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Office of the Minister for Children and Youth Affairs
Oifig an Aire Leanaí agus Gnóthaí Óige

University of Dublin
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NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE - TWIN MODULE

GROUP ☐☐ **HHOLD** ☐☐☐☐ **RESPONDENT** ☐☐

INTERVIEWER NAME _____ **INTERVIEWER NO:** ☐☐☐☐☐☐

Time Section Started ☐☐☐☐ **(24 hour clock)** **DATE:___dd___mm___yy**

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. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started ☐☐☐☐ **(24 hour clock)**

X1a. Record <baby's> name: _____

X1b. Record <baby's> gender Male .....☐1 Female.....☐2

X1c. Record <baby's> date of birth ___dd___mm_____yyyy

A1. *[Card A1]* When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave .....☐1
Is unhappy at first but quickly settles down .....☐2
Remains unsettled and unhappy during your entire absence .....☐3
Have never left <baby> with someone else.....☐4

A2. *[Card A2]* And when you return, having left <baby> with someone else, how does he or she usually act?

With delight .....☐1
With a mixture of delight and annoyance .....☐2
Hard to tell, no particular emotion .....☐3
Seems to be annoyed/angry with me for leaving him/her .....☐4

A3. The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel **Attachment Scale**

a.

b.

c.

d.

e.

f.

g.

h.

i.

A4. When <baby> cries how often does he/she get on your nerves?

Never/ Almost never	Rarely	Sometimes	Often	Always / Almost always
☐1	☐2	☐3	☐4	☐5

A5. ***[Card A5]*** **I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of '1' to '7' for each question.** ***Temperament Scale***

A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
K.
L.
M.
N.
O.
P.
Q.
R.
S.
T.
U.
V.
W.
X.

B. BABY'S DEVELOPMENT

Time Section Started ☐☐☐☐ **(24 hour clock)**

Now I'd like to ask you some questions about <baby's> development

Communication	Yes	Sometimes	Not Yet

Gross Motor	**Yes**	**Sometimes**	**Not Yet**
Fine Motor	**Yes**	**Sometimes**	**Not Yet**
Problem Solving	**Yes**	**Sometimes**	**Not Yet**
Personal - Social	**Yes**	**Sometimes**	**Not Yet**

BX1. Do you talk to your baby while you are busy doing other things? (eg. while you do housework).

Never ☐1 Rarely ☐2 Sometimes ☐3 Often ☐4 Always ☐5

BX2a. Do you have any other concerns about any aspects of baby's behaviour or development?

Yes .....☐1 No.....☐2

BX2b. What concerns do you have?

_____
_____

C. BABY'S HABITS

Time Section Started ☐☐☐☐ (**24 hour clock)**

C1. In general, what time in the evening does your baby usually go to sleep? _____(24 hour clock)

C2. Approximately how many hours sleep does your baby have during
(a) the day? _____ hours (b) the night ?_____ hours

C3. On a normal day what time does your baby usually get up at in the morning? _____(24 hour clock)

C4. Is your baby ever difficult when put to bed?

Most of the time ☐1 Often ☐2 At times ☐3 Rarely ☐4 Never ☐5

C5. How often does your baby wake at night?

Never ☐1 Occasionally ☐2 Most nights ☐3 Every night ☐4 More than once per night ☐5

C6. How many times per night on average? _____

C7. Do you ever wake <baby> for a feed during the night?

Yes, usually ☐1 **Yes, sometimes** ☐2 **No, not at all** ☐3

C8.How do you normally put <baby> down to sleep?

On his/her stomach ☐1 On his/her side ☐2 On his/her back ☐3

C9. Does <baby> usually sleep:

In a room on his/her own ..... ☐1
In a room with other children ..... ☐2
In your bedroom ..... ☐3
Elsewhere ..... ☐4

C10. Where does <baby> sleep for most of the night?

In his/her own bed/cot ..... ☐1
In bed/cot with other children..... ☐2
In your bed..... ☐3
Other (specify) ..... ☐4

C11. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _____**N**

C12. Do you feel that <baby's> crying is a problem for you?

Yes..... ☐1 No..... ☐2

C13. 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

C14. Have you ever taken your child to a doctor, consulted a pharmacist for a sleeping problem?

Yes..... ☐1 No..... ☐2

C15. Have you used a soother / dummy with <baby> in the last week?

Yes ..... ☐1 No ☐2

D. CHILDCARE ARRANGEMENTS

Time Section Started ☐☐☐☐ (**24 hour clock)**

D1. Is <baby> currently being minded by someone else, other than you or your partner, on a regular basis each week?

Yes..... ☐1 No..... ☐2

D2. Can you indicate (a) who else minds <baby> on a regular basis,
(b) number of days per week (<baby> spends in each type of childcare,
(c) number of hours per week <baby> spends in each type of childcare,
(d) how much you pay for this childcare for <baby> per week
(e) whether this is your main type of childcare

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home	☐1 **Go to D3a**	_____N	_____N	€_____	☐4
b. A non-relative in your home	☐2 **Go to D4a**	_____N	_____N	€_____	☐4
c. A relative in their home	☐3 **Go to D3b**	_____N	_____N	€_____	☐4
d. A non-relative in their home	☐4 **Go to D4b**	_____N	_____N	€_____	☐4
e. Centre-based caregiver (e.g.Crèche / Day nursery)	☐5 **Go to D5**	_____N	_____N	€_____	☐4
f. Other (please specify).....	☐6 Go to D6	_____**N**	_____**N**	**€**_____	☐4

D3a. Please specify how this person is related to <baby>

a. Grandmother of <baby>. ..... ☐1
b. Grandfather of <baby>..... ☐2
c. Aunt /Uncle of <baby> ..... ☐3
d. Brother / Sister of <baby>..... ☐4
e. Non-resident Parent..... ☐5
f. Cousin of <baby>..... ☐6
g. Other relative ..... ☐7

D3b. Please specify how this person is related to <baby>

a. Grandmother of <baby>. ..... ☐1
b. Grandfather of <baby> ..... ☐2
c. Aunt /Uncle of <baby>..... ☐3
d. Brother / Sister of <baby> ..... ☐4
e. Non-resident Parent ..... ☐5
f. Cousin of <baby> ..... ☐6
g. Other relative..... ☐7

D4a. Which of the following best describes that person?

a. Au pair / Nanny..... ☐1
b. Friend or parent ..... ☐2
c. Neighbour ..... ☐3
d. Registered childminder..... ☐4
e. Unregistered childminder..... ☐5
f. Other..... ☐6

D4b. Which of the following best describes that person?

a. Au pair / Nanny ..... ☐1
b. Friend or parent..... ☐2
c. Neighbour..... ☐3
d. Registered childminder ..... ☐4
e. Unregistered childminder ..... ☐5
f. Other ..... ☐6

D5. What type of centre is it?

a. Work-based crèche..... ☐1
b. Other crèche/nursery..... ☐2
c. Montessori ..... ☐3
d. Playschool or pre-school ..... ☐4
e. Naoinra ..... ☐5
f. Other..... ☐6

D6. What age was <baby> when you started to use the main childcare arrangement? _____months

D7. How many children (excluding <baby>) are looked after in this main type of care?

_____ **number of children**

[Int. if answer at D2 is a or b please go to D9]

D8a. Do you personally drop <baby> to this main type of care on your way to work?

Yes..... ☐6 No ..... ☐2 Don't work..... ☐3

D8b. Do you personally collect <baby> from this main type of care on your way home from work?

Yes..... ☐6 No ..... ☐2 Don't work..... ☐3

D8c. What distance do you travel from home to this main type of care?

Carer lives on my street / road .....☐1
Less than ½ mile (1 kilometre) .....☐2
½ to 1 mile (1 – 1.5 kilometres) .....☐3
1 to 5 miles (1.5 – 8 kilometres) .....☐4
6 to 10 miles (9 –16 kilometres) .....☐5
More than 10 miles (more than 16 kilometres) ☐6

D8d. On average how long does it take to travel from home to where <baby> is cared for?
[Int. if time differs between getting there and coming home record the longer of the two]

_____ minutes

D8e. On a typical day, what time in the morning does <baby> leave home to go to the main type of care?

_____ 24 hour clock

D8f. On a typical day, what time does <baby> return home from the main type of care?

_____ 24 hour clock

D9a. *[Card D9a]* What was the single most important reason for you choosing this main form of childcare?

It was the only one I could afford.....☐1
Convenient to my home.....☐2
Linked to my job .....☐3
The quality of the care provided .....☐4
It was the only one available to me .....☐5
Other (please for describe) _____☐6

D9b. To what extent was your choice of childcare determined by financial constraints?

Completely	To a large degree	To some degree	Only a little	Not at all
☐1	☐2	☐3	☐4	☐5

D10a. How satisfied are you with these arrangements?

Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
☐1	☐2	☐3	☐4	☐5

D10b. Why are you dissatisfied?

_____

_____

D10c. Why do you not change the arrangement?

_____

_____

D11.What are your intentions for childcare when <baby> is 3 years old? [Tick all that apply]

Baby minded by me on a full-time basis ..... ☐1
Baby minded by my partner on a full-time basis ..... ☐2
Shared by my partner and me ..... ☐3
Part-time child-care ..... ☐4
Full-time child-care ..... ☐5

D12. Which type of childcare?

A relative in your home ..... ☐1
Someone else in your home ..... ☐2
A relative in their home ..... ☐3
Someone else in their home ..... ☐4
A professional caregiver (e.g crèche/day nursery) ..... ☐5
Other (please specify) ..... ☐6

D13. *[Card D13]* Since <baby> was born has difficulty in arranging child care ever…. [Tick all that apply]

a. prevented you looking for a job ..... ☐1
b. made you turn down or leave a job ..... ☐2
c. stopped you from taking on some study or training ..... ☐3
d. made you leave a study or training course ..... ☐4
e. restricted the hours you could work or study ..... ☐5
f. prevented you from engaging in social activities ..... ☐6
g. Other please specify _____ ☐7

E. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

E1. Have any of the other children in your household been particularly jealous/unhappy about <baby> (e.g. hitting etc.)?

Yes ..... ☐1 No ..... ☐2

F. INFANT'S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started ☐☐☐☐ **(24 hour clock)**

F1. How much did <baby> weigh at birth? ___lbs ___ounces OR ___kgs

F2. What was <baby's> length at birth? ___inches OR ____cms

F3. *[Card F3]* Were there any complications during <baby's> birth? [Tick all that apply]

A. No complications ..... ☐1
B. Very long labour (more than 12 hours) ..... ☐2
C. Very rapid labour (less than 2 hours) ..... ☐3
D. Foetal distress – Abnormal Heart rate tracing ..... ☐4
E. Foetal distress - Meconium or other sign ..... ☐5
F. Foetal blood sample taken in labour ..... ☐6
G. Birth injury – nerve injury / fracture / bruising ..... ☐7
H. Other complication [please specify]_____ ☐8

F4. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes ..... ☐1 No ..... ☐2 Don't know ..... ☐3

F5. Did <baby> need any help with his/her breathing from a ventilator?

Yes ..... ☐1 No ..... ☐2 Don't know ..... ☐3

F6. How many days or parts of days were you in hospital after the birth? ____days

F7. How many days or parts of days was <baby> in hospital after the birth? ____days

F8a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes.....☐1 No .....☐2 → Go to F10d

F8b. Was <baby> still being breastfed when you brought him/her home from hospital?

Yes .....☐1 No .....☐2

F9a. Was <baby> ever exclusively breastfeed?
[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes .....☐1 No .....☐2 → Go to F11

F9b. How old was <baby> when he/she stopped being <u>exclusively</u> breastfed?

[Int: Accept answer in Days <u>OR</u> Weeks <u>OR</u> Months]

____Days ____Weeks ____Months <Baby> still being exclusively breastfed….☐999

F10a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes .....☐1 → Go to F11 No .....☐2

F10b. How old was <baby> when he/she completely stopped being breastfed?

[Int: Accept answer in Days <u>OR</u> Weeks <u>OR</u> Months]

____Days ____Weeks ____Months

[INT: Only Ask F10c if biological mother]

F10c. *[Card F10c]* What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

a. Not enough milk/hungry baby.....☐1
b. Inconvenience/fatigue.....☐2
c. Difficulty with breast feeding techniques.....☐3
d. Sore nipples/engorged breast .....☐4
e. Mother's illness.....☐5
f. Planned to stop at this time .....☐6
g. Baby weaned himself/herself.....☐7
h. Physician told me to stop .....☐8
i. Returned to work .....☐9
j. Partner/father wanted me to stop .....☐10
k. Formula feeding preferable .....☐11
l. Wanted to drink alcohol.....☐12
m. Embarrassment/social stigma .....☐13
n. Other, please specify.....☐14

INT: Only Ask F10d if biological mother]

F10d. *[Card F10d]* Why did you choose not to breastfeed <baby> [Tick all that apply]

a. Not enough milk.....☐1
b. Inconvenience/fatigue.....☐2
c. Difficulty with breast feeding techniques.....☐3
d. Sore nipples/engorged breast .....☐4
e. Mother's illness.....☐5
f. Physician told me not to .....☐6
g. Partner/father did not want me to breastfeed.....☐7
h. Formula feeding preferable .....☐8
i. Wanted to drink alcohol.....☐9
j. Embarrassment/social stigma .....☐10
k. Other, please specify.....☐11

F11. I'm now going to ask when <baby> first had (other) different types of milk. Please include any eaten with cereal. How old was <baby> when he/she first had:

Formula milk, such as Cow & Gate or SMA?	____Days	____Weeks	____Months	☐4 Hasn't Had
Cow's milk?	____Days	____Weeks	____Months	☐4 Hasn't Had
Any other type of milk, such as soya milk?	____Days	____Weeks	____Months	☐4 Hasn't Had

F12. What else does <baby> drink apart from milk or formula? [Tick all that apply]

Water .....☐1
Baby Juice .....☐2
Fruit juices/Cordial/Squash.....☐3
Fizzy or soft drinks (e.g. lemonade, coke).....☐4
None of the above.....☐9
Herbal drinks .....☐5
Tea .....☐6
Coffee.....☐7
Other [please specify].....☐8

F13. Can I check, has <baby> had any solid food on a regular basis?
REGULARLY = MORE THAN TWICE A WEEK FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

Yes ☐1 No ☐2

F14. How old was <baby> when he/she first had solid food regularly?

_____Days _____Weeks _____Months Hasn't yet ☐1

F15. In general, how would you describe (a) <Baby's> Health at Birth (i.e. the first two weeks after birth) and (b) <Baby's> Current Health

	(a) Health at birth	(b) Current health
Very healthy, no problems	☐1	☐1
Healthy, but a few minor problems	☐2	☐2
Sometimes quite ill	☐3	☐3
Almost always unwell	☐4	☐4

F16. Can you tell me whether <baby> has received: [Tick all that apply]

Their six-week checkup ☐1
Vaccines at 2 months ☐2
Vaccines at 4 months ☐3
Vaccines at 6 months ☐4
No vaccinations ☐5

F17. *[Card F17]* Has a medical professional ever told you that <baby> has any of the following conditions?
[Tick all that apply]

a. Respiratory disease [including asthma] ☐1
b. Heart abnormalities ☐2
c. Digestive allergies (e.g. lactose intolerant) ☐3
d. Eczema or any kind of skin allergy ☐4
e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) ☐5
f. Difficulty seeing ☐6
g. A problem with mobility or using his/her arms/legs to get around ☐7
h. A problem with using his/her hands or arms ☐8
i. Cerebral palsy ☐9
j. Kidney disease ☐10
k. Diabetes ☐11
l. Any developmental delay ☐12
m. Down syndrome ☐13
n. Spina bifida / Hydroencephalis ☐14
o. Cleft lip and/or palate ☐15
p. Other long-term condition [please specify] _____ ☐16
q. None of the above ☐17

F18. *If yes to any of the above:* **You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?**
IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE RESPONDENT TO CONSIDER [CHILD]'s MOST SEVERE CONDITION.

Minor ☐1 Moderate ☐2 Severe ☐3

F19. *[Card F19]* We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse, or to Accident and Emergency. What were these problems? [TICK ALL THAT APPLY]

a. Snuffles/common cold ☐1
b. Chest infections ☐3
c. Ear infections ☐3
d. Feeding problems ☐4
e. Sleeping problems ☐5
Dental problems (e.g. teething) ☐6
g. Wheezing or asthma ☐7
h. Skin problems ☐8
i. Persistent nappy rash ☐9
j. Undescended testicle ☐10
k. Tight foreskin ☐11
l. Hernia ☐12
m. Sight or eye problems ☐13
n. Failure to gain weight or to grow ☐14
o. Persistent or severe vomiting ☐15. f.
p. Persistent diarrhea or constipation ☐16
q. Fits or convulsions ☐17
r. Meningitis ☐18
s. Colic ☐19
t. Other health problems [please specify] ☐20
u. None of the above ☐21

F20. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about <baby's> physical health? (exclude time of birth) [If none enter '0' do not leave blank]

A general practitioner (GP), or family physician ..... _____N
A paediatrician ..... _____N
A public health nurse or practice nurse ..... _____N
Another medical doctor (such as a hearing specialist)..... _____N
Accident and Emergency or Outpatient..... ..... _____N

F21. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

Yes..... ☐1 No ..... ☐2 Don't know ..... ☐3

F22. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ **Nights**

F23. Since <baby> was born, was there any time, in your opinion, when he/she needed a medical examination or treatment but did not receive it?

Yes..... ☐1 No..... ☐2 Don't know..... ☐3 Refused ..... ☐4

F24. Why did <baby> not get the medical care or treatment? Was this because:
[TICK YES OR NO TO EACH]

	Yes	No
You couldn't afford to pay	☐1	☐2
The necessary medical care wasn't available or accessible to you	☐1	☐2
You could not take time off work to visit the doctor	☐1	☐2
Wanted to wait and see if the problem got better	☐1	☐2
Still on the waiting list	☐1	☐2
Other (specify)	☐1	☐2

F25. Many babies have accidents at some time. Has <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

Yes ..... ☐1 No ..... ☐2

G. FAMILY CONTEXT

Time Section Started ☐☐☐☐ **(24 hour clock)**

G1. *[Card G1]* Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> <u>now</u>. Remember, there are no right and wrong answers, just try and be as honest as possible.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent	☐1	☐2	☐3	☐4	☐5
B. There is little or nothing I wouldn't do for my child if it was necessary	☐1	☐2	☐3	☐4	☐5
C. Caring for my child sometimes takes more time and energy than I have to give	☐1	☐2	☐3	☐4	☐5
D. I sometimes worry whether I am doing enough for my child	☐1	☐2	☐3	☐4	☐5
E. I feel close to my child	☐1	☐2	☐3	☐4	☐5
F. I enjoy spending time with my child	☐1	☐2	☐3	☐4	☐5
G. My child is an important source of affection for me	☐1	☐2	☐3	☐4	☐5
H. Having a child gives me a more certain and optimistic view for the future	☐1	☐2	☐3	☐4	☐5
I. The major source of stress in my life is my child	☐1	☐2	☐3	☐4	☐5
J. Having a child leaves little time and flexibility in my life.	☐1	☐2	☐3	☐4	☐5
K. Having a child has been a financial burden	☐1	☐2	☐3	☐4	☐5
L. It is difficult to balance different responsibilities because of my child.	☐1	☐2	☐3	☐4	☐5
M. The behaviour of my child is often embarrassing or stressful to me.	☐1	☐2	☐3	☐4	☐5

N. If I had it to do over again, I might decide not to have child ..... ☐1 ☐2 ☐3 ☐4 ☐5

O. I feel overwhelmed by the responsibility of being a parent. ..... ☐1 ☐2 ☐3 ☐4 ☐5

P. Having child has meant having too few choices and too little control over my life. ..... ☐1 ☐2 ☐3 ☐4 ☐5

Q. I am satisfied as a parent. ..... ☐1 ☐2 ☐3 ☐4 ☐5

R. I find my child enjoyable..... ☐1 ☐2 ☐3 ☐4 ☐5