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 ………………□\_1

B. Adoptive mother/ father ………………□\_2

C. Step- mother/ father/partner of child’s parent □\_3

D. Foster mother/ father ………………□\_4

E. Grand parent ………………□\_5

F. Aunt/uncle ………………□\_6

G. Other relative/ in law ………………□\_7

H. Unrelated guardian ………………□\_8

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:

- Identical [□]  
- Fraternal [□]  
- Not sure [□]

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?

<table>
<thead>
<tr>
<th>Always/most of the time</th>
<th>Sometimes</th>
<th>Never/hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>You</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other family members</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other people</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Height [□] years or [□] months
- Weight [□] years or [□] months
- Facial features [□] years or [□] months
- Voice [□] years or [□] months
- Personality [□] years or [□] months

- OR No difference [□]

A7. Which twin was born first? [□] (child’s first name only)

A8. Were the twins a result of fertility treatment?

- Yes [□]
- No [□]

A8a. If yes, please specify the type of fertility treatment [□]

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

- Yes [□]
- No [□]

A10. Have you had any other multiple births?

- Yes [□]
- No [□]

- 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 [□]
- Your maternal grandmother [□]
- Your paternal grandmother [□]
- Twins’ father’s mother [□]
- Twins’ father’s maternal grandmother [□]
- Twins’ father’s paternal grandmother [□]
- Other close blood relative (please specify) [□]

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 [□]

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 .......□□

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

- Late birth (42 weeks or more) □
- On time (37-41 weeks) □
- Somewhat early (33-36 weeks) □
- Very early (32 weeks or less) □
- Don’t know □

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

- A. Normal birth □
- B. Suction assisted birth □
- C. Forceps assisted birth □
- D. Elective Caesarean □
- E. Emergency Caesarean □
- F. Other [please specify] .......□
- Don’t Know □

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

- Yes □
- No □
- Don’t know □

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

- Less than 1 week □
- 1-4 weeks □
- 5-8 weeks □
- 9-12 weeks □
- 1-4 weeks □
- 5-8 weeks □
- More than 12 months □
- 9-12 weeks □

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

- Yes □
- No □
- Don’t know □

B6. For how many months was the Study Child breastfed? _______months DK/Can’t Remember □□

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 □
- Healthy, but a few minor problems □
- Sometimes quite ill □
- Almost always unwell □

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

- Yes □
- No □

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 □
- Yes, to some extent □
- No □

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 □
- No □

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 12 months how many 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>?  

<table>
<thead>
<tr>
<th>Professional</th>
<th>N times</th>
<th>None</th>
<th>Don’t know</th>
<th>Refused</th>
</tr>
</thead>
<tbody>
<tr>
<td>A general practitioner (GP)</td>
<td>............</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Another medical doctor e.g. in a hospital</td>
<td>............</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Other professional, psychologist, psychiatrist, counsellor etc.</td>
<td>............</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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........... □

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]:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)You couldn’t afford to pay</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b)The necessary medical care wasn’t available or accessible to you</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c)You couldn’t take time off work to visit the doctor</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d)Wanted to wait and see if the problem got better</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e)Child refused / fear of doctor</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f)Still on the waiting list</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g)Other (specify)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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........... □

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]

<table>
<thead>
<tr>
<th>Reason</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)You couldn’t afford to pay</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b)The necessary dental care wasn’t available or accessible to you</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c)You could not take time off work to visit the dentist</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d)Wanted to wait and see if the problem got better</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e)Child refused / fear of dentist</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>f)Still on the waiting list</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>g)Other (specify)</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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
Once every two years ........................................... .......................... 2
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
Surgical operation........................................... .......................... 2
Patch........................................... .......................... 3
Glasses........................................... .......................... 4
Other, please specify........................................... .......................... 5
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
Grommets........................................... .......................... 2
Cochlear implant........................................... .......................... 3
Other, please specify........................................... .......................... 4
No treatment........................................... .......................... 5

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
B. Speech not clear to the family ........................................... .......................... 2
C. Speech not clear to others ........................................... .......................... 3
D. Difficulty finding words ........................................... .......................... 4
E. Difficulty putting words together ........................................... .......................... 5
F. Voice sounds unusual ........................................... .......................... 6
G. Stutters, stammers or lisps ........................................... .......................... 7
H. Lisps ........................................... .......................... 8
I. Other ........................................... .......................... 9
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?

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

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 [ ]
- ½-1 pint [ ]
- 1-1½ pints [ ]
- More than 1½ pints [ ]
- D K [ ]

D3. Does the <Study Child’s twin> usually have something to eat before school? Yes [ ] No [ ]

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

<table>
<thead>
<tr>
<th>Food Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cereal</td>
<td>1</td>
</tr>
<tr>
<td>Toast / Bread</td>
<td>2</td>
</tr>
<tr>
<td>Fruit</td>
<td>3</td>
</tr>
<tr>
<td>Porridge</td>
<td>4</td>
</tr>
<tr>
<td>Cooked breakfast</td>
<td>5</td>
</tr>
<tr>
<td>Yoghurt / Cheese</td>
<td>6</td>
</tr>
<tr>
<td>Eggs</td>
<td>7</td>
</tr>
<tr>
<td>Other Specify</td>
<td>8</td>
</tr>
</tbody>
</table>

D5. Does the <Study Child’s twin> usually have a meal in the evening during the week? Yes [ ] No [ ]

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

<table>
<thead>
<tr>
<th>Person Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>1</td>
</tr>
<tr>
<td>Other unrelated adults (childminder, nanny etc)</td>
<td>3</td>
</tr>
<tr>
<td>Mother</td>
<td>2</td>
</tr>
<tr>
<td>Friend(s)</td>
<td>4</td>
</tr>
<tr>
<td>Brothers / Sisters/ other children in the household</td>
<td>6</td>
</tr>
<tr>
<td>Someone else (specify)</td>
<td>7</td>
</tr>
<tr>
<td>Other relatives</td>
<td>8</td>
</tr>
<tr>
<td>No one / child eats alone</td>
<td>9</td>
</tr>
</tbody>
</table>

D7. Does the <Study Child’s twin> usually sit at a table for this meal? Yes [ ] No [ ]

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

<table>
<thead>
<tr>
<th>Diet Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes, vegetarian</td>
<td>4</td>
</tr>
<tr>
<td>Yes, vegan</td>
<td>3</td>
</tr>
<tr>
<td>Yes, other (specify)</td>
<td>5</td>
</tr>
</tbody>
</table>

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

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 to 2 days ................................................................. [ ]
- 3 to 5 days ................................................................. [ ]
- 6 to 8 days ................................................................. [ ]
- 9 or more days .......................................................... [ ]

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 to 2 days ................................................................. [ ]
- 3 to 5 days ................................................................. [ ]
- 6 to 8 days ................................................................. [ ]
- 9 or more days .......................................................... [ ]

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

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

D13. How does the <Study Child’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 ................................................................................ [ ] [ ]
2. By public transport ........................................................................ [ ] [ ]
3. School bus/coach ........................................................................... [ ] [ ]
4. By car ............................................................................................ [ ] [ ]
5. Rides a bicycle................................................................................ [ ] [ ]
6. Other (please describe) ................................................................... [ ] [ ]

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 ........................................................................... [ ] [ ]
- 5-less 10 mins ............................................................................... [ ] [ ]
- 10-less 20 mins .............................................................................. [ ] [ ]
- 20-less 30 mins ............................................................................... [ ] [ ]
- 30 mins or more ............................................................................... [ ] [ ]
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 ................................................................. 
3 hours to less than 5 hours ................................ 
Less than an hour .................................................. 
5 hours to less than 7 hours .................................... 
1 hour to less than 3 hours ..................................... 
7 hours or more....................................................

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 ................................................................. 
5 hours to less than 7 hours .................................... 
Less than an hour .................................................. 
7 hours or more....................................................

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 ................................................................. 
3 hours to less than 5 hours .................................... 
Less than an hour .................................................. 
5 hours to less than 7 hours .................................... 
1 hour to less than 3 hours ..................................... 
7 hours or more....................................................

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 ................................................................. 
3 hours to less than 5 hours .................................... 
Less than an hour .................................................. 
5 hours to less than 7 hours .................................... 
1 hour to less than 3 hours ..................................... 
7 hours or more....................................................

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

Yes  No
Television.......................................................  
Computer or laptop .............................................. 
Video/DVD player ..............................................  
Games console (playstation etc…).......................

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) .............................................. 
B. Death of close family member (please specify) ............ 
C. Death of close friend .......................................... 
D. Divorce/separation of parents ................................ 
E. Moving house ................................................... 
F. Moving country .................................................. 
G. Stay in foster home/residential care ......................... 
H. Serious illness/injury ........................................... 
I. Serious illness/injury of a family member .................... 
J. Drug taking/alcoholism in immediate family ............... 
K. Mental disorder in immediate family ....................... 
L. Conflict between parents .................................... 
M. Parent in prison ................................................. 
N. Other disturbing event (please specify) .....................
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.

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

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Child tends to be shy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Child cries easily.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Child likes to be with people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Child is always on the go.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Child prefers playing with others rather than alone</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. Child tends to be somewhat emotional.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. When child moves about, he usually moves slowly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Child makes friends easily.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. Child is off and running as soon as he wakes up in the morning.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Child finds people more stimulating than anything else.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Child often fusses and cries</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. Child is very sociable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. Child is very energetic.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. Child takes a long time to warm up to strangers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. Child gets upset easily.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>P. Child is something of a loner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q. Child prefers quiet, inactive games to more active ones.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R. When alone, child feels isolated.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>S. Child reacts intensely when upset.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>T. Child is very friendly with strangers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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 ...........................................□, No ...........................................□

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 ........□, Paid childminder in his/her own home ........□
Looking after him/herself or cared for by a sibling.........□, Au Pair / Nanny ...........................................□
Child minded by non-resident partner ........□, Paid after-school care in group setting ..........□
Unpaid relative (or family friend) in your own home ....□, Homework club ...........................................□
Unpaid relative (or family friend) in his/her own home ..□, After-school activity-based facility ..................□
Paid relative (or family friend) in your own home ........□, Special needs facility .................................□
Paid relative (or family friend) in his/her own home ....□, Activity Camps (sport recreation arts/crafts etc) ..□
Paid childminder in your own home........................□, Other .....................................................□

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

_______hours per week, Not relevant, at home with parent/guardian …______

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

_______days per week, Not relevant, at home with parent/guardian …______

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........□, Fortnight........□, Month........□

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?

Activity
Sports/Fitness club (gym., GAA, soccer, hockey etc) .........................................................□
Cultural activities (dance, ballet, music, arts, drama etc.) ...................................................□
Youth club ..................................................................................................................................□
Scouts/ Guides/ Boy’s Brigade / Girl’s Brigade .................................................................□
Homework club ......................................................................................................................□
Other (specify) ..........................................................................................................................□

Participate in activity? Yes No, Pay for activity? Yes No
□1 □2 □1 □2 □1 □2 □1 □2 □1 □2 □1 □2 □1 □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........□, No........□

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

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

Health reasons (illness or injuries) ........□, A problem with the teacher ..................□
Problems with transportation ........□, A problem with children at school ..................□
Problems with the weather ........□, Difficulties with childcare arrangements ........□
A family vacation ........□, Other .....................................................□
A fear of school (school phobia) ........□,
J10. How often is the <Study Child’s twin> given homework? [Card J10]


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 ............................................... [1]  1.5 to less than 2 hours ........................................... [5]
16 to 30 minutes ............................................. [3]  2 to less than 3 hours ......................................... [6]
31 minutes to less than one hour ............... [3]  3 to less than 4 hours ........................................ [7]
1 to less than 1.5 hours ............................ [5]  4 hours or more ............................................ [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

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? [Card J13/J14]

Average ...................................................... [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]

Average ...................................................... [3]

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


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


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?

Degree ..................................................... [3]  Postgraduate/higher degree ......................... [3]
Don’t know ................................................ [2]

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


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

Ethnicity ................................................. [1]  Physical appearance (clothes, glasses, weight etc) .... [5]
Other (specify) .......................................... [9]
J21. Do you think the <Study Child’s twin> has a Specific Learning Difficulty, Communication or Coordination Disorder?

Yes [ ]

No [ ]

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

Dyslexia (incl. Dysgraphia, dyscalculia). [ ]

Speech & Language Difficulty [ ]

ADHD [ ]

Dyspraxia [ ]

Autism [ ]

Slow progress (reasons unclear) [ ]

Aspergers Syndrome [ ]

J23. Was it diagnosed by a professional?

Yes [ ]

No [ ]

Awaiting consultation [ ]

J24. How long ago was it diagnosed?

Last 6 months [ ]

1-2 years [ ]

6-12 months [ ]

Longer than 2 years [ ]

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

None [ ]

21 to 30 [ ]

More than 30 [ ]

10 to 20 [ ]

J26. Do you use the Public Library for the <Study Child’s twin>? Yes [ ]

No [ ]

K: FAMILY CONTEXT

K1. Do you feel you have fun with the <Study Child’s twin> every day? Yes [ ]

No [ ]

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.

A. I share an affectionate, warm relationship with my child. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

B. My child and I always seem to be struggling with each other. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

C. If upset, my child will seek comfort from me. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

D. My child is uncomfortable with physical affection or touch from me. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

E. My child values his/her relationship with me. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

F. My child appears hurt or embarrassed when I correct him/her. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

G. My child does not want to accept help when he/she needs it. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

H. When I praise my child, he/she beams with pride. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

I. My child reacts strongly to separation from me. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

J. My child spontaneously shares information about himself/herself. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

K. My child is overly dependent on me. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

L. My child easily becomes angry at me. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

M. My child tries to please me. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

N. My child feels that I treat him/her unfairly. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

O. My child asks for my help when he/she really does not need help. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

P. It is easy to be in tune with what my child is feeling. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]

Q. My child sees me as a source of punishment and criticism. Definitely does not apply [ ]

Not really applies [ ]

Neutral, not sure [ ]

Applies somewhat [ ]

Definitely Applies [ ]
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]
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 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

A. Discuss/Explain why behaviour was wrong ........................................................... [1] [2] [3] [4] [5]
D. Shout or yell at him/her ......................................................................................... [1] [2] [3] [4] [5]
E. Send him/her out of the room or to their bedroom................................................................. [1] [2] [3] [4] [5]

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 ................................. [1] [2] [3] [4] [5]
D. Do household activities together (e.g., gardening, cooking, cleaning, etc.) ............ [1] [2] [3] [4] [5]
E. Go on an outing together (including going shopping) ......................................................... [1] [2] [3] [4] [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):

<table>
<thead>
<tr>
<th>People</th>
<th>Quite a lot</th>
<th>Now and again</th>
<th>Rarely</th>
<th>Don’t have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncles/Aunts</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
<tr>
<td>Cousins</td>
<td>[1]</td>
<td>[2]</td>
<td>[3]</td>
<td>[4]</td>
</tr>
</tbody>
</table>

13
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 □3
- Roman Catholic □4
- Anglican/Church of Ireland/Episcopalian □5
- Other Protestant □6
- Jewish □7
- Muslim □8
- Other (specify) □9
- Refuse/no answer □10

K10. How regularly does the <Study Child's twin> attend religious service?  Daily □1 Weekly □2 Monthly □3 Less Often □4 Special Occasions □5 Never □6 Refused □7 N/a to their religion □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

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
- 1-5 years ago □2
- 6-10 years ago □3
- Don’t know □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 □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)