We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide 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. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and 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 and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION


A1a. What is your date of birth? ________ day ________ month ________ year

A2. [Card A2] Which of the following best describes your relationship to <baby>? [Interviewer use codes only]


B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started [ 2 4 2 4 hour clock]
B1c.

B1d.

B1e.

C. BABY’S DEVELOPMENT

Time Section Started ____________  (24 hour clock)

Now I’d like to ask you some questions about <baby’s> habits and routines.

C1. Were you present at the birth of <baby>?

Yes .................................. □1  Wanted to, but missed it ................. □2  No .......... □3

C2. [Card C2] 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) ____________

C3. [Card C3] Who generally does the following with <baby>?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always yourself</th>
<th>Usually yourself</th>
<th>About equally by you &amp; partner</th>
<th>Usually spouse/partner</th>
<th>Always spouse/partner</th>
<th>Some one else</th>
<th>No one does this</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Bathes him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Feeds him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c) Shows him / her pictures in books</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(d) Cuddles him / her</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo)</td>
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<tr>
<td>(f) Taking him / her for walks, outings, visiting relatives or friends etc.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(g) Reading stories to him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Changing his/her nappy</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(i) Getting up in the night to see to him / her</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(j) Sings to him / her...................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(k) Gets him / her up in the morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(l) Puts him / her to bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(m) Dresses him / her in the morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n) Picks up him / her when he /she cries</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
C4. How much is <baby’s> sleeping pattern or habits a problem for you?

A large problem A moderate problem A small problem No problem at all

☐1 ............... ☐2 ............... ☐3 ............... ☐4 ...............

C5. Do you feel that <baby’s> crying is a problem for you?

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

D. PARENT’S HEALTH AND LIFESTYLE

Now a few questions about your own health.

Time Section Started [ ] [ ] [ ] (24 hour clock)

D1. In general, how would you say your current health is?

Excellent ........................................... ☐1 ............... Fair ........................................... ☐4 ...............

Very Good ........................................... ☐2 ............... Poor ........................................... ☐5 ...............

Good ................................................... ☐3 ...............

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

D3. What is the nature of this problem, illness or disability? Please describe as fully as possible. [Int. Please record diagnosis – not symptoms of the problem]

__________________________________________________ ___________________________________

D4. Since when have you had this problem, illness or disability? _________(mth) _______(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?

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

D6. [Card D6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

Some difficulty

No Difficulty ☐1 ............... Just a little ☐2 ............... A moderate level ☐3 ............... A lot of difficulty ☐4 ............... Cannot do at all ☐5 ...............

D7. Do you currently smoke daily, occasionally or not at all?

Daily .................. ☐1 ............... Occasionally .................. ☐2 ............... Not at all .................. ☐3 ...............

D8. Have you ever smoked? Was it:

Daily .................. ☐1 ............... Occasionally .................. ☐2 ............... Never .................. ☐3 ...............

D9. About how many cigarettes or cigars do/did you smoke on average each day?

____________ ... [Int. enter ‘0’ if less than 1 on average]
D10. [Card D10] Looking at Card D10, can you tell me 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 1-2 times a month ask:
D11. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit and bottles of alcopops would you drink?

Pints of Beer ______ Glasses of Wine ______ Measures of Spirits ______ Bottles of alcopops ______

D12. What is your height without shoes? ______ feet ______ inches OR Metres ______

D13. What is your weight without clothes and shoes? ______ stones ______ lbs OR ______ Kilograms

E. FAMILY CONTEXT

Time Section Started ________ (24 hour clock)

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

E1. [Card E1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your child now. Remember, there are no right and wrong answers, just try and be as honest as possible.

A. I am happy in my role as a parent..................................................
B. There is little or nothing I wouldn't do for my child if it was necessary........................................
C. Caring for my child sometimes takes more time and energy than I have to give..........................
D. I sometimes worry whether I am doing enough for my child ........................................
E. I feel close to my child.................................................................
F. I enjoy spending time with my child........................................
G. My child is an important source of affection for me......
H. Having a child gives me a more certain and optimistic view for the future.............................
I. The major source of stress in my life is my child...........
J. Having a child leaves little time and flexibility in my life. ....
K. Having a child has been a financial burden.............
L. It is difficult to balance different responsibilities because of my child..............................
M. The behaviour of my child is often embarrassing or stressful to me. ................................
N. If I had it to do over again, I might decide not to have a child ..........................................................
O. I feel overwhelmed by the responsibility of being a parent. ........................................
P. Having a child has meant having too few choices and too little control over my life. ......................
Q. I am satisfied as a parent.....................................................
R. I find my child enjoyable.....................................................
E2. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

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

Because of your family responsibilities:
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 ...........................................................

E3a. Are you currently taking, or intend to take, unpaid parental leave with <baby>?

Currently... □1  In the past... □2  No... □2

E3b. How many days or weeks will you take? __________ days OR __________ weeks

E3c. Were these / will these be taken as a block or spread over a period of time?
Taken as a block... □__ Spread over a period of time... □_

F: SOCIO-DEMOGRAPHICS

Time Section Started __________ (24 hour clock)

Now some questions about the circumstances of your household.

F1. [Card F1] Looking at Card F1, which of these descriptions BEST describes your usual situation in regard to work?
Employee (incl. apprenticeship or Community Employment) □1
Self employed outside farming □2
Farmer □3
Student full-time □4
On State training scheme (FAS, Failte Ireland etc.) □5
Unemployed, actively looking for a job □6
Long-term sickness or disability □7
Home duties / looking after home or family □8
Retired □9
Other (specify) □10

F2. 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

F2x. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)? ___________ minutes [Int. if respondent works at home enter ‘0’ for minutes]

F3. [Card F3] What is 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: Do not use general terms such as:
RETAIL STORE MANAGER --- MANAGER
SECONDARY TEACHER --- TEACHER
ELECTRICAL ENGINEER --- 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.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

___________________________________________________ __________________________

F4a. Do you supervise or manage any personnel in your job?
Yes □1  No □2

F4b. How many? __________________________
F5. How many employees (if any) do you have? __________ employees  N A .... ☐

F5x. [Ask only if Farmer at F1.] What is the acreage of the farm? ______________ acres

F6. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _________ hours per week

F7. Apart from holiday or casual work, have you ever had a full-time job?  Yes ☐  No ☐ Go to F11a

F8. In what year did you last work in that full-time job? _______ year

F9. When you last worked in that full-time job were you?
   Employee (incl. apprenticeship or Community Employment) ☐
   Self-employed outside farming ☐
   Farmer ☐

F10. [Card F3] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible
   In all cases please describe the occupation fully and precisely giving the full job title.
   Use precise terms such as: RETAIL STORE MANAGER  MANAGER
   SECONDARY TEACHER  TEACHER
   ELECTRICAL ENGINEER  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.
   Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

   Write in your main OCCUPATION
   ________________________________________________________________

F10x. [Ask only if Farmer at F9.] What was the acreage of the farm? ______________ acres

F11a. Do you currently have a part time job outside the home?  Yes ☐.... No ☐ Go to F11d

F11b. On average, how many hours per week do you work in that part-time job? _________ hours

F11c. [Card F3] What is your occupation in that job? (What do you mainly do 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  MANAGER
   SECONDARY TEACHER  TEACHER
   ELECTRICAL ENGINEER  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.
   Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

   Write in your main OCCUPATION
   ________________________________________________________________

If a farmer or a farm worker, write in the SIZE of the farm _________ acres

F11d. [Card F11d] 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.
   I can’t find a job............................................................... ___
   I chose 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               ___
   I cannot find suitable 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)_______________________________ ___

   If you are a farmer or a farm worker, write in the SIZE of the farm _________ acres

6
F12. Do you plan to start or return to paid work?
Yes, in the next 3 months ............................................................
Yes, in 3 to 12 months time .......................................................
Yes, in more than 1 year’s time .............................................
Have no plans to return to paid work........................................
Other reason (specify)___________________ .............................

F13. What is the highest level of education (full-time or part-time) which you have completed to date?
1. No formal education ..............................................................................
2. Primary education ......................................................................................

**Second Level**
3. Lower Secondary ..................................................................................
4. Upper Secondary ..................................................................................
   (Leaving Certificate (including Applied and Vocational Programmes). ‘A’ Levels, NCVA Level 1 Certificate or equivalent)
5. Technical or Vocational qualification ..................................................
   (Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification .............

**Third Level**
7. Non Degree ..........................................................................................
8. Primary Degree ......................................................................................
   (Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) ..................................
10. Both a Degree and a Professional qualification ......................................
11. Postgraduate Certificate or Diploma ....................................................
12. Postgraduate Degree (Masters) ............................................................
13. Doctorate (Ph.D) ..................................................................................

F13x. At what age did you leave full-time education for the first time? ______ years

F14. What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]

- English ………………………………..
- Irish ...........................................
- French ......................................
- Russian ......................................
- Latvian ......................................
- Spanish ......................................
- Lithuanian ..................................
- German ....................................
- Other (specify) ................................

F15. Is English your native language? Yes .............. No ..............

F16. 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 ...........................................

F17. Can you usually read and fill out forms you might have to deal with in your own language?
Yes ...........................................
No ...........................................

F18. 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 ........

F19. Can you usually read and fill out forms you might have to deal with in English?
Yes ........
No ........
F20. 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 □

F21. Are you a citizen of Ireland?

Yes □ No □

F22. What citizenship do you hold?

__________________________

F23. Were you born in Ireland?

Yes □ No □

F24. In which country were you born?

__________________________________________

F25. How long ago did you first come to live in Ireland?

<table>
<thead>
<tr>
<th>Within the last year</th>
<th>1-5 years ago</th>
<th>6-10 years ago</th>
<th>11-20 years ago</th>
<th>More than 20 years ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

F26. [Card F26] What is your ethnic or cultural background?

Irish □ Any other Black background □
Irish Traveller □ Chinese □
Any other white background □ Any other Asian background □
African □ Other [incl. mixed background] – specify □

F27. Do you belong to any religion

Yes □ No □

F28. [Card F28] Which religion

Christian – no denomination □
Roman Catholic □
Anglican/Church of Ireland/Episcopalian □
Other Protestant □
Jewish □
Muslim □
Other (specify) □

Time Section Ended □ □ □ (24 hour clock)