



An Roinn Leanaí agus Gnóthaí Óige
Department of Children and Youth Affairs



I5M

**GROWING UP IN IRELAND
STRICTLY CONFIDENTIAL**

INFANT COHORT AT 9 YEARS

PRIMARY CAREGIVER QUESTIONNAIRE – TWIN MODULE

GROUP HOUSEHOLD CHILD NUMBER

INTERVIEWER NAME _____ INTERVIEWER NO:

DATE: ____ dd ____ mm ____ yy

About 4 years have passed since we visited you and your family, when <child> was 5 years of age. We would like to interview the parents/guardians of <child> as well as <child> him/herself. The whole interview with the parents/guardians and child will take about ____ minutes to complete **[INTERVIEWER: ADJUST AS APPROPRIATE FOR YOU IN THE FIELD]**.

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

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

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

Section A: Introduction

X0. Person number of twin covered by this questionnaire (from household register – main survey)

Respondent code of twin

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X1. Are you the parent / guardian of the <Study Child's twin> who usually provides the most care to him / her.

Yes ₁

No ₂

X2. Int: Record gender of parent 1

Male ₁

Female ₂

X3. [Show Card A7B] Which of the following best describes your relationship with <the Study Child's twin>?

[Interviewer use codes only]

A. Biological mother/ father ₁

E. Grand parent ₅

B. Adoptive mother/ father ₂

F. Aunt/uncle ₆

C. Step- mother/ father/partner of child's parent ₃

G. Other relative/ in law ₇

D. Foster mother/ father ₄

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:

--

X4. Are the twins :

Identical ₁

Fraternal ₂

Not sure ₃

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)

X5. Can the following people usually tell the twins apart?

Always/most of the time

Sometimes

Never/hardly ever

You ₁ ₂ ₃

Other family members ₁ ₂ ₃

Other people ₁ ₂ ₃

X6. At what age did you first start to notice differences, if any, between the twins in terms of . . ?

Height _____ years or _____ months ₁ OR No difference ₂

Weight _____ years or _____ months ₁ OR No difference ₂

Facial features _____ years or _____ months ₁ OR No difference ₂

Voice _____ years or _____ months ₁ OR No difference ₂

Personality _____ years or _____ months ₁ OR No difference ₂

X7. Which twin was born first? _____ (child's first name only)

X8. Were the twins a result of fertility treatment? Yes ₁

No ₂

X8a. If yes, please specify the type of fertility treatment _____

X9. Are you personally a twin (or triplet)? Yes ₁

No ₂

X10. Have you had any other multiple births?

Yes 1

No 2

_____ number of other children in multiple births

X11. Have any of the following women in your family had multiple births? (Tick all that apply)

Your mother 1

Your maternal grandmother 2

Your paternal grandmother 3

Other close blood relative (please specify) _____

Twins' father's mother 4

Twins' father's maternal grandmother 5

Twins' father's paternal grandmother 6

_____ 7

X12. 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

1

2

3

4

5

X13. Please complete the following sentences:

a) The most challenging thing about parenting twins is:

b) The most rewarding thing about parenting twins is:

Section B - Child's Sleep and Relationships

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

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

B4. [CARD B4] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise my child he/she beams with pride	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or is resistant after being disciplined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My child openly shares his/her feelings and experiences with me...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B5. [CARD B5] How often do you do the following when <child> 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"/> 6
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"/> 6
c. 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"/> 6
d. Send him/her out of the room or to his/her bedroom or naughty step	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. 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"/> 6
f. 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"/> 6
g. 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"/> 6
h. 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"/> 6

Section C - Child's physical health and development

C1. [CARD C1] In general, how would you describe <child's> current health?

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

C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?

- Yes ₁ No ₂ → **Go to C10**

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

[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]

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

[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]

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

- Yes ₁ No..... ₂

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

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

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

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

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

- a. Food 1:** _____ **b. Food 2:** _____ **c. Food 3:** _____

C9. Does <child> currently take any medication (including inhalers) for this longstanding illness, condition or disability; something that has been prescribed by a doctor or that you buy over the counter in the pharmacy? Don't include vitamin supplements unless they have been recommended or prescribed by a doctor. To be sure I get the name of the medication completely correct, it would help if you could show me the actual labels.

[INTERVIEWER: CODE UP TO FIVE AND FOR EACH. INCLUDE WHEN THE CHILD MOST RECENTLY STARTED TO TAKE THE MEDICATION]

	Medication	Year started
1		
2		
3		
4		
5		

C10. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?

[INTERVIEWER: EXPLAIN THAT 'CORRECTION' INCLUDES BEING PRESCRIBED GLASSES]

Yes, currently....._1 Yes, in the past_2 No_3

C11. Has this sight problem been diagnosed by a professional?

Yes_1 No....._2

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

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

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

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

Yes, severely_1 Yes, to some extent....._2 No....._3

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

Yes_1 No....._2

C17. When? Year _____ Month _____

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

Yes, currently....._1 Yes, in the past_2 No_3

C19. Has this hearing problem been diagnosed by a professional?

Yes_1 No....._2

C20. What is the nature of this hearing problem?

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

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

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

Yes, severely_1 Yes, to some extent....._2 No....._3

C24. Does <child> usually require ongoing support to be able to move around?

Yes _1 No..... _2

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

	Yes	No
A. Braces.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
B. Crutches.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
C. A stick.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
D. Wheelchair	<input type="checkbox"/> _1	<input type="checkbox"/> _2
E. Other (specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

C26. Does <child> need the help of another person to get around in the wheelchair?
 Yes _1 No..... _2

C27. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

Yes _1 No..... _2

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

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

	Yes	No
a) An inhaler	<input type="checkbox"/> _1	<input type="checkbox"/> _2
b) Antibiotics	<input type="checkbox"/> _1	<input type="checkbox"/> _2
c) A nebuliser	<input type="checkbox"/> _1	<input type="checkbox"/> _2

C30. [CARD C30] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INTERVIEWER: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

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

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

Yes _1 No..... _2

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

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

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

Yes ₁ No ₂

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

C36. [CARD C36] Thinking about the MOST RECENT (or only) accident or injury since the last interview, what sort of accident or injury was it?

- Loss of consciousness / knocked out ₁
- Bang on the head / injury to head without being knocked out ₂
- Broken bone or fracture ₃
- Near drowning ₄
- Swallowed household cleaner / other poison / pills ₅
- Swallowed object ₆
- Cut needing stitches or glue..... ₇
- Injury to mouth or tooth ₈
- Burn or scald ₉
- Other (please specify) _____ ₁₀

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

C38. Did <child> go to the hospital? Yes ₁ No ₂

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

- Casualty / Accident and Emergency only ₁
- Admitted to a Hospital Ward ₂

C40. [CARD C40]Where did this accident happen?

- In your home ₁
- A friend's, neighbour's or relative's house ₂
- In childcare – childminder's house or after-school care ₃
- In school..... ₄
- Outside in your local neighbourhood ₅
- Outside, somewhere else – not in your local neighbourhood..... ₆
- Other (please specify) _____ ₇

C41. [CARD C41] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: **[INTERVIEWER: READ OUT]**

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. You couldn't afford to pay | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. You could not take time off work to visit the doctor with <child> | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. You wanted to wait and see if the problem got better | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. <Child> refused / fear of doctor | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. <Child> is still on the waiting list..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

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

Yes ₁ No ₂

C43. Please specify _____

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

No.....1 Yes, a little.....2 Yes, a lot3 Don't know.....4

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

	Yes	No		Yes	No
a. Reluctant to speak.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	f. Difficulty putting words together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Speech not clear to the family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	g. Voice sounds unusual.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Speech not clear to others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	h. Stutters, stammers	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Speech is developing slowly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	i. Lisp or difficulty pronouncing certain letter combinations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Difficulty finding words	<input type="checkbox"/> 1	<input type="checkbox"/> 2	j. Other (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

Yes1 No.....2

C47. Since when has <child> had this speech or language problem? _____ year

C48. Since when has <child> had this speech or language problem? _____ month

C49. Has <child> received any treatment for his/her speech or language problem? Yes 1 No 2

C50. Does this speech or language problem hamper <child> in his/her daily activities?

Yes, severely1 Yes, to some extent.....2 No.....3

C51. Do you think <child> has a Specific Learning Difficulty, Communication or Co-ordination Disorder

Yes1 No2

C52. [CARD C52] Looking at Card C52, what is the nature of the difficulty or disorder?

[INTERVIEWER. TICK ALL THAT APPLY]

Dyslexia (incl. Dysgraphia, dyscalculia).....	<input type="checkbox"/> 1	Speech & Language Difficulty.....	<input type="checkbox"/> 5
ADHD (Attention Deficit Hyperactivity Disorder).....	<input type="checkbox"/> 2	Dyspraxia.....	<input type="checkbox"/> 6
Autism.....	<input type="checkbox"/> 3	Slow progress (reasons unclear).....	<input type="checkbox"/> 7
Aspergers Syndrome.....	<input type="checkbox"/> 4	Other (specify).....	<input type="checkbox"/> 8

C53. Was it diagnosed by a professional?

Yes1 No2 Awaiting consultation3

C54. When was this difficulty diagnosed? _____ year

C55. When was this difficulty diagnosed? _____ month

C56. Does this difficulty hamper <child> in his/her daily activities?

Yes, severely1 Yes, to some extent.....2 No.....3

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

C57. How would you rate <child's> oral health?

Excellent.....1 Very good.....2 Good.....3 Fair.....4 Poor.....5

C58. Which of the following best describes how regularly <child> visits the dentist?

At least once a year1 Only when there is a problem4
 Once every two years2 Never/Almost never5 Go to C60a
 Once every three years3

C59. When was the last time <child> saw a dentist?

Year _____ Month _____

a. Was it a HSE or private dentist?

HSE1 Private.....2

b. Did <child> have any treatment?

Yes1 No2

C60a. Has <child> ever had any permanent / secondary teeth filled?

Yes1 No 2

b. How many? _____

C61a. Has <child> ever had any permanent / secondary teeth extracted? Yes ₁ No ₂

b. How many? _____

c. Were the extractions part of orthodontic treatment? Yes ₁ No ₂

C62. [CARD C62] How often does <child> brush his/her teeth?

- More than twice a day ₁
- Twice a day ₂
- Once a day ₃
- Less often than once a day ₄
- Rarely ₅
- Not at all ₆

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

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| a) You couldn't afford to pay | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) The necessary dental care wasn't available or accessible to you .. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) Our dental insurance didn't cover the treatment..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d) You could not take time off work to visit the dentist..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e) You wanted to wait and see if the problem got better..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f) Study child refused / fear of dentist..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g) Study child still on the waiting list..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h) Too far to travel / no means of transport..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| i) Other (specify)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Section D - Child's diet and exercise

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

- | | Once | Twice | More than
twice | Not
At All | Don't
know |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Fresh fruit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b) Fruit juice | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c) Meat / Chicken / Fish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d) Eggs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e) Cooked vegetables..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f) Raw vegetables or salad..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| g) 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 | <input type="checkbox"/> ₅ |
| h) Hot chips or French fries | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| i) Crisps or savoury snacks | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| j) Bread | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| k) Potatoes/ Pasta/ Rice | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| l) Cereals | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| m) Biscuits, doughnuts, cake, pie or chocolate | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| n) Cheese/yoghurt/ fromage frais | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| o) Low fat Cheese/ low fat yoghurt..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| p) Water (tap water / still water/ sparkling water) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| q) Soft drinks / minerals / cordial / squash (not diet) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| r) Soft drinks / minerals / cordial / squash (diet) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| s) Full cream milk or full cream milk products | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| t) Skimmed milk or skimmed milk products | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| u) Full fat lactose free or vegan alternatives to milk products | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| v) Low fat lactose free or vegan alternatives to milk products | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

D2. Does <child> usually have something to eat before going to school? Yes.....₁ No ₂

D3. [CARD D3] Which of these best describes <child's> weight?

[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Underweight.....₁
Normal weight.....₂

Somewhat overweight.....₃
Very overweight₄

D4. [CARD D4] Looking at Card D4, how many times in the past 14 days has <child> done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

None₁
1 to 2 days₂
3 to 5 days₃

6 to 8 days.....₄
9 or more days₅

D5. [CARD D5] Looking at Card D5, how many times in the past 14 days has <child> done at least 20 minutes of light exercise that was not hard enough to make him / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

None₁
1 to 2 days₂
3 to 5 days₃

6 to 8 days₄
9 or more days₅

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

Less than ½mile (1km).....₁
½ to less than1 mile (1-2km)₂
1 to less than 5 miles (2-8km)₃

5 miles or more (8km).....₄
Attends boarding school₅

D7. How does <child> usually (a) go to school and (b) come home from school?

[INTERVIEWER: TICK ONE BOX IN COL A AND B]

A. Going B. Coming home

a) He/she walks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b) By public transport.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
c) School bus/coach.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
d) By car.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
e) Rides a bicycle.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
f) Other (please describe).....	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆

D8. How long does it usually take <child> (a) to go to school (b) to come home from school?

[INTERVIEWER: TICK ONE BOX ON COL A AND COL B]

A. Going B. Coming home

a) Less than 5 mins.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
b) 5-less 10 mins.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
c) 10-less 20 mins.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
d) 20-less 30 mins.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
e) 30 mins or more.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

Section F - Child's play and activities

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

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a) Play with <child> using toys or games / puzzles	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
b) Play computer games with <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
c) Listen to <child> read	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Read to <child>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
e) Use computer with <child> in educational ways	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
f) Sport or physical activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
g) Go on educational visits outside home such as museums, farms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
h) Go shopping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	

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

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

F3. [CARD F3/F4] Looking at Card F3/F4, on a normal weekday during term time, about how many hours does <child> spend reading for pleasure [NOT during school hours or for homework]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, CDs or a computer.

F4. And on a normal weekend day, about how many hours does <child> spend reading for pleasure?

F3. During the week (per day)	F4. Weekend (per day)
None..... <input type="checkbox"/> ₁	None..... <input type="checkbox"/> ₁
Less than 30mins <input type="checkbox"/> ₂	Less than 30mins <input type="checkbox"/> ₂
30 mins up to 1 hour..... <input type="checkbox"/> ₃	30 mins up to 1 hour..... <input type="checkbox"/> ₃
1 hour up to 2 hours..... <input type="checkbox"/> ₄	1 hour up to 2 hours..... <input type="checkbox"/> ₄
2 hours up to 3 hours..... <input type="checkbox"/> ₅	2 hours up to 3 hours..... <input type="checkbox"/> ₅
3 hours up to 4 hours..... <input type="checkbox"/> ₆	3 hours up to 4 hours..... <input type="checkbox"/> ₆
4 hours or more..... <input type="checkbox"/> ₇	4 hours or more..... <input type="checkbox"/> ₇

F5. Do you do anything specifically to develop or maintain <child's> Irish or other cultural or national identity – such as attending special classes, school, language classes, Gaeltacht, cultural events etc.?

Yes ₁ No..... ₂

F6. Which cultural or national identity? Irish..... ₁

Other (please specify) ₂

Specify: _____

F7. What sort of things do you do?
Please specify as fully as possible.

F.8 What sort of things do you do?
Please specify as fully as possible.

Section G – Screen time and internet use

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

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

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

(a) During the week.. ₁ ₂ ₃ ₄ ₅ ₆ ₇

(b) At weekends..... ₁ ₂ ₃ ₄ ₅ ₆ ₇

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

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

(c) During the week.. ₁ ₂ ₃ ₄ ₅ ₆ ₇

(d) At weekends..... ₁ ₂ ₃ ₄ ₅ ₆ ₇

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

		Yes	No			Yes	No
a.	Television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	f.	A mobile phone which doesn't have access to the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b.	A desktop computer (PC)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	g.	E-book reader such as a Kindle or Sony-Reader etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c.	A laptop computer	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	h.	Other handheld devices such as iPod touch or Nintendo DS and other games devices	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d.	A computer tablet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	i.	Home games consoles such as X-box, Wii or PlayStation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.	A smartphone (with access to the internet)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	j.	Other, please specify _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G3. [CARD G3] What does <child> MOSTLY do on that 'screen time' when using any of the devices mentioned? Is s/he usually:

- Doing schoolwork/homework..... 1
- Playing educational games..... 2
- Playing other games..... 3
- Watching movies, videos, other TV..... 4
- Doing a mixture of all types of activities..... 5
- Something else (specify)..... 6
- Doesn't have any screen time..... 7
- Don't know..... 8

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

- Regular scheduled programming..... 1
- Scheduled programming that has been recorded / Catch-up TV..... 2
- On-demand service such as Netflix..... 3
- Youtube or similar website..... 4
- Streamed programs..... 5
- DVDs..... 6
- Something else (specify)..... 7 _____
- <Child> doesn't watch TV or Films..... 8
- Don't know..... 9

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

- No internet connection..... 1
- Broadband with wifi..... 2
- Broadband with plug in connection..... 3
- Mobile broadband or 'dongle' from a phone provider..... 4
- Other type of internet connection..... 5

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

- Always..... 1 Sometimes..... 2 Never..... 3

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

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

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

- Rules about content..... 1
- Rules about total time spent on devices..... 2
- Rules about the time of day child can watch/use devices..... 3
- PIN numbers or passwords to lock or restrict devices..... 4
- 'Child-safe' settings, for example on TV satellite boxes..... 5
- Locking devices/modems away (or locking the room they are in)..... 6
- Engaging the child in alternative activities(e.g. football, baking)..... 7
- Something else (specify)..... 8
- None of the above..... 9

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

- Social media profile 1 Computer game profile 2 Both 3 Neither 4 Not sure 5

SECTION H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

H1. [CARD H1] Looking at Card H1, has <child> ever experienced any of the following since we last interviewed you in [MM/YYYY]?:

[INTERVIEWER – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Death of a parent.....1
- Death of close family member (please specify)2 _____
- Death of close friend.....3
- Divorce/separation of parents4
- Moving house5
- Moving country6
- Stay in foster home/ residential care7
- Serious illness/injury.....8
- Serious illness/injury of a family member9
- Drug taking/alcoholism in the immediate family10
- Mental disorder in immediate family.....11
- Conflict between parents12
- Parent in prison13
- Other disturbing event (please specify)14 _____
- None of the above15

H2. [CARD H2] Listed below is a set of statements which could be used to describe <child>'s behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <child>'s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

- | | 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 |

I11. Does <child> belong to any religious denomination

Yes..... 1

No..... 2

I12. [CARD I12 / I15] 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

I13. How regularly does <child> 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 |

Section J – Child’s Education

J0a. Is <child> currently attending primary school?

Yes... _1 No..... _2 <child>. Is homeschooled..... _3 Other _4

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

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

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

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

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

First class _1 Fourth class _4
 Second class _2 Other (please specify) _5
 Third class _3 _____

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

[INTERVIEWER: TICK 1 BOX ONLY]

Child minded at home by me or resident partner..... <input type="checkbox"/> _1	Paid childminder in his/her own home <input type="checkbox"/> _9
Looking after him/herself or cared for by a sibling <input type="checkbox"/> _2	Au Pair / Nanny <input type="checkbox"/> _10
Child minded by non-resident partner..... <input type="checkbox"/> _3	Early morning care before school <input type="checkbox"/> _11
Unpaid relative (or family friend) in your own home <input type="checkbox"/> _4	Paid after-school care in group setting <input type="checkbox"/> _12
Unpaid relative (or family friend) in his/her own home .. <input type="checkbox"/> _5	Homework club <input type="checkbox"/> _13
Paid relative (or family friend) in your own home..... <input type="checkbox"/> _6	After-school activity-based facility <input type="checkbox"/> _14
Paid relative (or family friend) in his/her own home..... <input type="checkbox"/> _7	Special needs facility <input type="checkbox"/> _15
Paid childminder in your own home..... <input type="checkbox"/> _8	Activity Camps (sport recreation arts/crafts etc) .. <input type="checkbox"/> _16
	Other (specify) _____ <input type="checkbox"/> _17

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

_____ hours per week₁

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

_____ days per week₁

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

J4. Approximately how much does this childcare for <child> typically cost you per week/fortnight/month etc.?

[INTERVIEWER. RECORD ONLY IN RESPECT OF <STUDY CHILD> AND MAKE SURE TO RECORD THE PERIOD TO WHICH AMOUNT REFERS].

€ _____ per Week..... _1 Fortnight..... _2 Month _4

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

[INTERVIEWER: READ OUT ANSWER CATEGORIES]

- Mother₁ Father₂ Parents take turns₃ Grandparents₄
 Other relative₅ Friend/ Neighbour₆ Childminder₇ Other (please specify) ₈

J6. [CARD J6] Looking at Card J6, during an average week does <child> participate in any club, organisation or class outside of school hours. Does this activity have to be paid for?

Activity	Participate in activity?		Pay for the activity?	
	Yes	No	Yes	No
a) Team sports (sports where <child> participates as part of a team e.g. football, rugby, hockey, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) Individual sports (sports where <child> participates individually not as part of a team e.g. judo, running, swimming, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) Drama	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Arts/crafts	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Computer/technology (eg. Coderdojo)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Youth clubs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Clubs/groups or classes associated with religious organisations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h) Music/Dance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i) Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j) Homework club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k) Language classes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l) Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

- Activity**
- Team** sports (sports where <child> participates as part of a **team** e.g. football, rugby, hockey, etc.)
 - Individual sports (sports where <child> participates **individually** not as part of a team e.g. judo, running, swimming, etc.)
 - Drama
 - Arts/crafts
 - Computer/technology (eg. Coderdojo)
 - Youth clubs
 - Clubs/groups or classes associated with religious organisations
 - Music/Dance
 - Scouts/ Guides/ Boy's Brigade / Girl's Brigade
 - Homework club
 - Language classes
 - Other (specify)

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

- Yes.....₁ No.....₂ Not applicable₃

J8. [CARD J8] Looking at Card J8, during the last school year, about how many days was Study Child absent from school for any reason?

- 0 days₁
 1 to 3 days.....₂ 11 to 20 days.....₅
 4 to 6 days.....₃ More than 20 days.₆
 7 to 10 days.....₄ Not in school last year.....₇ Go to J10

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

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

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

Never.....	<input type="checkbox"/> 1	→Go to J13	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 (Monday – Thursday)	<input type="checkbox"/> 7
A few times a month	<input type="checkbox"/> 4		Don't Know	<input type="checkbox"/> 6 Go to J13

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

0 to 15 minutes	<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 <child>'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. [CARD J13/14] Looking at Card J13/J14, based on your knowledge of <child>'s schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

Poor.....	<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. [Card J13/14] Looking at Card J13/J14, based on your knowledge of <child>'s schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age? Do you think he/she is:

Poor.....	<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 children's books does <child> have access to in your home now, including any library books? Would you estimate:

None.....	<input type="checkbox"/> 1	21 to 30.....	<input type="checkbox"/> 4
Less than 10.....	<input type="checkbox"/> 2	More than 30.....	<input type="checkbox"/> 5
10 to 20	<input type="checkbox"/> 3		

J16. Do you use the Public Library for <child>? Yes1 No2

J17a. Does <child>'s school request a voluntary contribution from parents? Yes ...1 No2 Go to J18

J17b. Have you paid it in the last year? Yes ...<input type="checkbox"/>1 No <input type="checkbox"/>2 Go to J18
J17c. If yes, how much is each family asked to give? € _____

[INTERVIEWER IF THE CONTRIBUTION COVERS MORE THAN ONE CHILD, DIVIDE THE TOTAL AMOUNT BY THE NUMBER OF CHILDREN TO GET AN ESTIMATED PER-CHILD AMOUNT]

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

Junior Certificate or equivalent	<input type="checkbox"/> 1
Leaving Certificate or equivalent	<input type="checkbox"/> 2
An apprenticeship or trade.....	<input type="checkbox"/> 3
Diploma/Certificate.....	<input type="checkbox"/> 4
Degree	<input type="checkbox"/> 5
Postgraduate/higher degree	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> 7

J19. Have you put <child's> name down for a secondary school yet? Yes.....1 No2

J20. How many schools? _____

Section K – Peer relationships and bullying

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

Never... 1 1 day a week2 2-3 days a week ..3 4-5 days a week .. 4 6-7 days a week ..5

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

None..... 1 12 2 or 3.....3 4 or 5 4 6 or more5

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

Yes1 No2

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

[INTERVIEWER TICK ALL THAT APPLY]

Physical bullying1 Written messages/notes etc.....4
Verbal bullying.....2 Exclusion.....5
Electronic [phone messaging, emails,facebook etc].....3 Other (specify).....6

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

[INTERVIEWER: TICK MORE THAN ONE IF APPLICABLE]

Ethnicity.....1 Not conforming to gender role6
Physical/Learning disability.....2 Sexuality7
Religion3 Teacher's pet8
Class performance.....4 Family background9
Physical appearance (clothes, glasses, weight etc)..5 Other (specify).....10