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. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>'s parents and also the child him / herself. The whole interview with the parents and child will take about 90 minutes to complete.

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**

A1. [Show Card A1] Looking at Card A1, which of the following best describes your relationship with the Study Child?

[Interviewer codes only if other persons are present at time of interview]

A. Biological parent (mother/ father) .......................................................... 1
B. Adoptive parent (mother/ father) .......................................................... 2
C. Step-parent (mother/ father)/partner of child’s parent ............................ 3
D. Foster parent (mother/ father) ............................................................. 4
E. Grand parent ............................................................................................ 5
F. Aunt/uncle .................................................................................................... 6
G. Other relative/ in law ................................................................................... 7
H. Unrelated guardian .................................................................................... 8

A2. Int: Record gender of parent 1  

Male .................. 1,  Female .................. 2

**B: RESPONDENT’S HEALTH**

Now I’d like to ask you some questions about your own health.

B1. In general, how would you say your current health is?

Excellent ........................................... 1
Very Good ........................................ 2
Good ............................................... 3
Fair .................................................. 4
Poor .................................................. 5
B2. Do you have any chronic physical or mental health problem, illness or disability?

Yes ............... ☐

No.................... ☐

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

_____________________________________________________________________________________

_____________________________________________________________________________________

B4. Since when have you had this problem, illness or disability? ______ (mth) _____ (year)

B5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely .......... ☐

Yes, to some extent ...... ☐

No............. ☐

[Int. Ask only if respondent is female]

B6. Can I just check, are you currently pregnant?

Yes ............. ☐

No............. ☐

B7. Approximately how many weeks? ___________ weeks

Time Section Ended  (24 hour clock)

C: RESPONDENT’S LIFESTYLE

Now I’d like to ask you to ask you some questions about your lifestyle.

C1. Do you currently smoke daily, occasionally or not at all?

Daily ............................ ☐

Occasionally ........................................... ☐

Not at all............................................. ☐

C2. Have you ever smoked? Was it:

Daily ...... ☐

Occasionally ...... ☐

Never ....... ☐

C3. About how many cigarettes or cigars do/did you smoke on average each day?

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

C4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis .......... ☐

Yes, on an occasional basis .......... ☐

Never .......... ☐

C5. [Show Card C5] Looking at Card C5, which of the following best describes how often you usually drink alcohol?

Never ................................................................................................ ☐

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

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

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

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

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

Every day ........................................................................................... ☐

If currently drink alcohol between everyday and once or twice a week:

C6. And on an average week, how many pints of beer, glasses of wine, and measures of spirit would you drink?

Pints of Beer _________

Glasses of Wine ________

Measures of Spirits _______

C7. [Show Card C7] Looking at Card C7, do you think that you are:

Very underweight .......................................................... ☐

Slightly underweight ...................................................... ☐

Moderately underweight ................................................. ☐

Moderately overweight ................................................... ☐

Slightly overweight ......................................................... ☐

Very overweight ............................................................. ☐

About the right weight ..................................................... ☐

Don’t know ................................................................................... ☐

C8. How often do you try to lose weight through dieting?

Very often .......... ☐

Often .......... ☐

Sometimes ...... ☐

Rarely .......... ☐

Never .......... ☐

C9. What is your height without shoes? ______feet _______inches OR _______Metres

C10. What is your weight without clothes and shoes? _______stones _______lbs OR _______Kilograms

Time Section Ended  (24 hour clock)
D: FAMILY CONTEXT

Now I'd like to ask you some general questions about your family as a whole.

D1. Do you feel you have fun with the Study Child every day?    Yes ...... [ ]   No ...... [ ]

D2. [Show Card D2] Here are some statements about the relationship between you and your child. Please describe the degree to which each of the statements currently applies.

<p>| A. I share an affectionate, warm relationship with my child. |</p>
<table>
<thead>
<tr>
<th>Definitely does not apply</th>
<th>Not really</th>
<th>Neutral, not sure</th>
<th>Applies somewhat</th>
<th>Definitely applies</th>
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</thead>
<tbody>
<tr>
<td>B. My child and I always seem to be struggling with each other.</td>
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<td>C. If upset, my child will seek comfort from me.</td>
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<td>D. My child is uncomfortable with physical affection or touch from me.</td>
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<td>E. My child values his/her relationship with me.</td>
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<td>F. My child appears hurt or embarrassed when I correct him/her.</td>
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<td>G. My child does not want to accept help when he/she needs it.</td>
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<tr>
<td>H. When I praise my child, he/she beams with pride.</td>
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<tr>
<td>I. My child reacts strongly to separation from me.</td>
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<tr>
<td>J. My child spontaneously shares information about himself/her.</td>
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<td>K. My child is overly dependent on me.</td>
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<td>L. My child easily becomes angry at me.</td>
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<td>M. My child tries to please me.</td>
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<tr>
<td>N. My child feels that I treat him/her unfairly.</td>
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<tr>
<td>O. My child asks for my help when he/she really does not need help.</td>
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<td>P. It is easy to be in tune with what my child is feeling.</td>
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<tr>
<td>Q. My child sees me as a source of punishment and criticism.</td>
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<td>R. My child expresses hurt or jealousy when I spend time with other children.</td>
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<td>S. My child remains angry or is resistant after being disciplined.</td>
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<td>T. When my child is misbehaving, he/she responds to my look or tone of voice.</td>
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<td>U. Dealing with my child drains my energy.</td>
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<td>V. I've noticed my child copying my behaviour or ways of doing things.</td>
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<td>W. When my child is in a bad mood, I know we're in for a long and difficult day.</td>
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<td>X. My child's feelings toward me can be unpredictable or can change suddenly.</td>
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<td>Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.</td>
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<td>Z. I often think about my child when at work.</td>
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</table>

| AA. My child whines or cries when he/she wants something from me. |
| AB. My child is sneaky or manipulative with me. |
| AC. My child openly shares his/her feelings and experiences with me. |
| AD. My interactions with my child make me feel effective and confident as a parent. |

N/A: Not applicable.
D3. Please tell me how strongly you agree or disagree with the following.

**Because of your work responsibilities:**

A. You have missed out on home or family activities that you would have liked to have taken part in..............................

Because of your family responsibilities:

B. Your family time is less enjoyable and more pressured..

C. You have to turn down work activities or opportunities you would prefer to take on ....................................................

D. The time you spend working is less enjoyable and more pressured..

**D4. How fairly or unfairly would you say the household tasks are distributed between you and your partner?**

Very unfairly .............. 1     Quite unfairly .......... 2     Fairly ............... 3     Don’t have a partner........... 4

D5. [Show Card D5] Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing my child love and affection
- Taking time to play with my child
- Taking care of my child financially
- Giving my child moral and ethical guidance
- Making sure my child is safe and protected
- Teaching my child and encouraging his or her curiosity
- Other (specify)

D6. In general, would you describe yourself as a religious or spiritual person?

Not at all............ 1     A little .......... 2     Quite......... 3     Very much so ............ 4     Extremely ...... 5

Time Section Ended  (24 hour clock)

**E: SOCIO-DEMOGRAPHICS**

Now some questions about the circumstances of your household.

E1. [Show Card E1] Looking at Card E1, what is the highest level of education you have completed to date?

- Primary or less .................................................. 1
- Intermediate/ Junior/ Group Certificate or equivalent ........... 2
- Leaving Certificate or equivalent .................................. 3
- Diploma/ Certificate ............................................. 4
- Primary degree ............................................... 5
- Postgraduate/ Higher degree ................................. 6
- Refusal ............................................................ 8

E2. [Show Card E2] Looking at Card E2, what language or languages do you and your partner speak most often at home to the Study Child?

- English ......................................................... 1
- Irish ............................................................. 2
- Arabic ......................................................... 3
- French .......................................................... 4
- Polish .......................................................... 5
- Russian ......................................................... 6
- Czech ........................................................... 7
- Latvian .......................................................... 8
- Portuguese ...................................................... 9
- Spanish ......................................................... 10
- Chinese ....................................................... 11
- Lithuanian ..................................................... 12
- Romanian ...................................................... 13
- Other (specify) ............................................ 14
E2a. Is English your native language?  Yes ☐  No ☐

E3. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?  Yes ☐  No ☐

E4. Can you usually read and fill out forms you might have to deal with in your own language?  Yes ☐  No ☐

E5. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in English?  Yes ☐  No ☐

E6. Can you usually read and fill out forms you might have to deal with in English?  Yes ☐  No ☐

E7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?  Yes ☐  No ☐

E8. [Show Card E8] Looking at Card E8, which of these descriptions BEST describes your usual situation in regard to work?

Employee (incl. apprenticeship or Community Employment) ☐
Self employed outside farming ☐
Farmer ☐
Student full-time ☐
On State training scheme (FAS, Failte Ireland etc.) ☐
Unemployed, actively looking for a job ☐
Long-term sickness or disability ☐
Home duties / looking after home or family ☐
Retired ☐
Other (specify) ☐

E9. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. ☐

E10. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E11. Do you supervise or manage any personnel in your job?  Yes ☐  No ☐

E12. How many? ☐

E13. How many employees (if any) do you have? ☐ employees N A … ☐

E14. Apart from holiday or casual work, have you ever had a full-time job?. Yes ☐  No ☐

E15. In what year did you last work in that full-time job? ☐ year

E16. When you last worked in that full-time job were you?

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

E17. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E18a. Do you currently have a part time job outside the home?  Yes ☐  No ☐

E18b. On average, how many hours per week do you work in that part-time job? ☐ hours

E18c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]
E18d. [Show Card e18d] From the reasons listed on Card E18d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

- I can’t find a job ........................................................ [ ]
- I choose not to work .................................................... [ ]
- I am caring for an elderly or ill relative or friend............ [ ]
- I prefer be at home to look after my children myself .......... [ ]
- I cannot earn enough to pay for childcare.................... [ ]
- There are no suitable jobs available for me .................... [ ]
- My family would lose Social Welfare or medical benefits if I was earning ................................................. [ ]
- Other reason (specify) ________________________________ [ ]

Now go to E19

E19. Are you a citizen of Ireland?  

E20. What citizenship do you hold?  
______________________________________________  Don’t know ............ [8]

E21. Were you born in Ireland?  

E22. In which country were you born?  
______________________________________________  Don’t know ............ [8]

E23. How long ago did you first come to live in Ireland?  
Within the last year ............................................ [1]
1-5 years ago ........................................................ [2]
6-10 years ago ...................................................... [3]
11-20 years ago .................................................... [4]
More than 20 years ago .......................................... [5]
Don’t know ......................................................... [8]

E24. [Show Card E24] What is your ethnic or cultural background?  
Irish ................................................................. [1]
Irish Traveller ...................................................... [2]
Any other Black background ................................. [4]
Chinese ................................................................ [5]
Any other white background ............................... [3]
Any other Asian background ............................... [7]
African ...................................................... [4]
Other (incl. Mixed background) (specify) ............... [8]

E25. What is your date of birth?  
[Interviewer:]  

E26. Is respondent male or female?  