



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



15M

**GROWING UP IN IRELAND
STRICTLY CONFIDENTIAL**

INFANT COHORT AT 9 YEARS

SECONDARY CAREGIVER QUESTIONNAIRE

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 B - Child's Sleep and Relationships

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 D - Child's diet and exercise

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..... <input type="checkbox"/> 1	Somewhat overweight..... <input type="checkbox"/> 3
Normal weight..... <input type="checkbox"/> 2	Very overweight <input type="checkbox"/> 4

Section E - Parental Health

E1. [CARD E1] In general, how would you say your current health is?

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

E2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

E3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[INTERVIEWER: PLEASE RECORD DIAGNOSIS – NOT SYMPTOMS OF THE PROBLEM.]

E4a. Has this problem, illness or disability been diagnosed by a medical professional?

Yes ₁ No..... ₂

E4b. Since when have you had this problem, illness or disability? _____(year)

E5. Are you hampered in your daily activities by this problem, illness or disability?

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

E9. Do you look after anyone who needs special help or care, for example, someone who is elderly or has a long term illness or who has special needs – either here in your home or elsewhere? Include the study child if applicable. Do not include people whom you are employed to look after, but do include those for whom you are in receipt of a carer's allowance.

Yes ₁ No ₂

E10. How many people do you provide special help or care to? _____(number of people)

E11. [CARD E11] How are you related/connected to this person/these people? (tick all that apply)

- Your own parent(s) ₁
- Your partner/spouse's parent(s)..... ₂
- Your spouse/partner ₃
- The study child ₄
- Another child..... ₅
- Another adult ₆

E12. Is that person/are those people living here in the family home or elsewhere? (tick all that apply)

Here, in the family home ₁ Lives elsewhere..... ₂

E13. About how many hours per week would you say that you spend providing care to that person / those people?

_____ hrs per week

E14. [CARD E14] Would you say that providing this care puts pressure on your family life?

A lot of pressure ₁ A little pressure ₂ No pressure ₃

E15. Thinking about your free-time, in general would you say you are:

[INTERVIEWER:READ OUT]

- Very physically active ₁
- Fairly physically active..... ₂
- Not very physically active ₃
- Not at all physically active ₄

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

Section I – Parenting and Family Context

I1. [Card I1] If you are currently working outside of the home, can I ask you the extent to which you agree or disagree with the following statements?

[INTERVIEWER: IF RESPONDENT IS NOT CURRENTLY WORKING OUTSIDE OF THE HOUSE RECORD N/A]

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
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	<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) Your family time is less enjoyable and more pressured	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Because of your family responsibilities:						
c) You have to turn down work activities or opportunities that you would prefer to take on	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) The time you spend working is less enjoyable and more pressured	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

I2. [CARD I2] Looking at Card I2, now, I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
a) Sit down to eat together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b) Talk about things together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c) Do household activities together (e.g., gardening, cooking, cleaning, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

I10. [Card I10] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help 1 I don't get enough help 2 I don't get any help at all 3 I don't need any help 4

I14. Do you belong to any religious denomination

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

I15. [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

I16. How regularly do you attend religious service?

Daily 1 Weekly 2 Monthly 3 Less Often 4 Special Occasions 5 Never 6 Refused 7 N/a to your religion 8

I17a. In general, would you describe yourself as a religious person?

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

I17b. In general, would you describe yourself as a spiritual person?

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

Section L: SOCIO-DEMOGRAPHICS

L8. [Card L8] Which of these descriptions BEST describes your usual situation in regard to work?

[INTERVIEWER: IF RESPONDENT IS ON MATERNITY LEAVE AND SHE HAS A JOB WHICH SHE INTENDS TO RETURN TO, SHE SHOULD BE CODED AS 0]

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>0. Currently on maternity leave, but have a job to return to..... <input type="checkbox"/>0</p> <p>1. Employee (incl. Apprenticeship or Community Employment) <input type="checkbox"/>1</p> <p>2. Self-employed outside farming <input type="checkbox"/>2</p> <p>3. Farmer..... <input type="checkbox"/>3</p> | <p>4. Student full-time <input type="checkbox"/>4</p> <p>5. On State training scheme - eg SOLAS, Failte Ireland <input type="checkbox"/>5</p> <p>6. Unemployed, actively looking for a job <input type="checkbox"/>6</p> <p>7. Long-term sickness or disability <input type="checkbox"/>7</p> <p>8. Home duties / looking after home or family <input type="checkbox"/>8</p> <p>9. Retired..... <input type="checkbox"/>9</p> <p>10. Other (please specify) <input type="checkbox"/>10</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

L9. 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.

_____ hours

L10. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

_____ minutes

[INTERVIEWER. IF RESPONDENT WORKS AT HOME ENTER '0' FOR MINUTES]

L11. [CARD L11] How often does your work involve...READ OUT...

Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week	Every day	Don't know
-------	------------------------	--------------	-----------------------	-------------	----------------------	-----------	------------

a ...working evenings or nights – after usual office hours

1 2 3 4 5 6 7 8

b ...having to work overtime at short notice?

1 2 3 4 5 6 7 8

L12. [CARD L12] How often does your work involve working at weekends?

Never	Less than once a month	Once a month	Several times a month	Every week	(Don't know)
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

L13. When did you start your current job? _____ year _____ month

L14. [CARD L14] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION _____

L15. In general, how would you rate your employer in terms of allowing 'family friendly' working?

- Very good.....1
- Fairly good2
- Neither good nor poor3
- Fairly poor4
- Very poor.....5

[INTERVIEWER: ASK L16 IF CODE 0 OR 1 AT L8]

L16. Do you supervise or manage any personnel in your job?

- Yes1 No2

L17. How many? _____

[INTERVIEWER: ASK L18 IF CODE 2 OR 3 AT L8]

L18. How many employees (if any) do you have? _____ employees → **Go to L35**

[INTERVIEWER: ASK L19 IF CODE 3 AT L8]

L19. How many acres do you farm? _____ acres _____ hectares → **Go to L35**

L20. Apart from holiday or casual work, have you ever had a full-time job? Yes ...1 No ..2 **Go to L28**

L21. In what year did you last work in that full-time job? _____ year

L22. When you last worked in that full-time job were you?

- Employee (incl. apprenticeship
or Community Employment)1 Self-employed outside farming2 Farmer3

L23. Did you supervise or manage any personnel in your job?

- Yes1 No2

L24. How many? _____

L25. How many employees (if any) did you have? _____ employees

L26. How many acres did you farm? _____ acres _____ hectares

L27. [CARD L27/30] What (was) your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION _____

L28. Do you currently have a part-time job outside the home? Yes ₁ No..... ₂ Go to L32

L29. On average, how many hours per week do you work in that part-time job? _____ hours

L30. [CARD L27/30] What is your occupation in that part-time job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your OCCUPATION _____

L31. If a farmer or a farm worker, write in the SIZE of the farm _____ acres _____ hectares Go to L35

L32. [CARD L32] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | |
|------------------------------------------------------------------|----------------------------------------------------------|
| 1. I can't find a job..... _____ | 6. I cannot find suitable childcare..... _____ |
| 2. I chose not to work..... _____ | 7. There are no suitable jobs available for me ... _____ |
| 3. I am caring for an elderly or ill relative or friend... _____ | 8. My family would lose Social Welfare or |
| 4. I prefer be at home to look after my children myself | medical benefits if I was earning _____ |
| 5. I cannot earn enough to pay for childcare _____ | 9. Other reason (please specify) _____ |

L35. I'd like you to think back over the last 4 years – the last 48 months. In approximately how many of those months would you say you were mainly engaged in paid work outside the home (ignore holidays and so on)

Paid work outside the home _____ months

Now I would like to ask you a few questions about household income. Once again, I would like to assure you that all information will be treated in the strictest confidence.

L51. Compared to when we last interviewed you, when <child> was 5 years old, how would you say the overall financial situation of your family has changed? Would you say you are

[INTERVIEWER: READ OUT]

Much better
off now

₁

Somewhat better
off now

₂

No change
off now

₃

Somewhat worse
off now

₄

Much worse
off now

₅

L52. Why is that? _____

L53. [CARD L53] Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

With great difficulty

₁

With difficulty

₂

With some difficulty

₃

Fairly easily

₄

Easily

₅

Very easily

₆

L54. When you were 16 was your mother alive Yes .. ₁

No..... ₂

L55 When you were 16 was your father alive Yes .. ₁

No..... ₂

Section M – About You

M1a. [Forward feed of parental education from last interview]

When we last interviewed you in [MM/YYYY] we recorded that the highest level of education (full-time or part-time) which you had completed was <level of education from last interview>.

M1b. Is this still the highest level of education you have completed to date?

Yes ₁ No, wrongly recorded last time ₂ No, changed since last time..... ₂

M1. [CARD M1] What is the highest level of education (full-time or part-time) which you have completed to date?

[INTERVIEWER: HIGHEST LEVEL ATTAINED (SUCCEEDED IN ACHIEVING)]

No formal education ₁

Primary education ₂

Second Level

Lower Secondary ₃

(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

Upper Secondary ₄

(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

Technical or Vocational qualification ₅

(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

Third Level

National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma ₆

(Non Degree)

Primary Degree ₇

(Third Level Bachelor Degree)

Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor) ₈

Both a Degree and a Professional qualification ₉

Postgraduate Certificate or Diploma ₁₀

Postgraduate Degree (Masters) ₁₁

Doctorate (Ph.D) ₁₂

[INTERVIEWER: ASK M2 ONLY IF M1 IS CODE 3 OR HIGHER]

M2. In what year did you get this qualification? _____

[INTERVIEWER: ASK M3 ONLY IF M1 IS CODE 5 OR HIGHER]

M3. What is the name of this qualification?

[INTERVIEWER: PLEASE RECORD AS MUCH DETAIL AS POSSIBLE]

[INTERVIEWER: ASK M4 ONLY IF M1 IS CODE 5]

M4. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?

Yes ₁ No ₂

[BLAISE CONDITION: ASK M7 – M9 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

M7. 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 your native language?

Yes ₁ No..... ₂

M8. Can I just check, can you read aloud to a child from a children's story book written in English?

Yes ₁ No..... ₂

M9. Can you usually read and fill out forms you might have to deal with in English?

Yes ₁ No..... ₂

[BLAISE CONDITION: ASK M10 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

M10. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes ₁

No..... ₂

M11. Are you a citizen of Ireland?

Yes..... ₁

No ₂

M12. What citizenship do you hold? _____

[ASK M13 – M15 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

M13. Were you born in Ireland?

Yes..... ₁

No ₂

M14. In which country were you born? _____

M15. In what year did you first come to live in Ireland? _____ year

M18. [CARD M18] Looking at card M18, can you tell me, what is your ethnic or cultural background?

White

Irish..... ₁

Irish Traveller ₂

Any other White background ₃

Black or Black Irish

African..... ₄

Any other Black background..... ₅

Asian or Asian Irish

Chinese ₆

Any other Asian background ₇

Other, including mixed background ₈

Section N. Neighbourhood / Community

N2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes ₁

No ₂