------------------------|----------------------------|
| 0 to 15 minutes..... | <input type="checkbox"/> 1 | 1.5 to less than 2 hours..... | <input type="checkbox"/> 5 |
| 16 to 30 minutes..... | <input type="checkbox"/> 2 | 2 to less than 3 hours..... | <input type="checkbox"/> 6 |
| 31 minutes to less than one hour..... | <input type="checkbox"/> 3 | 3 to less than 4 hours..... | <input type="checkbox"/> 7 |
| 1 to less than 1.5 hours..... | <input type="checkbox"/> 4 | 4 hours or more..... | <input type="checkbox"/> 8 |

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

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| Always/
Nearly Always | Regularly | Now and Again | Rarely | Never | Child rarely
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 |

J13. Based on your knowledge of the <Study Child's twin's> schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is: [Card J13/J14]

- | | | | |
|--------------------|----------------------------|--------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average..... | <input type="checkbox"/> 4 |
| Below average..... | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | | |

J14. Based on your knowledge of the <Study Child's twin's> schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age? [Still Card J13/J14]

- | | | | |
|--------------------|----------------------------|--------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average..... | <input type="checkbox"/> 4 |
| Below average..... | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | | |

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

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

J16. About how many close friends does the <Study Child's twin> have?

- None 1 12 2 or 33 4 or 5 4 6 or more 5

J17. [Show Card J17] Taking everything into account, how far do you expect the <Study Child's twin> 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.....8

J18. To your knowledge, has the <Study Child's twin> been a victim of bullying in the last year?

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

J19. [Show Card J19] What form did the bullying take?

- | | | | |
|---|----------------------------|---------------------------------|----------------------------|
| Physical bullying..... | <input type="checkbox"/> 1 | Written messages/notes etc..... | <input type="checkbox"/> 5 |
| Verbal bullying..... | <input type="checkbox"/> 2 | Exclusion..... | <input type="checkbox"/> 6 |
| Electronic [phone messaging, emails, Bebo etc]..... | <input type="checkbox"/> 3 | Other (specify)..... | <input type="checkbox"/> 7 |

J20. [Show Card J20] What was the reason for the bullying?

- | | | | |
|-----------------------------------|----------------------------|--|----------------------------|
| Ethnicity..... | <input type="checkbox"/> 1 | Physical appearance (clothes, glasses, weight etc) ... | <input type="checkbox"/> 5 |
| Physical/Learning disability..... | <input type="checkbox"/> 2 | Gender role..... | <input type="checkbox"/> 6 |
| Religion..... | <input type="checkbox"/> 3 | Teacher's pet..... | <input type="checkbox"/> 7 |
| Class performance..... | <input type="checkbox"/> 4 | Family background..... | <input type="checkbox"/> 8 |
| | | Other (specify)..... | <input type="checkbox"/> 9 |

J21. Do you think the <Study Child's twin> has a Specific Learning Difficulty, Communication or Coordination Disorder

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

J22. [Show Card J22] If yes, what is the nature of the difficulty or disorder?

Dyslexia (incl. Dysgraphia, dyscalculia).....1 Speech & Language Difficulty.....5
 ADHD.....2 Dyspraxia.....6
 Autism.....3 Slow progress (reasons unclear).....7
 Aspergers Syndrome.....

J23. Was it diagnosed by a professional?

Yes1 No2 Awaiting consultation3

J24. How long ago was it diagnosed?

Last 6 months1 1-2 years.....3
 6-12 months.....2 Longer than 2 years.....4

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

None1 21 to 30.....4
 Less than 102 More than 30.....5
 10 to 203

J26. Do you use the Public Library for the <Study Child's twin>?..... Yes 1..... No 2

K: FAMILY CONTEXT

K1. Do you feel you have fun with the <Study Child's twin> every day? Yes1 No2

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

	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. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. 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
I. My child reacts strongly to separation from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. 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
K. My child is overly dependent on me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. 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
M. My child tries to please me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. 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
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

- R. My child expresses hurt or jealousy when I spend time with other children..... 1..... 2..... 3..... 4..... 5
- S. My child remains angry or is resistant after being disciplined..... 1..... 2..... 3..... 4..... 5
- T. When my child is misbehaving, he/she responds to my look or tone of voice..... 1..... 2..... 3..... 4..... 5
- U. Dealing with my child drains my energy..... 1..... 2..... 3..... 4..... 5
- V. I've noticed my child copying my behaviour or ways of doing things..... 1..... 2..... 3..... 4..... 5
- W. When my child is in a bad mood, I know we're in for a long and difficult day..... 1..... 2..... 3..... 4..... 5
- X. My child's feelings toward me can be unpredictable or can change suddenly..... 1..... 2..... 3..... 4..... 5
- Y. Despite my best efforts, I'm uncomfortable with how my child and I get along..... 1..... 2..... 3..... 4..... 5
- Z. I often think about my child when at work..... 1..... 2..... 3..... 4..... 5
- AA. My child whines or cries when he/she wants something from me..... 1..... 2..... 3..... 4..... 5
- AB. My child is sneaky or manipulative with me..... 1..... 2..... 3..... 4..... 5
- AC. My child openly shares his/her feelings and experiences with me..... 1..... 2..... 3..... 4..... 5
- AD. My interactions with my child make me feel effective and confident as a parent..... 1..... 2..... 3..... 4..... 5

K3. [Show Card K3] How often do you do the following when the <Study Child's twin> misbehaves

- | | Never | Rarely | Now and again | Regularly | Always | Can't say |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Discuss/Explain why behaviour was wrong.... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| B. Ignore him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| C. Smack him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| D. Shout or yell at him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| E. Send him/her out of the room or to their bedroom..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| F. Take away treats/pocket money..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| G. Tell him/her off | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| H. Bribe him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| I. Ground him/her..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |

K4. [Show Card K4] Now, I'd like to ask you about the time the <Study Child's twin> 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 (including going shopping) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

K5. [Show Card K5] How often does the <Study Child's twin> get together with, see or spend time with the following people (excluding those living in your home)

- | | Quite a lot | Now and again | Rarely | Don't have |
|--------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Grandparents | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| Uncles/Aunts | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| Cousins | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |

K8. Does the <Study Child's twin> belong to any religious denomination Yes..... 1 No..... 2

K9. [Show Card K9] If yes, which one

- Christian – no denomination..... 1
- Roman Catholic..... 2
- Anglican/Church of Ireland/Episcopalian..... 3
- Other Protestant..... 4
- Jewish..... 5
- Muslim..... 6
- Other (specify)..... 7
- Refuse/no answer..... 9

K10. How regularly does the <Study Child's twin> attend religious service?

- | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Daily | Weekly | Monthly | Less Often | Special Occasions | Never | Refused | N/a to their religion |
| <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 | <input type="checkbox"/> 8 |

K11. How fair or unfair would you say the household tasks are distributed between you and your partner?

- Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner..... 4

L1. Does the <Study Child's twin> have his/her own bedroom? Yes 1 No..... 2

L2. How many others does the Study Child share a bedroom with? _____

L3. And is <Study Child's twin> a citizen of Ireland? Yes..... 1 No..... 2 DK..... 8

L4. What citizenship does he / she hold? _____ Don't know..... 8

L5. Was the <Study Child's twin> born in Ireland? Yes..... 1 No 2

L6. In which country was he/she born? _____ Don't know 8

L7. How long ago did he/she first come to live in Ireland?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Within the last year | 1-5 years ago | 6-10 years ago | Don't Know |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 8 |

L8. Does anyone other than yourself and/ or your spouse / partner provide care to the <Study Child's twin> on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder's home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative. Int Refer back to question J2 page 12 of the questionnaire

Yes, regular care 8 hrs per week or more 1 No regular care 8 hrs per wk or more..... 2 → Go to L61

L9. Is this care provided in:

- the child's home 1
- a relative's home..... 2
- home of carer – non-relative..... 3
- centre – crèche, after-school etc.) 4

L10. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?

- Yes 1
- No, does not wish regular carer to be interviewed 2
- No, does not have contact details for regular carer 3

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

Time Interview Ended

(24 hour clock)

