



Appendices to Report on Pre-piloting, Piloting and Dress Rehearsal Phases of the Infant Cohort at Wave One (9 months)

Appendix A – Instrumentation used in the pre-pilot exercise

- Initial Contact Documents and Consents
 - Information Sheet and Consent Form for Respondents
 - Tracing Information Sheet
- Primary Caregiver Questionnaire
- Primary Caregiver Sensitive Questionnaire
- Secondary Caregiver Questionnaire

Appendix B – Instrumentation used in the pilot phase

- Initial Contact Documents and Consents
 - Introductory letter to Respondents
 - Information Sheet for Respondents
 - Consent Form for Respondents
 - Work Assignment Sheet
- Primary Caregiver Questionnaire
- Primary Caregiver Sensitive Questionnaire
- Secondary Caregiver Questionnaire
- Secondary Caregiver Sensitive Questionnaire
- Primary Caregiver Twin Questionnaire
- Secondary Caregiver Twin Questionnaire
- Non Resident Parent Questionnaire
- Non Resident Parent Information Sheet
- Home-based Carer Questionnaire
- Centre-based Carer Questionnaire
- Carer Information Sheet

Appendix C – Instrumentation used in the dress rehearsal phase

- Initial Contact Documents and Consents
 - Introductory letter to Respondents
 - Information Sheet for Respondents
 - Consent Form for Respondents
 - PPSN Consent
 - NPRS Consent
 - Tracing Information
 - Work Assignment Sheet
- Primary Caregiver Questionnaire
- Primary Caregiver Sensitive Questionnaire
- Secondary Caregiver Questionnaire
- Secondary Caregiver Sensitive Questionnaire
- Primary Caregiver Twin Questionnaire
- Secondary Caregiver Twin Questionnaire
- Non Resident Parent Questionnaire
- Non Resident Parent Information Sheet
- Home-based Carer Questionnaire
- Centre-based Carer Questionnaire
- Carer Information Sheet

Appendix A – Instrumentation used in the pre-pilot

Information Sheet and Consent Form for Respondents

Parent's / Guardian's Information and Consent Form

We are seeking to interview parents of infants as part of a study called **Growing Up in Ireland**. This is a trial-run of the questions we are thinking of asking in the 'main study'. It is referred to as a 'pre-pilot' test. The main study will involve interviewing the families of 10,000 9-month old infants and will take place later this year and early next year. For such a large study, it is important that we assess the suitability of the questions in advance. This is why we are doing a test or 'pre-pilot' at this time.

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office. However, no Government Department or Agency will be able to identify individuals in the Study, or access their specific information.

The study is being carried out jointly by the ESRI (Economic and Social Research Institute) and the Children's Research Centre at Trinity College Dublin. The interviewer who calls to your home is employed by the ESRI. He/she has been vetted by the Gardai and has been appointed an Officer of Statistics, this means that he/she has a legal obligation to maintain the confidentiality of the information you provide. All details provided by a respondent will be treated in the strictest of confidence.

The interviewer would like to interview the mother of the infant and her spouse/partner, where relevant. Most of the questions will be for the mother, and will be about the infant; pregnancy, health, development, personality, etc. There are also some questions about you (mother and partner); your health, lifestyle, education, etc; and about your household. If there are some questions you would prefer not to answer, then the interviewer will just skip over them. All feedback is useful. In addition, you may stop the interview at any time.

Part of a 'pre-pilot' or 'trial run' such as this is to get an estimate of how long the interviews will take in the main study. At the moment, we estimate that the interviews with both parents/guardians/partners will take about 1.5 hours but they may take a little longer. This is what we are trying to establish from this pilot work.

In keeping with Child Protection Guidelines, the interviewer is not allowed to be alone with any child. Please do not ask the interviewer to mind any child, even for a few minutes, as he or she will be obliged to refuse. All interviewers carry an ID card, which he/she should have shown you before beginning the survey. Please do not hesitate to ask to see it at any time. If you would like to verify the identity of an interviewer, please call Pauline Needham at the number on the back of this sheet.

The interviewer should be able to answer all your queries. If you have queries in the future, or would like to keep in touch with the **Growing Up in Ireland** study, all contact information is on the back of this sheet. Please keep a copy of this sheet for your own records.

If you are happy to take part in this pre-pilot interview, please sign and date below.

Name of Respondent: _____

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE)

Signature of Respondent _____

Date: _____

Contact telephone: _____

Contact Information for *Growing Up in Ireland*

Phone:

Freephone 1800 200 434

or contact our Communications Officer,

Jillian Heffernan, on 01 896 3378

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland,

Economic & Social Research Institute,

Whitaker Square,

Sir John Rogerson's Quay,

Dublin 2

Your interviewer is:

Interviewer Name: _____

Interviewer ID Number: _____

If you have any comments about this survey or the way in which it was conducted please feel free to contact us at the above.

Tracing Information Sheet



The Economic and Social Research Institute
 Whitaker Square
 Sir John Rogerson's Quay
 Dublin 2
 Ph: 01-8632000 fax: 01-8632100

University of Dublin
 Trinity College
 College Green
 Dublin 2



GROWING UP IN IRELAND 05/04/07

FOLLOW UP / TRACING INFORMATION

R.1 Thank you very much for your participation in the *Growing Up in Ireland* survey.

As we said at the outset, we will be contacting you again with a view to interviewing you and your child when he/she is 3 years of age. We will also be sending you updates on our progress from time to time.

Could you give me the name and address (or 'phone number) of some relative, friend, neighbour or any other person or organisation who may be able to help us in contacting you, should you move between now and then.

[Int: Record name of contact person and address and/or phone number below].

Name: _____

Address : _____

_____ Phone: (_____) _____

Relationship to respondent: _____

R.2 It might assist us in tracing you if we were able to record your Personal Public Service number (PPS). Would you be willing to provide us with your PPS number to assist us in tracking or tracing of respondents who find they move between our visits? It would be used only to assist us in tracing you in the event that you should move in the interim.

Yes ₁ No ₂

PPS Number: _____

I agree to providing my PPS number for purposes of tracing in the Growing Up in Ireland survey. I understand that this is the only purpose for which it will be used.

(Signed) _____

Would you provide information at:

R1 Yes ₁ No ₂

R2 Yes ₁ No ₂

Primary Caregiver Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-8632000 fax: 01-8632100

University of Dublin
Trinity College
College Green
Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE PRE-PILOT (DRAFT 24-4-07)
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE**

AREA HOUSEHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock)

Hello, I'm from the Economic and Social Research Institute 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. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians 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 AND HOUSEHOLD COMPOSITION

A1. Are you the parent / guardian of the <baby> who usually provides the most care to him / her.

Yes.....₁ No₂

A2. Int: Record gender of parent 1 Male₁ Female.....₂

A3. [Card A3] Which of the following best describes your relationship with the <baby> ? [Interviewer use codes only]

- | | |
|---|---|
| A. Biological parent (mother/ father) <input type="checkbox"/> ₁ | E. Grand parent <input type="checkbox"/> ₅ |
| B. Adoptive parent (mother/ father) <input type="checkbox"/> ₂ | F. Aunt/uncle <input type="checkbox"/> ₆ |
| C. Step-parent (mother/ father) <input type="checkbox"/> ₃ | G. Other relative/ in law <input type="checkbox"/> ₇ |
| D. Foster parent (mother/ father) <input type="checkbox"/> ₄ | H. Unrelated guardian <input type="checkbox"/> ₈ |

In this section, I would like to ask you a few details about yourself and the others in your household.

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?

_____persons

A5. For each member of the household could you tell me:

- a) their gender?
- b) their Date of Birth (DOB)
- c) if *DOB not available* - their age last birthday
- d) their relationship to the child's mother / or lone father and the <baby>?
- e) tick one box to best describe their current economic status

No.	First name/Initial	(A)		(B)	(C)	(D)			(E)						
		Sex	Date of Birth		If DOB not available	Relationship of each member to mother and child. Use Relationship Codes from yellow card.			Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
Person No.	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	M	F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: Mother	R'SHIP TO: Study Child							
1		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	1	///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	2		///	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	__ __ __	yrs	9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2

Time Section Ended (24 hour clock)

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

B1. Scale on parenting efficacy removed

B2. Scale on parents' views on child-rearing removed

B3. Scale on parenting reactions removed

B4. Do you use a soother/dummy with <baby>?

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

B5. When you leave <baby> in someone else's care (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

B6. And when you collect <baby> from someone else's care, how does he or she usually act?

- With apparent 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

B7. When you talk to <baby>, does you feel that he/she is maintaining eye contact with you?

Most or all of the time 1 Sometimes 2 Hardly ever or never 3

B8.

Scale on parenting anxiety removed

B9 How does baby react to the following people at the present time?

	Reacts well	No particular reaction	Does not react well
a. Family members who live with him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Other regular carer.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Other relatives/friends who live elsewhere.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Complete strangers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B10.

Scale on knowledge of child development removed

B11

Infant Characteristics Questionnaire removed

Time Section Ended (24 hour clock)

C. BABY'S DEVELOPMENT

Time Section Started (24 hour clock)

Denver Pre-Screen Items removed

C26. Do you talk to your baby while you work? (eg. while you do housework).

Never 1 Rarely 2 Sometimes 3 Often 4 Always 5

C27. Does your baby spend time with other children (other than brothers or sisters)?

Yes everyday 1 Yes 2-6 times a week 2 Once a week 3 Less than once a week 4 Never 5

Time Section Ended (24 hour clock)

D. BABY'S HABITS

Time Section Started (24 hour clock)

D1. How much is <baby's> sleeping pattern or habits a problem for you?

A large problem 1 A moderate problem 2 A small problem 3 No problem at all 4 Not sure/ don't know 5

D2. How many hours sleep do you get on an average night, at the present time? _____ N

D3. Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.

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

D4. On a normal day what time in the evening does your baby usually go to sleep?
_____ (24 hour clock)

D5. Approximately how many hours sleep does your baby have during

(a) the day _____ hours (b) the night _____ hours

D6. On a normal day what time does your baby usually get up at in the morning?

_____ (24 hour clock)

D7. Is your baby ever difficult when put to bed?

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

D8. How often does your baby wake at night?

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

D9. How many times per night? _____

D10. Do you ever wake <baby> for a feed during the night?

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

D11. How does your baby normally sleep?

On stomach 1 On side 2 On back 3

D12. Does <baby> usually sleep:

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

D13. Does <baby> sleep in his/her own bed or cot most nights or does he/she share a bed or cot?

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

D14. Do you feel that <baby's> crying is a problem for you?

Yes 1 No 2

D15. Do you have any concerns about how <baby>:

	No	Yes, a little	Yes, a lot	Don't know
1. Makes speech sounds	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Understands what you say	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Uses his/her hands and fingers to do things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Uses his/her arms and legs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

D16. Do you use a car seat with your baby?

Yes 1 How many times per week? _____ No 2 Don't have a car 3

E. CHILDCARE ARRANGEMENTS

Time Section Started

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(24 hour clock)

E1. Is your child currently being minded by someone else, other than you or your partner, on a regular basis.
Tick Yes or No for the following and indicate which is the main type.

	Yes	No	Main
A relative in your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Someone else in your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
In another relative's home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
In someone else's home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
In a crèche/day nursery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Other (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

E2. Approximately how many hours per week does <baby> spend in your main form of childcare

_____ hours per week 1 Not relevant, at home with parent/guardian 2

E3. What age was <baby> when you started to use the main childcare arrangement? _____ months

E4. What was the main reason for choosing this form of childcare?

I had no choice 1
 I could afford it 2
 It was convenient 3
 It was linked to my job 4
 I thought it would be beneficial for my child 5
 Other (please for describe) _____ 6

E5. How satisfied are you with these arrangements?

Very satisfied	Fairly satisfied	Fairly dissatisfied	Neither satisfied nor dissatisfied	Very dissatisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E6. What are your future intentions for childcare?

	Yes	No
Stay at home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Part-time childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Full-time child care	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E7. Which type of childcare?

	Yes	No
A relative in your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Someone else in your home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
In another relative's home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
In someone else's home	<input type="checkbox"/> 1	<input type="checkbox"/> 2
In a crèche/day nursery	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E8. [Card E8] 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

Time Section Ended

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(24 hour clock)

F. SIBLINGS AND TWINS

Time Section Started (24 hour clock)

F1. Have any of the other children in your household been particularly jealous/unhappy about the baby (eg hitting etc.)?

Yes ₁ No ₂

F2(a) Does your baby have a twin?

Yes ₁ No ₂

If yes, F3(b) Would you say they are alike:

	Yes	No
i) In looks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
ii) In behaviour	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
iii) Personality/character	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
iv) In health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

F3(c) How do you dress them?

	Yes	No
in similar clothes each day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
in similar clothes sometimes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
never in similar clothes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

F3(d) How does this twin react to the other?

	Yes, most of the time	Yes, some of the time	No, hardly ever
i) she likes to be with her twin.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
ii) she doesn't seem to notice her twin.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
iii) she is upset if she is parted from her twin.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Time Section Ended (24 hour clock)

G. PRENATAL CARE

Time Section Started (24 hour clock)

G1. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _____times

G2. For each pregnancy, please indicate Mother's age and tick one box on each row to indicate the outcome of the pregnancy.

Pregnancy	Mother's Age	OUTCOME						
		Birth of child	Miscarriage	Stillbirth	Termination	Ectopic	Still Pregnant	Other (specify)
1		<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
2		<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
3		<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
4		<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
5		<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

G3. Did you intend to become pregnant before <baby> was conceived?

Yes, at that time ₁ No ₂ Unsure/Didn't mind ₃

G4. Did you intend never to become pregnant before <baby> was conceived, or just at a different time?

Yes, but much later ₁
 Yes, but somewhat later ₂
 Yes, but earlier ₃
 No intention of becoming pregnant ₄
 Didn't care ₅

G5. Did you have any medical fertility treatment for this pregnancy?

Yes 1 No 2

G6. [Card G6] What treatment did you receive?

- Clomiphene citrate alone 1
- GIFT: Gamete Intrafallopian Transfer 2
- IVF: In Vitro Fertilisation 3
- ICSI: IVF with intra cytoplasmic sperm injection 4
- Frozen embryo transfer 5
- Surgery involving the womb, tubes or ovaries 6
- Donor sperm 7
- Donor egg 8
- Other 9

G7. How was your Ante-natal care provided?

- Shared care (between GP and another) 1
- Private consultant alone 2
- Hospital clinic alone 3
- Midwives clinic alone 4
- Independent midwife alone 5
- None 6

G8. Was this shared care with:

- Hospital Clinic 1
- Midwife Clinic 2
- Independent Midwife 3
- Private Consultant 4

G9. At how many weeks did you first become aware that you were pregnant? _____ weeks

G10. How many weeks into your pregnancy did you have your first ante-natal booking appointment? _____ weeks

G11. How many scans did you have in total during the course of your pregnancy? _____ N

G12. Did you know the sex of your baby before the birth? Yes No

G13. How much weight did you gain during the course of your pregnancy?

_____ stone _____ lbs OR _____ kgs

G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply]

- Yes**
- a. Raised blood pressure (in isolation) 1
 - b. Raised blood pressure and protein in the urine (Pre-eclampsia) 2
 - c. Urinary or kidney infection 3
 - d. Persistent vomiting or nausea 4
 - e. Gestational diabetes (diet treated) 5
 - f. Gestational diabetes (insulin treated) 6
 - g. Bleeding during the second half of pregnancy 7
 - h. Vaginal Infection during pregnancy 8
 - i. Intrauterine Growth Restriction (small baby on scan) 9
 - j. Rhesus Incompatibility 10
 - k. Influenza 11
 - l. Other [please specify] 12

G15. During pregnancy, before you went into labour, were you admitted to hospital?

Yes 1 No 2

G16. How many separate admissions did you have? _____ N

G17. During your pregnancy with <baby>, did you take any of these substances? If so, how often were these substances taken?

- | | Everyday | Most days | Sometimes | Not at all |
|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Codeine | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. Paracetamol..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. Sleeping tablets | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. Laxatives..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

G18. During your pregnancy with the <baby>, did you take any of the following supplements?

- | | Yes | No |
|------------------------|----------------------------|----------------------------|
| Iron..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Folic acid/Folate..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

G19. Did you smoke at all during the pregnancy?

Yes.....1 No2 Don't know.....3

G20. Did you smoke during the first, second and third trimester of the pregnancy?

[Tick one box on each line]

	Yes	No	How many per day?
First Trimester [1 st , 2 nd or 3 rd month].....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	..... N
Second Trimester [4 th , 5 th or 6th month]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	..... N
Third Trimester [7 th , 8 th or 9th month]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	..... N

G21. During your pregnancy, how many members of the household [including yourself] smoked? _____ N

G22. On average, how many hours per day were you in contact with other people's tobacco smoke? _____ N

G23. Did you consume alcohol during your pregnancy?

Yes.....1 No2 Don't know.....3

G24. Did you drink during the first, second and third trimester of the pregnancy? For each trimester that you drank, about how much on average did you drink per week?

	Yes	No	Pints	Spirits (glasses)	Wine (glasses)
First Trimester [1 st , 2 nd or 3 rd month].....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	.....	.....	.....
Second Trimester [4 th , 5 th or 6th month]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	.....	.....	.....
Third Trimester [7 th , 8 th or 9th month]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	.....	.....	.....

Time Section Ended (24 hour clock)

H. INFANT'S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started (24 hour clock)

H1. Where was <baby> born?

Home birth [planned]1 In hospital.....2 Other [please specify].....3

H2. Please give the name of the maternity hospital or unit where <baby> was born.

Name: _____
Address _____

H3. Did you have any form of pain relief in labour?

Yes.....1 No2 Did not have any labour3

H4. What was the mode of delivery?

Normal delivery.....	<input type="checkbox"/> 1	Emergency Caesarean	<input type="checkbox"/> 5
Suction cup/ventouse	<input type="checkbox"/> 2	Vaginal breech delivery	<input type="checkbox"/> 6
Forceps	<input type="checkbox"/> 3	Other [please specify]	<input type="checkbox"/> 7
Elective Caesarean.....	<input type="checkbox"/> 4	Don't know	<input type="checkbox"/> 8

H5. Was <baby> born late, on time or early?

Late birth (42 weeks or more).....1
On time (37-41 weeks)2
Somewhat early (33-36 weeks)3
Very early (32 weeks or less)4
Don't know5

H6. How much did <baby> weigh at birth? ___lbs ___ ounces OR ___kgs

H7. What was <baby's> length at birth? ___inches OR ___cms

H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]

No complications	<input type="checkbox"/> 1	Foetal distress - Meconium or other sign	<input type="checkbox"/> 5
Very long labour (more than 12 hours).....	<input type="checkbox"/> 2	Foetal blood sample taken in labour	<input type="checkbox"/> 6
Very rapid labour (less than 2 hours)	<input type="checkbox"/> 3	Birth injury – nerve injury / fracture / bruising.....	<input type="checkbox"/> 7
Foetal distress – Abnormal Heart rate tracing	<input type="checkbox"/> 4	Other complication [please specify]	<input type="checkbox"/> 8

H9. Did <baby> have to go into a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes.....1 No2 Don't know.....3

H10. Did the <baby> need any help with his/her breathing from a ventilator?

Yes.....1 No2 Don't know.....3

H11. How many days in total were you in hospital after the birth? ____ days

H12. How many days in total was <baby> in hospital after the birth? ____ days

H13. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes.....1 No2 Don't know.....3

H14. Is <baby> still being breastfed? INCLUDE EXPRESSED BREASTMILK

Yes1 No2 Don't know.....3

H15. How old was <baby> when he/she completely stopped being breastfed? INCLUDE EXPRESSED BREAST MILK

____ Days ____ Weeks ____ Months

H16. How old was <baby> when he/she stopped being exclusively breastfed?

____ Days ____ Weeks ____ Months

H17. 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? Has not had ...1 ____ Days ____ Weeks ____ Months
Cow's milk? Has not had ...1 ____ Days ____ Weeks ____ Months
Any other type of milk, such as soya milk? Has not had ...1 ____ Days ____ Weeks ____ Months

H18. Does <baby> regularly have other drinks apart from milk or formula?

Yes.....1 No2 Don't know.....3

H19. What else does <baby> drink? [Mark all that apply]

Water1 Herbal drinks6
Baby Juice2 Tea or coffee7
Fruit juices/Cordial/Squash.....3 Other.....8
Fizzy or soft drinks (e.g. lemonade, coke).....4 Don't know.....9

H20. How old was <baby> when he/she first had solid food regularly?

REGULARLY = MORE THAN TWICE A WEEK FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. - NOT MILKS OR DRINKS

____ Days ____ Weeks ____ Months Hasn't yet 1

H21. How old was <baby> in months when he/she was first given wheat-based foods, such as bread, rusks or biscuits? ____ Months

H22. 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 problems11
Healthy, but a few minor problems22
Sometimes quite ill.....33
Almost always unwell.....44

H23. Can you tell me whether <baby> has received: [Tick all that apply]

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

H24. Why has <baby> not had all of his or her immunisations? [Tick all that apply]

- Not offered/Didn't know due to have 1
 Due to have it in near future/soon..... 2
 Child was unwell/in hospital when due 3
 Child is not able to have it for health reasons..... 4
 Child was away/on holiday when due..... 5
 Lack of supplies/ran out of immunisation 6
 Concerns about the health risks to child..... 7
 Child had bad reaction/was unwell/had allergic reaction after previous immunisation 8
 Medical problems or bad reactions related to immunisations in family 9
 Prefers to use homeopathy..... 10
 Other reason [please specify] _____ 11

H25. [Card H25] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

- Yes**
- a. Chronic respiratory disease [including asthma]..... 1
 b. Heart abnormalities..... 1
 c. Digestive allergies (e.g. lactose intolerant) 1
 d. Eczema or any kind of skin allergy 1
 e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) 1
 f. Difficulty seeing..... 1
 g. A problem with mobility or using his/her arms legs to get around 1
 h. A problem with using his/her hands or arms 1
 i. Cerebral palsy 1
 j. Chronic kidney disease 1
 k. Diabetes 1
 l. Any developmental delay 1
 m. Downes syndrome 1
 n. Cleft palate..... 1
 o. Other long-term condition [please specify] _____ 1

H26. 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

We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency.

H27. How many separate health problems, if any, has <baby> had since he/she was born. [DO NOT COUNT ANY ACCIDENTS OR INJURIES] _____ N

H28. [Card H28] What were these problems? [TICK ALL THAT APPLY]

- a. Snuffles/common cold 1 k. Tight foreskin 11
 b. Chest infections 3 l. Hernia 12
 c. Ear infections 3 m. Sight or eye problems..... 13
 d. Feeding problems 4 n. Failure to gain weight or to grow 14
 e. Sleeping problems 5 o. Persistent or severe vomiting 15
 Dental problems (e.g. teething) 6 p. Persistent diarrhea or constipation..... 16
 g. Wheezing or asthma..... 7 q. Fits or convulsions..... 17
 h. Skin problems 8 r. Meningitis 18
 i. Persistent nappy rash 9 s. Other health problems [please specify] _____ 19
 j. Undescended testicle..... 10

H29. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about the <baby's> physical health? (Exclude at time of birth and vaccinations.)

- 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

H30. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

- Yes..... _1 No _2 Don't know..... _3

H31. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

H32. 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

H33. Why did <baby> not get the medical care or treatment? Was this because:

[TICK YES OR NO IN RESPECT OF EACH]

	Yes	No
You couldn't afford to pay	<input type="checkbox"/> _1	<input type="checkbox"/> _2
The necessary medical care wasn't available or accessible to you	<input type="checkbox"/> _1	<input type="checkbox"/> _2
You could not take time off work to visit the doctor	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Wanted to wait and see if the problem got better	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Still on the waiting list	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Other (specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

H34. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

- Yes, full card _1 Yes, GP only _2 Not covered _3

H35. Does the family have private medical insurance?

- Yes..... _1 No _2 Don't know..... _3

H36. Does that insurance include the cost of GP visits?

- Yes, in full _1 Yes, partially _2 No _3 Don't know..... _4

H37. Many babies have accidents at some time. Has the <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

- Yes _1 No..... _2

H38. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? _____ N

H39. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

- Yes..... _1 No _2 Don't know _3

Time Section Ended

(24 hour clock)

I. Parent's Health and Lifestyle

Time Section Started

(4 hour clock)

I1. In general, how would you say your current health is?

- Excellent _1
- Very Good _2
- Good _3
- Fair _4
- Poor _5

12. Compared to one year ago, how would you rate your health in general now?

- Much better now ₁
- Somewhat better now ₂
- About the same ₃
- Somewhat worse now ₄
- Much worse now ₅

13. Do you have a longstanding illness, disability or infirmity. By longstanding I mean anything physically or mentally that has troubled you over a period of time or that is likely to affect you over a period of time?

Yes ₁ No ₂

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

15. Since when have you had this illness or disability? _____(mth) _____(year)

16. Are you hampered in your daily activities by this physical or mental health problem?

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

17. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <baby>?

In the past ₁ Currently ₂ No ₃

18. Since <baby> was born, how many times have you seen or talked on the telephone with any of the following about your own physical, emotional or mental health? (Exclude at time of birth)

INCLUDE ONLY CONSULTATIONS MADE ON YOUR OWN BEHALF AND EXCLUDE THOSE MADE ON BEHALF OF CHILDREN OR OTHER PERSONS.

- A general practitioner (GP), or family physician _____N
- A public health nurse or nurse practitioner _____N
- A psychiatrist, psychologist or counsellor _____N
- Another medical professional [please specify] _____N
- Accident and Emergency or Outpatient _____N

19. Have you been admitted to a hospital as an in-patient since <baby> was born? Please exclude any nights spent in hospital due to childbirth or the illness of other people, for example to accompany a child.

Yes ₁ No ₂ Don't know ₃

110. About how many nights did you spend in hospital since the <baby's> birth? _____ Nights

111. Was there any time in the last 12 months when you needed a medical examination or dental treatment for a health problem but did not receive it?

Yes ₁ No ₂ Don't know ₃ Refused ₄

112. Why did you not get all the medical/dental care that you needed? Was this because: [TICK YES OR NO IN RESPECT OF EACH]

	Yes	No
You couldn't afford to pay	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
The necessary medical/dental care wasn't available or accessible to you .	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
You could not take time off work to visit the doctor/dentist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Wanted to wait and see if the problem got better	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Fear of doctor/dentist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Still on the waiting list	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

113. Do you smoke daily, occasionally or never?

Daily ₁ Occasionally ₂ Never ₃

114. Have you ever smoked? Was it...

Daily ₁ Occasionally ₂ Never ₃

(IF RESPONDENT CURRENTLY OR HAS EVER SMOKED DAILY, ASK)

I15. How many cigarettes did you/do you smoke on an average day ____ N

I16. How long have you been/were you a smoker for?

____ Weeks ____ Months ____ Years

I17. Including yourself, how many members of the household smoke? ____ N

IF NUMBER OF SMOKERS >0 ask:

I18. Does anyone smoke in the same room as <baby>?

Yes, regularly.....1 Yes, occasionally.....2 Never3

I19. On average, how many hours per day does <baby> spend around people who are smoking? ____ N

I20. [Card I20] Which of the following best describes how often you usually drink alcohol?

- Never1
- Less than once a month2
- 1-2 times a month3
- 1-2 times a week.....4
- 3-4 times a week.....5
- 5-6 times a week.....6
- Every day7

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

I21. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer _____ Glasses of Wine _____ Measures of Spirits _____

I22. And when you drink, how many drinks would you have on an average night? ____ N

I23. Do you mostly drink at home/friends house or outside in a pub, club or restaurant?

- Always at home/friends house.....1
- Mostly at home/friends house.....2
- About equal.....3
- Always at pub, club or restaurant4
- Mostly at pub, club or restaurant5

I24. During the last year have you failed to do what was normally expected from you because of drinking?

Yes.....1 No2

I25. [Card I25] In the last week have you had the following foods and drinks once, more than once, or not at all?

	Once	More than Once	Not At All	Don't know
1.Fresh fruit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2.Fruit juice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3.Meat / Chicken / Fish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4.Eggs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5.Cooked vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6.Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7.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
8.Hot chips or French fries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9.Crisps or savoury snacks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10.Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11.Potatoes/ Pasta/ Rice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12.Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13.Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14.Cheese/yoghurt/ fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15.Low fat Cheese/ low fat yoghurt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
16.Water (tap water / still water/ sparkling water).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
17.Soft drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
18. Soft drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
19.Full cream milk or full cream milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
20.Skimmed milk or skimmed milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

126. [Card I25] For each of the foods and drinks above, on average, did you have these more, about the same or less during your pregnancy?

	Less	About Same	More
1. Fresh fruit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Fruit juice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Meat / Chicken / Fish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Eggs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Cooked vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Meat pie, hamburger, hot dog, sausage or sausage roll	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Hot chips or French fries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Crisps or savoury snacks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. Potatoes/ Pasta/ Rice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
14. Cheese/yoghurt/ fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Low fat Cheese/ low fat yoghurt	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Water (tap water / still water/ sparkling water).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Soft drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Soft drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Full cream milk or full cream milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Skimmed milk or skimmed milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

127. About how many days each week do you do at least 30mins of moderate or vigorous physical activity (like walking briskly, riding a bike, gardening, tennis, swimming, running etc...). Include physical activity at work. ____ N

Time Section Ended **(24 hour clock)**

J. FAMILY CONTEXT

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

J1. [Card J1] 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.

	Strongly Agree	Agree	Not sure	Disagree	Strongly disagree
A. I am happy in my role as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having child leaves little time and flexibility in my life....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

J2. Compared to the time before <baby> arrived, does your spouse/partner do more housework than he/she used to, about the same amount or less?

More 1 The same 2 Less 3 He/She did not live with me then 4

J3. The next few questions are about the personal help and support you might get. Please say how much you agree or disagree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't say
A. I have no-one to share my feelings with.....	<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. There are other parents I can talk to about my experiences.	<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. If I had financial problems, I know my family or friends would help if they could.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

J4. Overall, how do you feel about the amount of support or help you get from family or friends living elsewhere?

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

J5. How often do you feel that you need support or help but can't get it from anyone?

Very often 1 Often 2 Sometimes 3 Never 4 I don't need it 5

J6. Do you take advice from the <baby's> grandparents about parenting?

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

J7. [Card J7] Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week: (tick one box on each line)

	Rarely or none of the time (less than 1 day)	Some or little of the time (1-2 days)	Occasionally or time moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I thought my life had been a failure.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
My sleep was restless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I had crying spells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I felt sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

J8. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

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

J9. Was this:	Before being pregnant with <baby>	<input type="checkbox"/> 1
	In the 1st trimester of the pregnancy	<input type="checkbox"/> 2
	In the 2nd trimester of the pregnancy	<input type="checkbox"/> 3
	In the 3rd trimester of the pregnancy	<input type="checkbox"/> 4
	When <baby> was 2-6 months of age.....	<input type="checkbox"/> 5
	Since <baby> was 6 months of age	<input type="checkbox"/> 6

J10.

Scale on parenting beliefs removed

J11. Did you work full-time, part-time or not at all before you became pregnant with <baby>?

Full-time 1 Part - time 2 Not at all 3

J12. If yes, how many hours were you working per week? _____ hours Irregular hours..... 55

J13. How long before you gave birth did you stop working? _____ weeks OR _____ months

J14. Can I ask you, did you go back to work after the birth of <baby>?

Yes, Part-time ₁ Yes, Full-time..... ₂ Not yet ₃ No ₄

J15. What age was/will <baby> be when you went/go back to work? _____ months

J16. What was/is the main reason for going back to work?

Financial..... ₁ Need an outlet outside the home ₃
 Maintain a Career ₂ Other ₄

J17. Did/Will you return to the same job you had before the birth of <baby> (i.e., same job and employer)?

Yes..... ₁ No..... ₂

J18. Are you/will you be working at the same level (status) of work as you did before you had your child?

Didn't work before **No, lower level** **Yes, same level** **No, higher level**
₁..... ₂..... ₃..... ₄

J19. If you did not work during pregnancy, when were you last in paid employment? Month _____ year _____

J20. Did you take, or are you currently on:

a. Paid maternity leave? Yes ₁ → How many weeks _____ wks No..... ₂
 b. Unpaid maternity leave? Yes ₁ → How many weeks _____ wks No..... ₂
 c. Annual leave? Yes ₁ How many weeks _____ wks No..... ₂
 (Accumulated before or during maternity leave)

J21. Did you take, or are you currently on unpaid parental leave with <baby>?

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

J22a. If yes, how many weeks? _____ weeks

J22b. Taking as a day per week Yes ₁ No..... ₂

Time Section Ended **(24 hour clock)**

K: SOCIO-DEMOGRAPHICS

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

K1. For the following items could you indicate whether or not your household, has the item and, if not, if it is because you couldn't afford it or for another reason?

	Yes	No, Cannot Afford	No, other reason
Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does your household have a roast joint (or its equivalent) at least once a week?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does each household member possess a warm waterproof coat?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does the household replace any worn out furniture?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does the household keep the home adequately warm?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does the household have family or friends for a drink or meal once a month?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does the household buy presents for family or friends at least once a year?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

K2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

With great difficulty With difficulty With some difficulty Fairly easily Easily Very easily
₁ ₂ ₃ ₄ ₅ ₆

K3. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

Yes ₁ No ₂

K4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes ₁ No ₂

K5. Why was that?

Didn't want to..... ₁ Couldn't leave the children ₁
 Have a full social life in other ways ₂ Illness ₁
 Couldn't afford to..... ₃ Other..... ₁

K6. 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 With difficulty With some difficulty Fairly easily Easily Very easily
₁..... ₂..... ₃..... ₄..... ₅..... ₆

K7. I would now like to ask you some questions about your accommodation: Is this accommodation a:

House..... ₁
 Apartment / Flat/ Bedsit ₂
 Other (specify) ₃

K8. [Show Card K8] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

Owner occupied ₁
 Being purchased from a Local Authority under a Tenant Purchase Scheme ₂
 Rented from a Local Authority ₃
 Rented from a Voluntary Body..... ₄
 Rented from a Private Landlord..... ₅
 Living with and paying rent to your (or your partner's) parent(s) ₆
 Occupied free of rent with your (or your partner's) parent(s) ₇
 Occupied free of rent from your or your partner's job ₈

K9. How many separate bedrooms are in the accommodation? _____ bedrooms

K10. [Show Card K10] Which of these descriptions BEST describes your usual situation in regard to work?

[Int. Note that if resp is on maternity leave and has a job which she intends to return to she should be coded as 'at work'].

Employee (incl. apprenticeship or Community Employment)..... <input type="checkbox"/> ₁	Student full-time..... <input type="checkbox"/> ₄
Self employed outside farming..... <input type="checkbox"/> ₂	On State training scheme (FAS, Failte Ireland etc.)..... <input type="checkbox"/> ₅
Farmer..... <input type="checkbox"/> ₃	Unemployed, actively looking for a job..... <input type="checkbox"/> ₆
	Long-term sickness or disability <input type="checkbox"/> ₇
	Home duties / looking after home or family <input type="checkbox"/> ₈
	Retired..... <input type="checkbox"/> ₉
	Other (specify) <input type="checkbox"/> ₁₁

K11. 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

K12. 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]

K13. Do you supervise or manage any personnel in your job?

Yes ₁ No ₂

K14. How many? _____

K15. How many employees (if any) do you have? _____ employees N A ₉₉

K16. Do you ever work after 6pm or overnight? Yes ₁ No ₂

K17. How often?

- Permanent night shift..... 1
- 4-7 days per week 2
- 2-3 days per week 3
- About once a week 4
- Several times a month (including rotating shifts)..... 5
- About once a month..... 6
- Less often 7
- Don't know 8

K18. Do you ever work on Saturdays or Sundays? Yes 1 No 2

K19. How often

- Every week 1
- Every 2 or 3 weeks 2
- About once a month 3
- Less often 4
- Don't know 5

K20. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _____ hours per week

K21. Apart for holiday or casual work, have you ever had a job? Yes 1 No 2

K22. In what year did you last work? _____ year **Never Worked** 1

K23. When you last worked were you?

- Employee (incl. apprenticeship or Community Employment) 1
- Self-employed outside farming 2
- Farmer 3

K24. What was your occupation in that 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]

K25. [Show Card K25] From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. tick one only]

- I can't find a job..... 1
- I chose not to work..... 2
- I am caring for an elderly or ill relative or friend..... 3
- I prefer be at home to look after my children myself 4
- I cannot earn enough to pay for childcare 5
- I cannot find suitable childcare..... 6
- There are no suitable jobs available for me..... 7
- My family would lose Social Welfare or medical benefits if I was earning..... 8
- Other reason (specify)..... 10

K26. Do you plan to start or return to paid work?

- Yes, in the next 3 months 1
- Yes, in 3 to 12 months time 2
- Yes, in more than 1 year's time 3
- Have no plans to return to paid work 4

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

K27. If you are currently on maternity leave, is your current household income the same as, greater than or less than it was before the birth of this child?

Greater.....₁ Same.....₂ Less than.....₃ Not Applicable.....₄

K28. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members.

Don't Know.....₉₉ € _____ per Week.....₁ Month.....₂
Year.....₃

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO K29. If exact figure given go to K30]

K29. [Card K29] I know that it is difficult to give an exact figure for household income but on this card we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only?

Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

[Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

Per Week	Per Month	Per Year	Category
Under €230.....	Under €1,000.....	Under €12,000.....	A <input type="checkbox"/> → Section A, Card K29
€231 to under €350.....	€1,001 to under €1,500.....	€12,001 to under €18,000....	B <input type="checkbox"/> → Section B, Card K29
€351 to under €460.....	€1,501 to under €2,000.....	€18,001 to under €24,000....	C <input type="checkbox"/> → Section C, Card K29
€461 to under €575.....	€2,001 to under €2,500.....	€24,001 to under €30,000....	D <input type="checkbox"/> → Section D, Card K29
€576 to under €800.....	€2,501 to under €3,500.....	€30,001 to under €42,000....	E <input type="checkbox"/> → Section E, Card K29
€801 to under €925.....	€3,501 to under €4,000.....	€42,001 to under €48,000....	F <input type="checkbox"/> → Section F, Card K29
€926 to under €1,150.....	€4,001 to under €5,000.....	€48,001 to under €60,000....	G <input type="checkbox"/> → Section G, Card K29
€1,151 to under €1,500.....	€5,001 to under €6,500.....	€60,001 to under €78,000....	H <input type="checkbox"/> → Section H, Card K29
€1,501 to under €1,850.....	€6,501 to under €8,000.....	€78,001 to under €96,000....	I <input type="checkbox"/> → Section I, Card K29
€1,851 or more.....	€8,001 or more.....	€96,001 or more.....	J <input type="checkbox"/> ₀ → Section J, Card K29
		Refused..... <input type="checkbox"/> ₇₇	Don't' Know..... <input type="checkbox"/> ₈₈

K30. [Card K30] Would that be [tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75..... <input type="checkbox"/> ₁	€75 to €150..... <input type="checkbox"/> ₂	€151 to €230..... <input type="checkbox"/> ₃
	Per Month	€0 to €300..... <input type="checkbox"/> ₁	€301 to €650..... <input type="checkbox"/> ₂	€651 to €1,000..... <input type="checkbox"/> ₃
	Per Year	€0 to €4,000..... <input type="checkbox"/> ₁	€4,001 to €8,000..... <input type="checkbox"/> ₂	€8,001 to €12,000..... <input type="checkbox"/> ₃
B	Per week	€231 to €270..... <input type="checkbox"/> ₁	€271 to €310..... <input type="checkbox"/> ₂	€311 to €350..... <input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150..... <input type="checkbox"/> ₁	€1,151 to €1,350..... <input type="checkbox"/> ₂	€1,351 to €1,500..... <input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000..... <input type="checkbox"/> ₁	€14,001 to €16,000..... <input type="checkbox"/> ₂	€16,001 to €18,000..... <input type="checkbox"/> ₃
C	Per week	€351 to €390..... <input type="checkbox"/> ₁	€391 to €420..... <input type="checkbox"/> ₂	€421 to €460..... <input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700..... <input type="checkbox"/> ₁	€1,701 to €1,800..... <input type="checkbox"/> ₂	€1,801 to €2,000..... <input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000..... <input type="checkbox"/> ₁	€20,001 to €22,000..... <input type="checkbox"/> ₂	€22,001 to €24,000..... <input type="checkbox"/> ₃
D	Per week	€461 to €500..... <input type="checkbox"/> ₁	€501 to €535..... <input type="checkbox"/> ₂	€536 to €575..... <input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150..... <input type="checkbox"/> ₁	€2,151 to €2,300..... <input type="checkbox"/> ₂	€2,301 to €2,500..... <input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000..... <input type="checkbox"/> ₁	€26,001 to €28,000..... <input type="checkbox"/> ₂	€28,001 to €30,000..... <input type="checkbox"/> ₃
E	Per week	€576 to €650..... <input type="checkbox"/> ₁	€651 to €750..... <input type="checkbox"/> ₂	€751 to €800..... <input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800..... <input type="checkbox"/> ₁	€2,801 to €3,250..... <input type="checkbox"/> ₂	€3,251 to €3,500..... <input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000..... <input type="checkbox"/> ₁	€34,001 to €38,000..... <input type="checkbox"/> ₂	€38,001 to €42,000..... <input type="checkbox"/> ₃
F	Per week	€801 to €850..... <input type="checkbox"/> ₁	€851 to €880..... <input type="checkbox"/> ₂	€881 to €925..... <input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650..... <input type="checkbox"/> ₁	€3,651 to €3,800..... <input type="checkbox"/> ₂	€3,801 to €4,000..... <input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000..... <input type="checkbox"/> ₁	€44,001 to €46,000..... <input type="checkbox"/> ₂	€46,001 to €48,000..... <input type="checkbox"/> ₃
G	Per week	€926 to €1,000..... <input type="checkbox"/> ₁	€1,001 to €1,050..... <input type="checkbox"/> ₂	€1,051 to €1,150..... <input type="checkbox"/> ₃
	Per Month	€4,001 to €4,300..... <input type="checkbox"/> ₁	€4,301 to €4,600..... <input type="checkbox"/> ₂	€4,601 to €5,000..... <input type="checkbox"/> ₃
	Per Year	€48,001 to €52,000..... <input type="checkbox"/> ₁	€52,001 to €56,000..... <input type="checkbox"/> ₂	€56,001 to €60,000..... <input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250..... <input type="checkbox"/> ₁	€1,251 to €1,375..... <input type="checkbox"/> ₂	€1,376 to €1,500..... <input type="checkbox"/> ₃
	Per Month	€5,001 to €5,500..... <input type="checkbox"/> ₁	€5,501 to €6,000..... <input type="checkbox"/> ₂	€6,001 to €6,500..... <input type="checkbox"/> ₃
	Per Year	€60,001 to €66,000..... <input type="checkbox"/> ₁	€66,001 to €72,000..... <input type="checkbox"/> ₂	€72,001 to €78,000..... <input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600..... <input type="checkbox"/> ₁	€1,601 to €1,750..... <input type="checkbox"/> ₂	€1,751 to €1,850..... <input type="checkbox"/> ₃
	Per Month	€6,501 to €7,000..... <input type="checkbox"/> ₁	€7,001 to €7,500..... <input type="checkbox"/> ₂	€7,501 to €8,000..... <input type="checkbox"/> ₃
	Per Year	€78,001 to €84,000..... <input type="checkbox"/> ₁	€84,001 to €90,000..... <input type="checkbox"/> ₂	€90,001 to €96,000..... <input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100..... <input type="checkbox"/> ₁	€2,101 to €2,400..... <input type="checkbox"/> ₂	€2,401 or more..... <input type="checkbox"/> ₃
	Per Month	€8,001 to €9,250..... <input type="checkbox"/> ₁	€9,251 to €10,500..... <input type="checkbox"/> ₂	€10,501 or more..... <input type="checkbox"/> ₃
	Per Year	€96,000 to €110,000..... <input type="checkbox"/> ₁	€110,001 to €125,000..... <input type="checkbox"/> ₂	€125,001 or more..... <input type="checkbox"/> ₃

K31. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Only respondent and/ or spouse/partner ₁ → Go to K33 Other households members ₁ → Go to K29

K32. Now I would like you to think ONLY OF THE INCOME WHICH YOUR AND YOUR PARTNER / SPOUSE RECEIVE. If you added up all the income sources from YOU AND YOUR PARTNER what would be the COMBINED TOTAL NET INCOME OF THE TWO OF YOU, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above and from BOTH YOU AND YOUR PARTNER / SPOUSE.

D.K. ₉₉ € _____ per Week ₁ Month ₂
 Year ₃

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO K33. If exact figure given go to K34]

K33. [Card K29] I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on this card we have a scale of incomes, and we would like to know into which group the combined total NET income of you and your spouse / partner falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above but only for you and your partner. Looking at the card could you tell me the letter of the group into which the combined income of you and your spouse / partner falls, after deductions for tax and PRSI.

[Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

COMBINED NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI FOR RESPONDENT AND PARTNER			
Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card K29
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> → Section B, Card K29
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> → Section C, Card K29
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> → Section D, Card K29
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> → Section E, Card K29
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> → Section F, Card K29
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> → Section G, Card K29
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> → Section H, Card K29
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> → Section I, Card K29
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> → Section J, Card K29
	Refused	<input type="checkbox"/> ₇	Don't Know
			<input type="checkbox"/> ₈

K34. [Card K30] Would that be [and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75	<input type="checkbox"/> ₁	€75 to €150	<input type="checkbox"/> ₂	€151 to €230	<input type="checkbox"/> ₃
	Per month	€0 to €300	<input type="checkbox"/> ₁	€301 to €650	<input type="checkbox"/> ₂	€651 to €1,000	<input type="checkbox"/> ₃
	Per year	€0 to €4,000	<input type="checkbox"/> ₁	€4,001 to €8,000	<input type="checkbox"/> ₂	€8,001 to €12,000	<input type="checkbox"/> ₃
B	Per week	€231 to €270	<input type="checkbox"/> ₁	€271 to €310	<input type="checkbox"/> ₂	€311 to €350	<input type="checkbox"/> ₃
	Per month	€1,001 to €1,150	<input type="checkbox"/> ₁	€1,151 to €1,350	<input type="checkbox"/> ₂	€1,351 to €1,500	<input type="checkbox"/> ₃
	Per year	€12,001 to €14,000	<input type="checkbox"/> ₁	€14,001 to €16,000	<input type="checkbox"/> ₂	€16,001 to €18,000	<input type="checkbox"/> ₃
C	Per week	€351 to €390	<input type="checkbox"/> ₁	€391 to €420	<input type="checkbox"/> ₂	€421 to €460	<input type="checkbox"/> ₃
	Per month	€1,501 to €1,700	<input type="checkbox"/> ₁	€1,701 to €1,800	<input type="checkbox"/> ₂	€1,801 to €2,000	<input type="checkbox"/> ₃
	Per year	€18,001 to €20,000	<input type="checkbox"/> ₁	€20,001 to €22,000	<input type="checkbox"/> ₂	€22,001 to €24,000	<input type="checkbox"/> ₃
D	Per week	€461 to €500	<input type="checkbox"/> ₁	€501 to €535	<input type="checkbox"/> ₂	€536 to €575	<input type="checkbox"/> ₃
	Per month	€2,001 to €2,150	<input type="checkbox"/> ₁	€2,151 to €2,300	<input type="checkbox"/> ₂	€2,301 to €2,500	<input type="checkbox"/> ₃
	Per year	€24,001 to €26,000	<input type="checkbox"/> ₁	€26,001 to €28,000	<input type="checkbox"/> ₂	€28,001 to €30,000	<input type="checkbox"/> ₃
E	Per week	€576 to €650	<input type="checkbox"/> ₁	€651 to €750	<input type="checkbox"/> ₂	€751 to €800	<input type="checkbox"/> ₃
	Per month	€2,501 to €2,800	<input type="checkbox"/> ₁	€2,801 to €3,250	<input type="checkbox"/> ₂	€3,251 to €3,500	<input type="checkbox"/> ₃
	Per year	€30,001 to €34,000	<input type="checkbox"/> ₁	€34,001 to €38,000	<input type="checkbox"/> ₂	€38,001 to €42,000	<input type="checkbox"/> ₃
F	Per week	€801 to €850	<input type="checkbox"/> ₁	€851 to €880	<input type="checkbox"/> ₂	€881 to €925	<input type="checkbox"/> ₃
	Per month	€3,501 to €3,650	<input type="checkbox"/> ₁	€3,651 to €3,800	<input type="checkbox"/> ₂	€3,801 to €4,000	<input type="checkbox"/> ₃
	Per year	€42,001 to €44,000	<input type="checkbox"/> ₁	€44,001 to €46,000	<input type="checkbox"/> ₂	€46,001 to €48,000	<input type="checkbox"/> ₃
G	Per week	€926 to €1,000	<input type="checkbox"/> ₁	€1,001 to €1,050	<input type="checkbox"/> ₂	€1,051 to €1,150	<input type="checkbox"/> ₃
	Per month	€4,001 to €4,300	<input type="checkbox"/> ₁	€4,301 to €4,600	<input type="checkbox"/> ₂	€4,601 to €5,000	<input type="checkbox"/> ₃
	Per year	€48,001 to €52,000	<input type="checkbox"/> ₁	€52,001 to €56,000	<input type="checkbox"/> ₂	€56,001 to €60,000	<input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250	<input type="checkbox"/> ₁	€1,251 to €1,375	<input type="checkbox"/> ₂	€1,376 to €1,500	<input type="checkbox"/> ₃
	Per month	€5,001 to €5,500	<input type="checkbox"/> ₁	€5,501 to €6,000	<input type="checkbox"/> ₂	€6,001 to €6,500	<input type="checkbox"/> ₃
	Per year	€60,001 to €66,000	<input type="checkbox"/> ₁	€66,001 to €72,000	<input type="checkbox"/> ₂	€72,001 to €78,000	<input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600	<input type="checkbox"/> ₁	€1,601 to €1,750	<input type="checkbox"/> ₂	€1,751 to €1,850	<input type="checkbox"/> ₃
	Per month	€6,501 to €7,000	<input type="checkbox"/> ₁	€7,001 to €7,500	<input type="checkbox"/> ₂	€7,501 to €8,000	<input type="checkbox"/> ₃
	Per year	€78,001 to €84,000	<input type="checkbox"/> ₁	€84,001 to €90,000	<input type="checkbox"/> ₂	€90,001 to €96,000	<input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100	<input type="checkbox"/> ₁	€2,101 to €2,400	<input type="checkbox"/> ₂	€2,401 or more	<input type="checkbox"/> ₃
	Per month	€8,001 to €9,250	<input type="checkbox"/> ₁	€9,251 to €10,500	<input type="checkbox"/> ₂	€10,501 or more	<input type="checkbox"/> ₃
	Per year	€96,000 to €110,000 ...	<input type="checkbox"/> ₁	€110,001 to €125,000 ..	<input type="checkbox"/> ₂	€125,001 or more	<input type="checkbox"/> ₃

K35. Do you or your partner receive any Social Welfare payments? Yes ... 1 → Go to K36 No 2 → Go to K37

K36. [Card K36] Now I'd like to record information on any Social Welfare payments YOU OR YOUR PARTNER are receiving. Looking at this card could you tell me whether or not you or your partner currently receive any of these Social Welfare payments? [Int Tick payments which either partner receives]

Social Welfare Payment		Social Welfare Payment	
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> 1	State Pension Non-Contributory	<input type="checkbox"/> 3
State Pension (Contributory)	<input type="checkbox"/> 2	Pre-Retirement Allowance	<input type="checkbox"/> 4
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> 5	Deserted Wife's Allowance	<input type="checkbox"/> 9
Deserted Wife's Benefit	<input type="checkbox"/> 6	Prisoner's Wife's Allowance	<input type="checkbox"/> 10
Widowed Parent Grant	<input type="checkbox"/> 7	One-Parent Family Payment	<input type="checkbox"/> 11
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> 8		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> 12	Health & Safety Benefit	<input type="checkbox"/> 14
Adoptive Benefit	<input type="checkbox"/> 13	Guardian's Payment (Contributory)	<input type="checkbox"/> 15
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> 16
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> 17	Injury Benefit	<input type="checkbox"/> 23
Invalidity Pension	<input type="checkbox"/> 18	Incapacity Supplement	<input type="checkbox"/> 24
Disability Allowance	<input type="checkbox"/> 19	Disablement Benefit	<input type="checkbox"/> 25
Blind Pension	<input type="checkbox"/> 20	Medical Care Scheme	<input type="checkbox"/> 26
Carer's Benefit	<input type="checkbox"/> 21	Constant Attendance Allowance	<input type="checkbox"/> 27
Carer's Allowance	<input type="checkbox"/> 22	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> 28
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> 29	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> 30
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> 31	Back to Work Enterprise Allowance	<input type="checkbox"/> 34
Farm Assist	<input type="checkbox"/> 32	Part-time Job Incentive Scheme	<input type="checkbox"/> 35
Back to Work Allowance (Employees)	<input type="checkbox"/> 33	Back to Education Allowance	<input type="checkbox"/> 36
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> 37		

K37. Do you or your partner currently receive child benefit? Yes 1 No 2

K38. Do you or your partner currently receive rent or mortgage supplement? Yes 1 No. 2

K39. How much do you receive per week in rent or mortgage supplement? €-----

K40. [Card K40] 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 88

K41. What language or languages do you and your partner speak with <baby> most often at home?

[Int. Tick all that apply]

- English 1
- Arabic 3
- Polish 5
- Czech 7
- Portuguese 9
- Chinese 11
- Romanian 13
- Irish 2
- French 4
- Russian 6
- Latvian 8
- Spanish 10
- Lithuanian 12
- Other (specify) 14

K42. 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?

Yes ₁ No ₂

K43. Can you usually read and fill out forms you might have to deal with in your own language?

Yes ₁ No ₂

[Int: Ask K44 and K45 only if any language other than Irish or English is usually spoken at home see K41 above]

K44. You mentioned that you spoke <language> [Int See L40 above] at home, can I just check, can you read aloud to a child from a children's storybook written in English?

Yes ₁ No ₂

K45. Can you usually read and fill out forms you might have to deal with in English?

Yes ₁ No ₂

K46. 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

K47. Are you a citizen of Ireland?

Yes..... ₁ No ₂ Don't know..... ₈

K48. What citizenship do you hold? _____ Don't know ₈

K49. Were you born in Ireland?

Yes..... ₁ No ₂ Don't know..... ₈

K50. In which country were you born? _____ Don't know ₈

K51. How long ago did you first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	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"/> ₈

K52. And what about <baby>. Is he / she a citizen of Ireland? Yes ₁ No..... ₂ DK..... ₈

K53. What citizenship does he / she hold? _____ Don't know ₈

K54. Was <baby> born in Ireland?

Yes..... ₁ No ₂

K55. In which country was he/she born? _____ Don't know ₈

K56. [Card K56] What is your ethnic or cultural background?

Irish <input type="checkbox"/> ₁	Any other Black background <input type="checkbox"/> ₅
Irish Traveller <input type="checkbox"/> ₂	Chinese <input type="checkbox"/> ₆
Any other white background <input type="checkbox"/> ₃	Any other Asian background <input type="checkbox"/> ₇
African <input type="checkbox"/> ₄	Other (specify) <input type="checkbox"/> ₈

K57. What religion are you, if any? _____

Time Section Ended (24 hour clock)

L. Neighbourhood / Community

Time Section Started (24 hour clock)

Finally, we would like to ask you some questions about your local area. By local area, we mean within about a mile or 20 minutes walk of here.

L1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes ₁ No..... ₂

L2. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

	Very Common	Fairly common	Not very common	Not at all common
Rubbish and litter lying about	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Homes and gardens in bad condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vandalism and deliberate damage to property	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People being drunk or taking drugs in public.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

L3. To what extent do you agree or disagree with these statements about your local area? Please tick one box on each line.

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is safe to walk alone in this area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It is safe for children to play outside during the day in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are safe parks, playgrounds and play spaces in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

L4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

	Available?			Available?	
	Yes	No		Yes	No
1. Regular public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	5. Social Welfare Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. GP or health clinic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	6. Banking/ Credit Union	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Schools (primary or secondary)..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	7. Essential grocery shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	8. Recreational facilities appropriate to young children	<input type="checkbox"/> 1	<input type="checkbox"/> 2

L5. Do you have any family living in this area? Yes.....1 No.....2

L6. What is your date of birth? _____ day _____ month _____ year

L7. Int: Is respondent male or female? Male.....1 Female.....2

Time Section Ended **(24 hour clock)**

M. FOR THE INTERVIEWER

Please complete the following questions as soon after you have left the household as possible.

M1. Would you describe the place where the household is situated as being.....?

In open country	<input type="checkbox"/> 1	Waterford city	<input type="checkbox"/> 7
In a village (200-1,499)	<input type="checkbox"/> 2	Galway city	<input type="checkbox"/> 8
In a town (1,500-2,999)	<input type="checkbox"/> 3	Limerick city.....	<input type="checkbox"/> 9
In a town (3,000-4,999)	<input type="checkbox"/> 4	Cork city	<input type="checkbox"/> 10
In a town (5,000-9,999)	<input type="checkbox"/> 5	Dublin city (incl. Dun Laoghaire)	<input type="checkbox"/> 11
In a town (10,000 or more).....	<input type="checkbox"/> 6	Dublin county (outside Dublin city) urban	<input type="checkbox"/> 12
		Dublin county (outside Dublin city) rural.....	<input type="checkbox"/> 13

M2. Did the respondent ask for clarification on any questions?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M3. How engaged with the survey did you feel that the respondent was?

Very engaged...1 Quite engaged...2 Not very engaged...3 Not at all engaged...4

M4 Did you feel that the respondent was reluctant to answer any questions?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M5 Did you feel that the respondent tried to answer the questions to the best of his or her ability?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M6 Overall, did you feel that the respondent understood the questions?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M7. Was anyone else present at the interview? Yes 1 No 2

M8. Who? Tick all that apply.

Spouse/Partner...1 Study Child...2 Other Child...3 OtherAdult...4

Primary Caregiver Sensitive Questionnaire



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GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION P.P.

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

S1. Are you the biological parent of the Study Child?

Yes....._1 → Go to S12 No....._2 → Go to S2

S2. Are you the adoptive parent of the Study Child?

Yes....._1 No_2 → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic_1

Inter-country_2

S4. Was this a within family adoption?

Yes _1 No _2

S5. From which country?

S6. What age was the Study Child when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of the Study Child?

Yes....._1 No_2 → Go to S12

S8. How long has the Study Child been with your family? _____ yrs _____ mths _____ days

S9. Do you anticipate that this will be a long-term foster placement? Yes_1 No_2

S10. How many previous foster placements has the Study Child been in? _____ previous placements DK..._99

S11. Immediately before coming to live with you was the Study Child living with another foster family, his/her family or in institutional care?

Another foster family..... _1 Own family_2 Institutional care _3

NOW PLEASE GO TO S12

Because the issue of family life is so important, one of the areas of interest to us is the effect of family changes on both parents and children. We would now like to ask some questions about your family and marital history.

S14. [Show Card S14] Looking at this card, could you tell me which of these codes best describes your current legal marital status?

Married... 1 Separated... 2 Divorced... 3 Widowed... 4 Never Married... 5

S15 Are you currently living
 Yes... 1 No... 2

S21 In what year did you marry your former spouse? _____ (year)
 with your husband/wife
S22 Since when have you been living apart/spouse deceased? _____ (year)

S23 Are you currently living with a partner? Yes... 1 No... 2

S16 Since when? _____ (yr)

S17 Are you currently living with a partner? Yes... 1 No... 2

S18 In what year did you marry your former spouse? _____ (year)
S19 Since when have you been living apart? _____ (year)
S20 Are you currently living with another partner? Yes... 1 No... 2

S24. Interviewer: Is respondent living with a spouse/partner(S15/S17/S23)? Yes... 1 No... 2

S25. Since when have you and your spouse or partner been living together? _____ (mth) _____ (year)

S26. [Show Card S26/27] Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days..... 1 → Go to S22 Hardly ever..... 4 → Go to S22
 At least once a week..... 2 → Go to S22 Never..... 5 → Go to S25
 Less than once a week..... 3 → Go to S22

S27. [Still Card S26/27] How often would you argue about the child(ren)?

Most days..... 1 → Go to S23 Hardly ever..... 4 → Go to S23
 At least once a week..... 2 → Go to S23 Never..... 5 → Go to S23
 Less than once a week..... 3 → Go to S23

S28. [Show Card S28] When you and your partner argue, how often do you

	Almost never/ never	Not very often	Sometimes	Often	Almost always/ always
Shout or yell at each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Throw something at each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Push, hit or slap each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S29. [Show Card S29] And to end an argument, how often would you

	Almost never/ Never	Not very often	Sometimes	Often	Almost always/ always
Compromise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Apologise	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Change the subject.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Agree to discuss the issue later.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Agree to disagree	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Use affection (hug) or make a joke about it...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Ignore or refuse to speak any more, walk away, leave the room or leave the house.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S30 How often would you say that the following events occur between you and your partner?

	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
Philosophy of life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Aims, goals and things believed important....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Amount of time spent together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having a stimulating exchange of ideas.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Calmly discuss something together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Work together on a project.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S31. The boxes on the line below represent different degrees of happiness in your relationship. The middle box, 'happy' represents the degree of happiness of most relationships. Please tick the box to indicate which best describes the degree of happiness, all things considered of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A little unhappy	Happy	Very Happy	Extremely Happy	Perfect
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S32. Do you feel that having Study Child has...

Brought you and your spouse/partner closer together,	Made you less close than before,	Made no difference to your relationship,	Can't say
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

S33. Have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child

Yes.....1 No.....2 →Go to S34

S34. How many?

One.....1 Two.....3 Three or more.....4

S35. If you are the biological mother of the child, did you take any of the following at any stage during your pregnancy? Tick all that apply

- a. Amphetamines/Speed/Whizz.....1
- b. Barbiturates.....1
- c. Cannabis/Dope/Hash/Marijuana/Blow.....1
- d. Glue/Gas.....1
- e. Valium/Downers/Tamazepam/Jellies/Roches/Diazepam.....1
- f. LSD/Acid/Magic mushrooms.....1
- g. Cocaine/Coke/Crack.....1
- h. Heroin/Smack/Skag/H.....1
- i. Ecstasy/E's.....1
- j. Popper's.....1
- k. Methadone.....1

S36. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes.....1 No.....2 →Go to S37

S37. Have you ever been to prison? Yes.....1 No.....2

S38. Can we check, does the other parent of the Study Child live here with you or elsewhere?

Lives here1 →Go to S54 Deceased2 →Go to S54 Lives elsewhere.....3 →Go to S38

S39. When did (the non-resident) father / mother stop living with you and the Study Child?

_____month _____year Never lived together.....1

S40. How far does the Study Child's non-resident father/ mother live from here?

Within ½ hours drive from here.....1 More than 1 hours drive from here.....3
 Between ½ and 1 hours drive from here2 Outside the country.....4

S41. Do you and the Study Child non-resident father/ mother have shared parenting of the Study Child on a regular basis?

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

S42. Please describe the nature of this shared parenting?

S43. How often does the Study Child see his non-resident father/ mother?

- Daily 1 Monthly 5
 Once or twice a week 2 Less than once a month 6
 Weekly 3 Less than once a year 7
 Every second week/weekend 4 Other (please specify) 8 _____

S44. Were you ever married to or did you ever live with the Study Child's father?

- Yes, married to..... 1 Yes, lived with..... 2 No..... 3 Adoptive/Foster parent 4

S45. When did you separate or split up with the Study Child's father?

- Spouse / Partner died 1 Longer than 10 years ago ... 4
 In the last 4 years 2 Before child was born 5
 Longer than 4 years ago but less than 10..... 3 We were never a couple 6

S46. What was the nature of your relationship with the study child's father when you became pregnant with the study child? (Please tick one box only).

- Married and living together 1 Going out but not living together 5
 Cohabiting/living as married 2 Just friends 6
 Separated 3 No relationship 7
 Divorced 4

S47. Do you have a formal or informal custody arrangement regarding the Study Child and where he/she lives?

- Formal..... 1 Informal..... 2

S48. Briefly describe that arrangement

S49. Does the Study Child's non-resident father/ mother make ANY financial contribution to your household and the maintenance of <Study Child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he/she never makes any payment 1 Yes, he/she makes a regular payment 2 Yes, he/she makes payments as required 3

S50. How much does he/she pay per week / fortnight/ month?

€ _____ per Week..... 1 Month..... 2 Year..... 3

S51. About how much per year?

€ _____ per year

S52. How often do you talk to the Study Child's non-resident parent about the Study Child?

- Every day 1 Several times a week 2 About once a week 3 A few times a month 4 Several times a year 5 Never 6

S53 How well do you get on with the Study Child's non-resident parent? Would you say your relationship is?

- Very Positive 1 Positive 2 Neither positive nor negative 3 Somewhat negative 4 Very negative 5

S54. What is your date of birth? _____ day _____ month _____ year

S55. Int: Is respondent male or female? Male..... 1 Female..... 2

S56. Time Section Ended (24 hour clock)

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

YOUR ASSISTANCE IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST IN DEVELOPING POLICIES TO SUPPORT CHILDREN AND THEIR FAMILIES IN IRELAND

Secondary Caregiver Questionnaire



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**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE PRE-PILOT (DRAFT 24-4-07)
STRICTLY CONFIDENTIAL
FATHER / PARTNER QUESTIONNAIRE**

AREA HOUSEHOLD RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock)

Hello, I'm from the Economic and Social Research Institute 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. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians 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 AND HOUSEHOLD COMPOSITION

A2. Int: Record gender of parent 1 Male₁ Female.....₂

A3. [Card A3] Which of the following best describes your relationship with the <baby> ? [Interviewer use codes only]

- | | |
|---|---|
| A. Biological parent (mother/ father) <input type="checkbox"/> ₁ | E. Grand parent <input type="checkbox"/> ₅ |
| B. Adoptive parent (mother/ father) <input type="checkbox"/> ₂ | F. Aunt/uncle <input type="checkbox"/> ₆ |
| C. Step-parent (mother/ father) <input type="checkbox"/> ₃ | G. Other relative/ in law <input type="checkbox"/> ₇ |
| D. Foster parent (mother/ father) <input type="checkbox"/> ₄ | H. Unrelated guardian <input type="checkbox"/> ₈ |

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

B1.
Scale on parenting efficacy removed

B2.
Scale on parents' views of child-rearing removed

Time Section Ended (24 hour clock)

D. BABY'S HABITS

Time Section Started (24 hour clock)

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

Yes_1 Wanted to, but missed it_2 No _3

2. Fathers 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) _____

D1. 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 Not sure/ don't know

_1....._2....._3....._4....._5

D14. Do you feel that <baby's> crying is a problem for you?

Yes....._1 No....._2

I. Parent's Health and Lifestyle

Time Section Started 4 hour clock)

I1. In general, how would you say your current health is?

- Excellent_1
- Very Good....._2
- Good_3
- Fair....._4
- Poor_5

I2. Compared to one year ago, how would you rate your health in general now?

- Much better now_1
- Somewhat better now....._2
- About the same....._3
- Somewhat worse now....._4
- Much worse now....._5

I3. Do you have a longstanding illness, disability or infirmity. By longstanding I mean anything physically or mentally that has troubled you over a period of time or that is likely to affect you over a period of time?

Yes_1 No_2

I4. What is the nature of this illness or disability? Please describe as fully as possible.

I5. Since when have you had this illness or disability? _____(mth) _____(year)

I6. Are you hampered in your daily activities by this physical or mental health problem?

Yes, severely....._1 Yes, to some extent....._2 No....._3

I7. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <baby>?

In the past_1 Currently....._2 No_3

I13. Do you smoke daily, occasionally or never?

Daily ₁ Occasionally ₂ Never ₃

I14. Have you ever smoked? Was it...

Daily ₁ Occasionally ₂ Never ₃

(IF RESPONDENT CURRENTLY OR HAS EVER SMOKED DAILY, ASK)

I15. How many cigarettes did you/do you smoke on an average day _____ N

I16. How long have you been/were you a smoker for?

_____ Weeks _____ Months _____ Years

I20. [Card I20] Which of the following best describes how often you usually drink alcohol?

- Never ₁
- Less than once a month ₂
- 1-2 times a month ₃
- 1-2 times a week ₄
- 3-4 times a week ₅
- 5-6 times a week ₆
- Every day ₇

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

I21. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer _____ Glasses of Wine _____ Measures of Spirits _____

I22. And when you drink, how many drinks would you have on an average night? _____ N

I23. Do you mostly drink at home/friends house or outside in a pub, club or restaurant?

- Always at home/friends house ₁
- Mostly at home/friends house ₂
- About equal ₃
- Always at pub, club or restaurant ₄
- Mostly at pub, club or restaurant ₅

I24. During the last year have you failed to do what was normally expected from you because of drinking?

Yes ₁ No ₂

I27. About how many days each week do you do at least 30mins of moderate or vigorous physical activity (like walking briskly, riding a bike, gardening, tennis, swimming, running etc...). Include physical activity at work. _____ N

Time Section Ended (24 hour clock)

J. FAMILY CONTEXT

Time Section Started (24 hour clock)

J1. [Card J1] 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.

- | | Strongly Agree | Agree | Not sure | Disagree | Strongly disagree |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. I am happy in my role as a parent | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. There is little or nothing I wouldn't do for my child if it was necessary | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C. Caring for my child sometimes takes more time and energy than I have to give | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| D. I sometimes worry whether I am doing enough for my child | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E. I feel close to my child | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| F. I enjoy spending time with my child | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| G. My child is an important source of affection for me | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| H. Having a child gives me a more certain and optimistic view for the future | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

- I. The major source of stress in my life is my child 1 2 3 4 5
- J. Having child leaves little time and flexibility in my life.... 1 2 3 4 5
- K. Having 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

J4. Overall, how do you feel about the amount of support or help you get from family or friends living elsewhere?

- 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

J7. [Card J7] Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week: (tick one box on each line)

- | | Rarely or none of the time (less than 1 day) | Some or little of the time (1-2 days) | Occasionally or time moderate amount of the time (3-4 days) | Most or all of the time (5-7 days) |
|--|--|---------------------------------------|---|------------------------------------|
| I felt I could not shake off the blues even with help from my family or friends..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| I felt depressed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| I thought my life had been a failure..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| I felt fearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| My sleep was restless..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| I felt lonely | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| I had crying spells | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| I felt sad | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

J8. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

- Yes 1 No 2

J21. Did you take, or are you currently on unpaid parental leave with <baby>?

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

J22a. If yes, how many weeks? _____ weeks

J22b. Taking as a day per week Yes 1 No..... 2

Time Section Ended (24 hour clock)

K: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

K10. [Show Card K10] Which of these descriptions BEST describes your usual situation in regard to work?

- | | | | |
|--|----------------------------|---|-----------------------------|
| Employee (incl. apprenticeship or Community Employment)..... | <input type="checkbox"/> 1 | Student full-time..... | <input type="checkbox"/> 4 |
| Self employed outside farming | <input type="checkbox"/> 2 | On State training scheme (FAS, Faite Ireland etc.)..... | <input type="checkbox"/> 5 |
| Farmer | <input type="checkbox"/> 3 | Unemployed, actively looking for a job | <input type="checkbox"/> 6 |
| | | Long-term sickness or disability | <input type="checkbox"/> 7 |
| | | Home duties / looking after home or family | <input type="checkbox"/> 8 |
| | | Retired..... | <input type="checkbox"/> 9 |
| | | Other (specify) | <input type="checkbox"/> 11 |

K11. 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

K12. 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]

K13. Do you supervise or manage any personnel in your job?

Yes _1 No _2

K14. How many? _____

K15. How many employees (if any) do you have? _____ employees N A _99

K16. Do you ever work after 6pm or overnight? Yes _1 No _2

K17. How often?

Permanent night shift _1
4-7 days per week _2
2-3 days per week _3
About once a week _4
Several times a month (including rotating shifts) _5
About once a month _6
Less often _7
Don't know _8

K18. Do you ever work on Saturdays or Sundays? Yes _1 No _2

K19. How often

Every week _1
Every 2 or 3 weeks _2
About once a month _3
Less often _4
Don't know _5

K20. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _____ hours per week

K21. Apart for holiday or casual work, have you ever had a job? Yes _1 No _2

K22. In what year did you last work? _____ year Never Worked _1

K23. When you last worked were you?

Employee (incl. apprenticeship or Community Employment) _1 Self-employed outside farming _2 Farmer _3

K24. What was your occupation in that 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]

K25. [Show Card K25] From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home? [Int. tick one only]

I can't find a job _1 I cannot find suitable childcare _6
I chose not to work _2 There are no suitable jobs available for me _7
I am caring for an elderly or ill relative or friend _3 My family would lose Social Welfare or
I prefer be at home to look after my children myself _4 medical benefits if I was earning _8
I cannot earn enough to pay for childcare _5 Other reason (specify) _10

K26. Do you plan to start or return to paid work?

Yes, in the next 3 months _1
Yes, in 3 to 12 months time _2
Yes, in more than 1 year's time _3
Have no plans to return to paid work _4

K40. [Card K40] 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..... 88

K41. What language or languages do you and your partner speak with <baby> most often at home?

[Int. Tick all that apply]

- | | |
|---|---|
| English <input type="checkbox"/> 1 | Irish <input type="checkbox"/> 2 |
| Arabic <input type="checkbox"/> 3 | French <input type="checkbox"/> 4 |
| Polish <input type="checkbox"/> 5 | Russian <input type="checkbox"/> 6 |
| Czech <input type="checkbox"/> 7 | Latvian ... <input type="checkbox"/> 8 |
| Portuguese <input type="checkbox"/> 9 | Spanish..... <input type="checkbox"/> 10 |
| Chinese <input type="checkbox"/> 11 | Lithuanian <input type="checkbox"/> 12 |
| Romanian <input type="checkbox"/> 13 | Other (specify) <input type="checkbox"/> 14 |

K42. 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?

- Yes 1 No 2

K43. Can you usually read and fill out forms you might have to deal with in your own language?

- Yes 1 No 2

[Int: Ask K44 and K45 only if any language other than Irish or English is usually spoken at home see K41 above]

K44. You mentioned that you spoke <language> [Int See L40 above] at home, can I just check, can you read aloud to a child from a children's storybook written in English?

- Yes 1 No 2

K45. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1 No 2

K46. 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

K47. Are you a citizen of Ireland? Yes..... 1 No 2 Don't know 8

K48. What citizenship do you hold? _____ Don't know 8

K49. Were you born in Ireland? Yes..... 1 No 2 Don't know 8

K50. In which country were you born? _____ Don't know 8

K51. How long ago did you first come to live in Ireland?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Within the last
year | 1-5 years ago | 6-10 years
ago | 11-20 years ago | More than 20
years ago | 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"/> 88 |

K56. [Card K56] What is your ethnic or cultural background?

- | | |
|---|---|
| Irish <input type="checkbox"/> 1 | Any other Black background <input type="checkbox"/> 5 |
| Irish Traveller <input type="checkbox"/> 2 | Chinese <input type="checkbox"/> 6 |
| Any other white background <input type="checkbox"/> 3 | Any other Asian background <input type="checkbox"/> 7 |
| African <input type="checkbox"/> 4 | Other (specify) <input type="checkbox"/> 8 |

K57. What religion are you, if any? _____

L5. Do you have any family living in this area? Yes.....1 No.....2

L6. What is your date of birth? _____ day _____ month _____ year

L7. Int: Is respondent male or female? Male.....1 Female.....2

Time Section Ended

--	--	--	--

 (24 hour clock)

M. FOR THE INTERVIEWER

Please complete the following questions as soon after you have left the household as possible.

M2. Did the respondent ask for clarification on any questions?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M3. How engaged with the survey did you feel that the respondent was?

Very engaged...1 Quite engaged...2 Not very engaged...3 Not at all engaged...4

M4 Did you feel that the respondent was reluctant to answer any questions?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M5 Did you feel that the respondent tried to answer the questions to the best of his or her ability?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M6 Overall, did you feel that the respondent understood the questions?

Never...1 Almost Never...2 Now and then...3 Often...4 Very Often...5 Don't Know...6

M7. Was anyone else present at the interview?

Yes 1 No 2

M8. Who? Tick all that apply.

Spouse/Partner...1 Study Child...2 Other Child...3 OtherAdult...4

Appendix B – Instrumentation used in the pilot phase

Introductory letter to Respondents



«mothers_title» «Mothers_Fn» «Mothers_sn»
«addr1»
«addr2»
«addr3»
«ADDR4»

Our ref : «ref»

Dear «mothers_title» «Mothers_sn»,

We are writing to you about a major new and historic study of children called ***Growing Up in Ireland***.

This is a government-funded study of children in the Ireland of the 21st Century. The Department of Health and Children is funding the study through the Office of the Minister for Children in association with the Department of Social and Family Affairs and the Central Statistics Office.

The study is being carried out by a group of independent researchers from the Economic and Social Research Institute (ESRI) and Trinity College, Dublin.

The purpose of the study is to improve our understanding of children and their development in Ireland today. The information collected will help to make decisions about future policies and services which will benefit all children and their families.

We would like to send an interviewer to your home in a few weeks time to interview you and your partner (if relevant) about yourselves and your baby («Childs_Fn»). Your name was selected at random from the Child Benefit (Children's Allowance) Register for inclusion in the study.

Participation in this study is entirely voluntary. If you do not wish to take part simply fill out the enclosed 'opt-out' form and send it to the ESRI in the pre-paid envelope within 10 days. If you do so an interviewer will not call to your home. We do hope, however, that you will be able to assist us in the study.

We enclose an information sheet providing more details on the project. The interview will take about 70 minutes with yourself and (if relevant) about 20 minutes with your partner.

We hope you will be able to assist us in our work. If you have any queries please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the ***Growing Up in Ireland*** team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

A handwritten signature in black ink that reads 'James Williams'.

A handwritten signature in blue ink that reads 'Sheila Greene'.

James Williams
(Research Professor, ESRI and
Principal Investigator, *Growing Up in Ireland* study).

Sheila Greene
(Director, Children's Research Centre, TCD
Co-director, *Growing Up in Ireland* study)

Opt-out form: Ref: «ref»

Complete this form only if you DO NOT want to take part.

Your name (capitals please): _____

Your baby's name (capitals please): _____

Your relationship to the baby (mother/father, etc): _____

Your address (capitals please): _____

It would help us for future studies if you could tell us the main reason you decided not to participate in Growing Up in Ireland

Reason for not participating: _____

If you do not wish to take part in the study please return this form in the enclosed pre-paid envelope to:

Growing Up in Ireland,
Economic and Social Research Institute
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2

Information Sheet for Respondents

INFORMATION FOR PARENTS / GUARDIANS

Your baby has been chosen to take part in a new and historic national study of children in Ireland called *Growing Up in Ireland*. Your baby is one of 150 infants selected for the initial pilot study on the project. A total of 10,000 families of nine-month old infants will ultimately be selected to take part in the main study.

What is the Growing Up in Ireland study?

Growing Up in Ireland is a new, national, Government funded study of children.

This historic study is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

What will it tell us?

The study will help us to find out all about children's social, emotional and physical development.

This information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

How was my child selected?

The pilot study will include just 150 infants and their families.

The families and their children have been selected from the Child Benefit Register on a purely random basis. We are now contacting the families of these babies to invite them to take part. The random selection will make sure that we can talk to all different types of children and families from all parts of the country.

This is a unique opportunity for your child and family to take part in this very important study.

Why should my family take part?

By taking part, your family will play a crucial role in helping us to find out what it's like to be a child growing up in Ireland in the 21st century. This information will help us to give the Government advice on how to help make childhood a better experience for all children and to make improvements for children for many years to come.

The experience of parents who have taken part in similar studies around the world is that they enjoyed participating and talking about their child and their lives as they grow up.

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children 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. They are the Study Team.

What happens if I take part?

Taking part in *Growing Up in Ireland* is very simple.

Step One: In a few weeks' time an interviewer will call to your home to talk to you about the study, and, if you are happy to take part, will make arrangements to come back and interview you and your spouse/partner (where relevant).

Step Two: When the interviewer calls to your home, you and your partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. The visit to your home will last about 90 minutes.

Step Three: If there is another parent living outside the home or someone else, such as a childminder, who looks after the child on a regular basis, we would like to send them a questionnaire in the post. If you prefer, however, we will not send a questionnaire to him/her.

If you decide in advance of the interviewer's call that you do not want to take part, you can fill in the enclosed 'opt-out' form and return it to us in the next 10 days in the postage-paid envelope. If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.

Confidentiality

All the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your partner, childminder, and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you have given to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you.

We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.

GROWING UP IN IRELAND

What kind of questions will my family be asked?

You and your partner (if relevant) will be asked questions about:

- your baby's health and temperament
- his/her daily routines
- your own health
- your family life and experiences as a parent

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family's income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years time:

The unique part of *Growing Up in Ireland* is that it is a long-term study. This means that we would like to return to your home in three years time when your child is three years of age.

When the time comes we will arrange another visit to your home and ask some more questions about how your child has grown and changed over these years. In the meantime, to keep you up-to-date, we will send you a newsletter on the study and how it is progressing.

Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). They are Officers of Statistics appointed by the Central Statistics Office and are similar to those who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been subject to security vetting by An Garda Síochána.

The interviewer is not allowed to be alone with your child unless you or another adult is present in the room. This is for the protection of both your child and the interviewer.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 8632000.

What are my rights if I take part?

- If you decide to take part you and **your family may choose to withdraw from the study at any time, even after the interviewer has called to your home.** At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

Nothing. An interviewer will call to your home to discuss the study with you, and you can tell him or her whether or not you would like to take part.

GROWING UP IN IRELAND

Your participation counts.

Taking part in *Growing Up in Ireland* is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the *Growing Up in Ireland* team

Visit our website:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2



Consent Form for Respondents

PARENT'S /GUARDIAN'S CONSENT FORM

Name of Baby: _____ Baby's Date of Birth: _____
(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the Growing Up in Ireland study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that my child has been selected on a purely random basis from the Child Benefit Register.
- I understand that a range of information will be collected, including information from my child's other parent and my spouse or partner (where different), and his or her childminder (if relevant).
- I understand that the information will be stored, on a confidential basis, on a computer and will be used for research purposes only.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child's other parent (where different) or childminder (if relevant).
- I understand that, because this study looks at children's development over time, I will be asked to participate in a follow-up study when my child is 3 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____
(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____
(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____ Contact telephone: _____

Work Assignment Sheet

NLSCI MAIN 9 Month INFANTS

INTERVIEWER 99999 Mr Interviewer

Group Seq

Child's Name:

Date of Birth:

Sensitive Type:

Outcomes

- 1..... Completed
- 2..... Cannot locate address
- 3..... **Refused to interviewer -PHONE**
- 4..... Refused to interviewer - FACE to FACE
- 5..... No contact despite call backs
- 6..... Unavailable within dates specified
- 7..... Family known to interviewer/reassign
- 8..... Unable due to language/communication
- 9..... Other specify
- 10..... Refused to office



Mother's name:

Address:

Parent phone numbers

GPS readings

A
B

Household Outcome
(from list above)

Section A		If yes, interview completed		Sensitives completed		If No, why not?
Lives in household	Y N	Y N	Y N	Y N		
Mother/Lone Father	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Father/Partner	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
Twin of Study Infant	<input type="checkbox"/> <input type="checkbox"/>					

SECTION B		
Consent form signed	Yes <input type="checkbox"/>	Refused <input type="checkbox"/>
Mother's PPS number	.....	Refused <input type="checkbox"/>
Father's PPS number	.....	Refused <input type="checkbox"/>
Permission to access NPRS	Yes <input type="checkbox"/>	Refused <input type="checkbox"/>

SECTION C Y N

Is there a NON RESIDENT PARENT?

If so, name, address and phone number of non-resident parent:

Name _____

Address _____

Phone _____

Permission to contact: Yes No

SECTION D Is there a REGULAR CHILD MINDER?

Home based..._1 Centre based _2 None. _3

Name of carer/centre _____

Address of carer/centre _____

Phone _____

Permission to contact Yes No

	HEIGHT in cms				WEIGHT in Kgs			
Mother/loner father								
Father/partner								

Infant	Length In cms	Weight In Kgs	Head circumference in cms

Date measurements taken (if different from interview date):

INTERVIEWER – YOU MUST COMPLETE SECTIONS A, B, C, D,E and F

Primary Caregiver Questionnaire



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE PILOT
STRICTLY CONFIDENTIAL 05/03/08
MOTHER or LONE FATHER QUESTIONNAIRE**

GROUP SEQ NO RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

A1. Are you the parent / guardian of the <baby> who usually provides the most care to him / her.

Yes.....₁ No₂

A2. Int: Record gender of respondent] Male₁ Female₂

A2a. Record <baby's> name: _____

A2b. Record <baby's> gender Male₁ Female.....₂

A2c. Record <baby's> date of birth __dd__mm__yyyy

A3. [Card A3] Which of the following best describes your relationship with the <baby>? [Interviewer use codes only]

- | | |
|---|---|
| A. Biological parent (mother/ father) <input type="checkbox"/> ₁ | E. Grand parent <input type="checkbox"/> ₅ |
| B. Adoptive parent (mother/ father) <input type="checkbox"/> ₂ | F. Aunt/uncle <input type="checkbox"/> ₆ |
| C. Step-parent (mother/ father) <input type="checkbox"/> ₃ | G. Other relative/ in law <input type="checkbox"/> ₇ |
| D. Foster parent (mother/ father) <input type="checkbox"/> ₄ | H. Unrelated guardian..... <input type="checkbox"/> ₈ |

In this section, I would like to ask you a few details about yourself and the others in your household.

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?

_____persons

A5. For each member of the household could you tell me:

- a) their gender?
- b) their Date of Birth (DOB)
- c) *if DOB not available* - their age last birthday
- d) their relationship to the child's mother / or lone father and the <baby>?
- e) tick one box to best describe their current economic status

No.	First name/Initial	(A) Sex		(B) Date of Birth	(C) If DOB not available	(D) Relationship of each member to mother and child. Use Relationship Codes from yellow card. Show Card A5D			(E) Show Card A5E						
		M	F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: Mother	R'SHIP TO: Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	1	///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	2		///	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9		<input type="checkbox"/>	<input type="checkbox"/>	_____	yrs	9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2

A6. Do you have any other biological children who live outside the household?

Yes 1 No 2

A6a. How many _____ n

A6b. For each biological child living outside the household can you please indicate their gender and date of birth.

- 1. Male 1 Female 2 Date of Birth ____ / ____ / _____
- 2. Male 1 Female 2 Date of Birth ____ / ____ / _____
- 3. Male 1 Female 2 Date of Birth ____ / ____ / _____

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

B1.

Scale on parent's views on child-rearing removed

B2. Do you use a soother/dummy with <baby>? Yes 1 No 2

B3. [Card B3] 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

B4. [Card B4] 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

B5. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

- Most or all of the time 1
- Sometimes 2
- Hardly ever or never 3

B6.

Scale on attachment removed

B7

Questions on knowledge of child development removed

B8

Infant Characteristics Questionnaire removed

C. BABY'S DEVELOPMENT

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

Scale on infant development removed (ASQ/PEDS: DM)

CX1. Do you talk to your baby while you work? (eg. while you do housework).

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

CX2.

Items on infant development removed

CX3. And do you have any other concerns about any aspects of baby's behaviour or development?

[Int.: If yes, please specify]

D. BABY'S HABITS

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

D1. How many hours sleep do you get on an average night, at the present time? _____ N

D2. In general, what time in the evening does your baby usually go to sleep? _____ (24 hour clock)

D3. Approximately how many hours sleep does your baby have during

(a) the day? _____ hours (b) the night ? _____ hours

D4. On a normal day what time does your baby usually get up at in the morning? _____ (24 hour clock)

D5. Is your baby ever difficult when put to bed?

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

D6. How often does your baby wake at night?

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

D7. How many times per night on average? _____

D8. Do you ever wake <baby> for a feed during the night?

Yes, usually

Yes, sometimes

No, not at all

1..... 2..... 3

D9. How does your baby normally sleep?

On his/her stomach

On his/her side

On his/her back

1..... 2..... 3

D10. Does <baby> usually sleep:

In a room on his/her own 1

In your bedroom 3

In a room with other children 2

Elsewhere 4

D11. 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

D12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _____ N

D13 Do you feel that <baby's> crying is a problem for you?

Yes..... 1

No..... 2

D14 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

D15 Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.

Yes..... 1

No..... 2

E. CHILDCARE ARRANGEMENTS

Time Section Started

--	--	--	--

(24 hour clock)

E1. Is <baby> currently being minded by someone else, other than you or your partner, on a regular basis each week?

Yes..... 1

No..... 2

E2. Can you indicate (a) who else minds <baby> on a regular basis, (b) number of hours per week spent in each type of childcare, (c) how much you pay for this childcare per week (d) whether this is your main type of childcare

	[Tick all that apply]	Number of hours	Cost per week	Main type of care
A relative in your home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
Someone else in your home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
A relative in their home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
Someone else in their home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
A professional caregiver (e.g. Crèche / Day nursery)	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
Other (please specify).....	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4

E3. What age was <baby> when you started to use the main childcare arrangement? _____ months

E4. What was the single most important reason for you choosing this main form of childcare?

- I had no choice 1
- I could afford it 2
- It was convenient 3
- It was linked to my job 4
- I thought it would be beneficial for my child 5
- Other (please for describe) _____ 6

E5. How satisfied are you with these arrangements?

- | | | | | |
|---------------------------------|---------------------------------|---|---------------------------------|---------------------------------|
| Very satisfied | Fairly satisfied | Neither satisfied
nor dissatisfied | Fairly dissatisfied | Very dissatisfied |
| <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... |

E6. What are your future intentions for childcare? [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

E7. 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

E8. [Card E8] 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

F. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

Time Section Started (24 hour clock)

F1. Have any of the other children in your household been particularly jealous/unhappy about the baby (e.g. hitting etc.)?

Yes 1 No 2

F2a. Was <Study Child> a single birth, twin, triplet etc. Single child..... 1 Twin... 2 Triplet... 3

F2b. Does his/her twin live here in this household?

Yes 1 Lives elsewhere..... 2 Deceased..... 3

F3. Are <study child> and <twin> identical twins or fraternal (non-identical) twins? :

Identical twins 1 Fraternal (i.e. non-identical twins)..... 2

F4. Has this been confirmed by a medical professional?

Yes..... 1 No 2

F5. Just let me check. Are your twins:

Two boys ₁ Two girls ₂ Boy and Girl..... ₃

[Int. ask if no at F4.]

F6. Would you say they are alike in looks

Yes ₁ No ₂

F7. Would you say they are alike

a) In behaviour ₁ ₂
 b) in Personality/character ₁ ₂
 c) In health ₁ ₂

F8. How do you dress them?

in matching clothes each day ₁
 in matching clothes sometimes ₂
 never in matching clothes ₃

F9. How does this twin react to the other?

	Yes, most of the time	Yes, some of the time	No, hardly ever
a) he/ she likes to be with his / her twin.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b) he/she doesn't seem to notice his / her twin	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c) he/she is upset if she is parted from his/her twin	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

G. PRENATAL CARE

Time Section Started

--	--	--	--

(24 hour clock)

G1. Did you intend to become pregnant before <baby> was conceived?

Yes, at that time ₁ No..... ₂ Unsure/Didn't mind..... ₃

G2. Did you intend never to become pregnant before <baby> was conceived, or just at a different time?

Yes, but much later ₁
 Yes, but somewhat later ₂
 Yes, but earlier..... ₃
 No intention of becoming pregnant..... ₄
 Other ₅

No question G3 and G4

G5. How was your Ante-natal care provided?

Shared care (between GP and other professional'.) ₁
 Private consultant alone ₂
 Hospital clinic alone ₃
 Midwives clinic alone ₄
 Independent midwife alone..... ₅
 None ₆
 Other [Please specify]..... ₇

G6. Was this shared care with:

Hospital Clinic ₁
 Midwife Clinic..... ₂
 Independent Midwife ₃
 Private Consultant..... ₄

G7. At how many weeks did you first become aware that you were pregnant? ____ weeks

G8. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your GP or hospital? ____ weeks

G9. And who was this appointment with?

GP/Family physician <input type="checkbox"/> ₁	Midwives clinic alone <input type="checkbox"/> ₄
Private consultant alone <input type="checkbox"/> ₂	Independent midwife alone..... <input type="checkbox"/> ₅
Hospital clinic alone <input type="checkbox"/> ₃	Had no ante-natal care <input type="checkbox"/> ₆

G10. How many ultrasound scans (i.e. where you and the doctor/consultant see an image of the baby on screen) did you have in total during the course of your pregnancy? ____ N [If none enter '0']

G11. Did you know the sex of your baby before the birth? Yes ₁ No ₂

G12. How much weight did you gain during the course of your pregnancy?

____stone ____lbs OR ____kgs

G13. [Card G13] Were there any of the following complications with the pregnancy? [Tick all that apply]

- a. Raised blood pressure (in isolation) 1
- b. Raised blood pressure and protein in the urine
(Pre-eclampsia) 2
- c. Urinary or kidney infection 3
- d. Persistent vomiting or nausea 4
- e. Gestational diabetes (diet treated) 5
- f. Gestational diabetes (insulin treated) 6
- g. Bleeding during the second half of pregnancy 7
- h. Vaginal Infection during pregnancy 8
- i. Intrauterine Growth Restriction (small baby on scan)
..... 9
- j. Rhesus Incompatibility 10
- k. Influenza 11
- l. Placenta praevia 12
- m. Miscarriage in a multiple pregnancy 13

n. Other [please specify]..... 14

G14. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

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

G15. How many separate admissions did you have? ____ N

G16. During your pregnancy with the <baby>, did you take any of the following supplements?

	Yes	No
Iron.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Folic acid/Folate before pregnancy	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Folic acid/Folate during the first 3 months of pregnancy..	<input type="checkbox"/> 1	<input type="checkbox"/> 2

G17. During your pregnancy, how many members of the household [including yourself] smoked? ____ N

H. INFANT'S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started (24 hour clock)

H1. Where was <baby> born? ALSPAC (Adapted)

Home birth [planned] 1 In hospital..... 2 Other [please specify] _____ 3

H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.

a. Name: _____
b. Address _____

H3. Did you have any form of pain relief in labour? ALSPAC

Yes..... 1 No..... 2 Did not have any labour 3

H4. What was the mode of delivery? GUIA (Adapted)

Normal delivery	<input type="checkbox"/> 1	Emergency Caesarean.....	<input type="checkbox"/> 5
Suction assisted birth.....	<input type="checkbox"/> 2	Vaginal breech delivery	<input type="checkbox"/> 6
Forceps assisted birth.....	<input type="checkbox"/> 3	Other [please specify].....	<input type="checkbox"/> 7
Planned / Elective Caesarean	<input type="checkbox"/> 4	Don't know	<input type="checkbox"/> 8

H5a. After how many weeks of pregnancy was <baby> born? _____ Wks Don't Know..... 99

H5b. Was <baby> born late, on time or early? GUIA

Late birth (42 weeks or more)..... 1
On time (37-41 weeks) 2 || Somewhat early (33-36 weeks) | 3 |
| Very early (32 weeks or less) | 4 |
| Don't know | 5 |

H6. How much did <baby> weigh at birth? ___lbs ___ ounces OR ___kgs GUIA

H7. What was <baby's> length at birth? ___inches OR ___cms GUIA

H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]

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

H9. 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

H10. Did the <baby> need any help with his/her breathing from a ventilator?

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

H11. How many days or parts of days were you in hospital after the birth? ____ days

H12. How many days parts of days was <baby> in hospital after the birth? ____ days

H13. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes.....1 No2 → Go to H16

H14a. Was <baby> ever exclusively breastfed?

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes1 No2 → Go to H15a

H14b. How old was <baby> when he/she stopped being exclusively breastfed?

___ Days ___ Weeks ___ Months <Baby> still being exclusively breastfed....55 → Go to H20

H15a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes1 → Go to H16 No2

H15b. How old was <baby> when he/she completely stopped being breastfed?

___ Days ___ Weeks ___ Months

H15c. What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

- | | |
|---|---|
| Not enough milk/hungry baby..... <input type="checkbox"/> 1 | Physician told me/her to stop..... <input type="checkbox"/> 8 |
| Inconvenienced/fatigue..... <input type="checkbox"/> 2 | Returned to work..... <input type="checkbox"/> 9 |
| Difficulty with breast feeding techniques..... <input type="checkbox"/> 3 | Partner/father wanted me to stop/her to stop..... <input type="checkbox"/> 10 |
| Sore nipples/engorged breast..... <input type="checkbox"/> 4 | Formula feeding preferable..... <input type="checkbox"/> 11 |
| Mother's illness..... <input type="checkbox"/> 5 | Wanted to drink alcohol..... <input type="checkbox"/> 12 |
| Planned to stop at this time..... <input type="checkbox"/> 6 | Embarrassment/social stigma..... <input type="checkbox"/> 13 |
| Baby weaned himself/herself..... <input type="checkbox"/> 7 | Other, please specify..... <input type="checkbox"/> 14 |

H16. 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*

H17. What else does <baby> drink apart from milk or formula? [Tick all that apply]

- | | |
|--|--|
| Water..... <input type="checkbox"/> 1 | Herbal drinks..... <input type="checkbox"/> 5 |
| Baby Juice..... <input type="checkbox"/> 2 | Tea or coffee..... <input type="checkbox"/> 6 |
| Fruit juices/Cordial/Squash..... <input type="checkbox"/> 3 | Other [please specify]..... <input type="checkbox"/> 7 |
| Fizzy or soft drinks (e.g. lemonade, coke)..... <input type="checkbox"/> 4 | None of the above..... <input type="checkbox"/> 8 |

H18. 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 No2

H19. How old was <baby> when he/she first had solid food regularly?

___ Days ___ Weeks ___ Months Hasn't yet 1

H20. 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..... <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Healthy, but a few minor problems..... <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Sometimes quite ill..... <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| Almost always unwell..... <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

H21. Can you tell me whether <baby> has received: [Tick all that apply]

- | | |
|--|--|
| Their six-week checkup..... <input type="checkbox"/> 1 | Vaccines at 6 months..... <input type="checkbox"/> 4 |
| Vaccines at 2 months..... <input type="checkbox"/> 2 | No vaccinations..... <input type="checkbox"/> 5 |
| Vaccines at 4 months..... <input type="checkbox"/> 3 | |

H22. [Card H22] Why has <baby> not had all of his or her immunisations?

[Tick all that apply]

- a. Not offered/Didn't know due to have 1
- b. Due to have it in near future/soon 2
- c. Child was unwell/in hospital when due 3
- d. Child is not able to have it for health reasons 4
- e. Child was away/on holiday when due..... 5
- f. Lack of supplies/ran out of immunisation 6
- g. Concerns about the health risks to child..... 7
- h. Child had bad reaction/was unwell/had allergic reaction after previous immunisation . 8
- i. Medical problems or bad reactions related to immunisations in family 9
- j. Prefers to use homeopathy..... 10
- k. Didn't think it was of any benefit 11
- l. Opposed to immunizations for other reasons _____ 12
- m. Other reason [please specify] _____ 13

H23. [Card H23] 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

H24. 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

H25. [Card H25] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

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

H26 Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about the <baby's> physical health? (exclude time of birth)

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

H27 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

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

H28. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

H29. 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

H30. 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| You could not take time off work to visit the doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Wanted to wait and see if the problem got better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Still on the waiting list | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

H31. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

- Yes, full card 1 Yes, GP only
- Not covered 3

H32. Does the family have private medical insurance?

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

H33. Does that insurance include the cost of GP visits?

- Yes, in full 1 Yes, partially..... 2 No 3 Don't know 4

H34. Many babies have accidents at some time. Has the <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

- Yes..... 1 No 2

H35. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? _____ N

H36. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

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

J. PARENT'S HEALTH

Time Section Started (24 hour clock)

J1. In general, how would you say your current health is

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

J2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

J3. 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.]

J4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

J5. Are you hampered in your daily activities by this problem, illness or disability?

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

J6. [Card J6] 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	Just a little	A moderate level	A lot of difficulty	Cannot do at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>?

Yes..... ₁ No ₂

J8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent ₁ Brother / Sister ₂ Other relative..... ₃ Non relative ₄

J9. Since <baby> was born, how many times have you seen or talked on the telephone with any of the following about your own physical, emotional or mental health? (Exclude at time of birth)

INCLUDE ONLY CONSULTATIONS MADE ON YOUR OWN BEHALF AND EXCLUDE THOSE MADE ON BEHALF OF CHILDREN OR OTHER PERSONS.

- A general practitioner (GP), or practice nurse _____ N
- A public health nurse _____ N
- A psychiatrist, psychologist or counsellor..... _____ N
- Another medical professional [please specify] _____ N
- Accident and Emergency or Outpatient..... _____ N

J10. Have you been admitted to a hospital as an in-patient since <baby> was born? Please exclude any nights spent in hospital due to childbirth or the illness of other people, for example to accompany a child.

Yes..... ₁ No ₂ Don't know..... ₃

J11. About how many nights did you spend in hospital since the <baby's> birth? _____ Nights

J12. Do you currently smoke daily, occasionally or not at all?

Daily ₁ Occasionally ₂ Not at all ₃

J13. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

J14. Including yourself, how many members of the household smoke? ____ N IF NUMBER OF SMOKERS >0 ask:

J15. [Card J15] Which of the following best describes how often you usually drink alcohol?

- Never 1
- Less than once a month 2
- 1-2 times a month 3
- 1-2 times a week 4
- 3-4 times a week 5
- 5-6 times a week 6
- Every day 7

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

J16. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer _____ Glasses of Wine _____ Measures of Spirits _____

J17. And when you drink, how many drinks would you have on an average night? ____ N

K. FAMILY CONTEXT

Time Section Started

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(24 hour clock)

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. 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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Int.: Ask only if respondent lives with a spouse/partner (see household grid)

K2. The next few questions are about the personal help and support you might get. Please say how much you agree or disagree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. I have no-one to share my feelings with.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There are other parents I can talk to about my experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. If I had financial problems, I know my family or friends would help if they could.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K3. 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

K4. How often do you feel that you need support or help but can't get it from anyone?

Very often 1 Often 2 Sometimes 3 Never 4 I don't need it 5

K5. Are you in regular contact with <baby's> grandparents?

Yes 1 No 2 Grandparents are deceased 3

K6. Here are some questions about how much support you receive from <baby's> grandparents

	Never	Less often than once every 3 months	At least once every 3 months	At least once a month	At least once a week	Every day or almost every day
How often do <baby's> grandparents babysit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents have <baby> to stay over night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents take <baby> out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents buy toys or clothes for <baby>?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents help you around the house?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
How often do <baby's> grandparents help you out financially?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

K8. Did you work full-time, part-time or not at all immediately before you became pregnant with <baby>?

Full-time 1 Part - time 2 Not at all 3 → Go to K19

K9. How many hours were you working per week? _____ hours Irregular hours 55

K10. How long before you gave birth did you stop working? _____ weeks OR _____ months

K11. Are you currently at work outside the home?

Full-time 1 Part - time 2 No 3

K12. What age was <baby> when you returned to work? _____ months

K13. Did you take any of the following types of leave? If yes, how many weeks did you take?

- a. Paid maternity / paternity leave? .Yes → 1 How many weeks _____ wks No... 2
- b. Unpaid maternity/ paternity leave? Yes → 1 How many weeks _____ wks No... 2
- c. Annual leave? Yes → 1 How many weeks _____ wks No... 2
(Accumulated before or during maternity / paternity leave)
- d. Sick leave? Yes → 1 How many weeks _____ wks No... 2

K14. What was the main reason for going back to work?

- Financial 1 Need an outlet outside the home 4
- Maintain a Career 2 Other [please specify]..... 5
- Job related benefits (pension, car, health insurance etc) 3

Go to K24

K15. Do you intend to return to work outside the home?

Full-time 1 Part - time 2 No 3 → Go to K24

K16. What age will <baby> be when you return to work? _____ months

K17. Did you or do you intend to take any of the following types of leave? If yes, how many weeks did you/will you take?

- a. Paid maternity / paternity leave? Yes → ₁ How many weeks _____ wks No... ₂
- b. Unpaid maternity /paternity leave? Yes → ₁ How many weeks _____ wks No... ₂
- c. Annual leave? Yes → ₁ How many weeks _____ wks No... ₂
- d. Sick leave? Yes → ₁ How many weeks _____ wks No... ₂

K18. What is your main reason for going back to work?

- Financial ₁ Need an outlet outside the home ₄
- Maintain a Career ₂ Other [please specify]..... ₅
- Job related benefits (pension, car, health insurance etc) ₃

Go to K24

K19. Did you ever work? Yes ₁ No ₂ → Go to Section L

K20. When were you last in paid employment outside the home? Month _____ Year _____

K21. Do you intend to return to work?

- Yes, definitely ₁ Yes, probably ₂ No ₃ → Go to K24

K22. What age will <baby> be when you return to work? _____ Months

K23. What is your main reason for going back to work?

- Financial ₁ Need an outlet outside the home ₄
- Maintain a Career ₂ Other [please specify]..... ₅
- Job related benefits (pension, car, health insurance etc) ₃

Go to K24

K24. If you have returned to work after the birth of <baby>, or if you have other children and have previously worked outside the home, can I ask you the extent to which you agree or disagree with the following statements?

Strongly Disagree Disagree Neither agree nor disagree Agree Strongly Agree N/A

Because of my work responsibilities:

A. I have missed out on home or family activities
That I would have liked to have taken part in ₁ ₂ ₃ ₄ ₅
..... ₆

B. My family time is less enjoyable and more pressured ₁ ₂ ₃ ₄ ₅
..... ₆

Because of my family responsibilities:

C. I have to turn down work activities or Opportunities that I would prefer to take on ₁ ₂ ₃ ₄ ₅
..... ₆

D. The time I spend working is less enjoyable and more pressured..... ₁ ₂ ₃ ₄ ₅
..... ₆

L: SOCIO-DEMOGRAPHICS

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

L1. For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason?

	Yes	No, Cannot Afford	No, other reason
Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does your household have a roast joint (or its equivalent) at least once a week?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does each household member possess a warm waterproof coat?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Does the household replace any worn out furniture? 1 2 3
 Does the household keep the home adequately warm? 1 2 3
 Does the household have family or friends for a drink or meal once a month? 1 2 3
 Does the household buy presents for family or friends at least once a year? 1 2 3

L2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the 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

L3. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

Yes 1 No 2

L4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes 1 No 2

L5. Why was that?

Didn't want to 1 Couldn't leave the children 4
 Have a full social life in other ways 2 Illness 5
 Couldn't afford to 3 Other 6

L6. 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

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:

House 1
 Apartment / Flat/ Bedsit 2
 Other (specify) 3

L7b. Does your house or Apartment / Flat / Bedsit have access to a garden or common space (either private or shared)?

Yes 1 No 2

L8. [Card L8] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

Owner occupied 1
 Being purchased from a Local Authority under a Tenant Purchase Scheme 2
 Rented from a Local Authority 3
 Rented from a Voluntary Body 4
 Rented from a Private Landlord 5
 Living with and paying rent to your (or your partner's) parent(s) 6
 Occupied free of rent with your (or your partner's) parent(s) 7
 Occupied free of rent from your or your partner's job 8

L9. How many separate bedrooms are in the accommodation? _____ bedrooms

L10. [Show Card L10] Which of these descriptions BEST describes your usual situation in regard to work? [Int. Note that if resp is on maternity leave and has a job which she intends to return to she should be coded as 'at work'].

Employee (incl. apprenticeship or Community Employment) <input type="checkbox"/> 1	Student full-time <input type="checkbox"/> 4
Self employed outside farming <input type="checkbox"/> 2	On State training scheme (FAS, Failte Ireland etc.) <input type="checkbox"/> 5
Farmer <input type="checkbox"/> 3	Unemployed, actively looking for a job <input type="checkbox"/> 6
	Long-term sickness or disability <input type="checkbox"/> 7
	Home duties / looking after home or family <input type="checkbox"/> 8
	Retired <input type="checkbox"/> 9
	Other (specify) <input type="checkbox"/> 10

L11. 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

L12. 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]

L13. Do you supervise or manage any personnel in your job?

Yes _1 No _2

L14. How many? _____

L15. How many employees (if any) do you have? _____ employees N A _99

L16. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _____ hours per week

L16x. [Ask only if Farmer at L10.] **What is the acreage of the farm?** _____ acres

L17. Apart from holiday or casual work, have you ever had a full-time job? Yes _1 No .. _2 Go to L21a

L18. In what year did you last work in that full-time job? _____ year surveys

L19. When you last worked in that full-time job were you?

Employee (incl. apprenticeship or Community Employment) _1 Self-employed outside farming..... _2 Farmer _3

L20. 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]

L21a. Do you currently have a part time job outside the home? Yes _1 No _2 Go to L21d

L21b. On average, how many hours per week do you work in that part-time job? _____ hours

L21c. 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]

L21d. [Show Card L21d] 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..... <input type="checkbox"/> _1	I cannot find suitable childcare <input type="checkbox"/> _6
I chose not to work..... <input type="checkbox"/> _2	There are no suitable jobs available for me..... <input type="checkbox"/> _7
I am caring for an elderly or ill relative or friend..... <input type="checkbox"/> _3	My family would lose Social Welfare or
I prefer be at home to look after my children myself <input type="checkbox"/> _4	medical benefits if I was earning..... <input type="checkbox"/> _8
I cannot earn enough to pay for childcare <input type="checkbox"/> _5	Other reason (specify)..... <input type="checkbox"/> _10

L21e. Do you plan to start or return to paid work?

Yes, in the next 3 months _1
Yes, in 3 to 12 months time _2
Yes, in more than 1 year's time _3
Have no plans to return to paid work..... _4

L22. What is the occupation of your spouse / partner? (What does he/she mainly do in their job) –if relevant

[Int. If no spouse/partner enter NA – not applicable]

HOUSEHOLD INCOME

Now I would like you 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.

L23. Looking at Card L23/L24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INT. Tick 'Yes' or 'No' for each in Col. A] [Card L23 / L24]

L24. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card L23 / L24]

	A Receive?		B Largest Source
	Yes	No	
A. Wages or Salaries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Income from Self-Employment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Income from Farming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Children's Allowance/ Child Benefit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Other Social Welfare Payments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

L25. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members.

Dont.Know.....₉₉ € _____ per Week.....₁ Month₂ Year ₃

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L26. If exact figure given go to L28]

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

[Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> → Section C, Card L27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> → Section D, Card L27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> → Section E, Card L27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> → Section F, Card L27
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> → Section G, Card L27
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> → Section H, Card L27
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> → Section I, Card L27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card L27
	Refused	Don't Know	<input type="checkbox"/> ₇₇ <input type="checkbox"/> ₈₈

L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75..... <input type="checkbox"/> ₁	€75 to €150	<input type="checkbox"/> ₂	€151 to €230	<input type="checkbox"/> ₃
	Per Month	€0 to €300..... <input type="checkbox"/> ₁	€301 to €650	<input type="checkbox"/> ₂	€651 to €1,000	<input type="checkbox"/> ₃
	Per Year	€0 to €4,000..... <input type="checkbox"/> ₁	€4,001 to €8,000.....	<input type="checkbox"/> ₂	€8,001 to €12,000.....	<input type="checkbox"/> ₃
B	Per week	€231 to €270..... <input type="checkbox"/> ₁	€271 to €310	<input type="checkbox"/> ₂	€311 to €350	<input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150..... <input type="checkbox"/> ₁	€1,151 to €1,350.....	<input type="checkbox"/> ₂	€1,351 to €1,500	<input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000..... <input type="checkbox"/> ₁	€14,001 to €16,000.....	<input type="checkbox"/> ₂	€16,001 to €18,000.....	<input type="checkbox"/> ₃
C	Per week	€351 to €390..... <input type="checkbox"/> ₁	€391 to €420	<input type="checkbox"/> ₂	€421 to €460	<input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700..... <input type="checkbox"/> ₁	€1,701 to €1,800.....	<input type="checkbox"/> ₂	€1,801 to €2,000	<input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000..... <input type="checkbox"/> ₁	€20,001 to €22,000.....	<input type="checkbox"/> ₂	€22,001 to €24,000.....	<input type="checkbox"/> ₃
D	Per week	€461 to €500..... <input type="checkbox"/> ₁	€501 to €535	<input type="checkbox"/> ₂	€536 to €575	<input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150..... <input type="checkbox"/> ₁	€2,151 to €2,300.....	<input type="checkbox"/> ₂	€2,301 to €2,500	<input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000..... <input type="checkbox"/> ₁	€26,001 to €28,000.....	<input type="checkbox"/> ₂	€28,001 to €30,000.....	<input type="checkbox"/> ₃
E	Per week	€576 to €650..... <input type="checkbox"/> ₁	€651 to €750	<input type="checkbox"/> ₂	€751 to €800	<input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800..... <input type="checkbox"/> ₁	€2,801 to €3,250.....	<input type="checkbox"/> ₂	€3,251 to €3,500	<input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000..... <input type="checkbox"/> ₁	€34,001 to €38,000.....	<input type="checkbox"/> ₂	€38,001 to €42,000.....	<input type="checkbox"/> ₃
F	Per week	€801 to €850..... <input type="checkbox"/> ₁	€851 to €880	<input type="checkbox"/> ₂	€881 to €925	<input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650..... <input type="checkbox"/> ₁	€3,651 to €3,800.....	<input type="checkbox"/> ₂	€3,801 to €4,000	<input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000..... <input type="checkbox"/> ₁	€44,001 to €46,000.....	<input type="checkbox"/> ₂	€46,001 to €48,000.....	<input type="checkbox"/> ₃
G	Per week	€926 to €1,000..... <input type="checkbox"/> ₁	€1,001 to €1,050.....	<input type="checkbox"/> ₂	€1,051 to €1,150.....	<input type="checkbox"/> ₃

Per Month	€4,001 to €4,300..... <input type="checkbox"/> 1	€4,301 to €4,600..... <input type="checkbox"/> 2	€4,601 to €5,000..... <input type="checkbox"/> 3
Per Year	€48,001 to €52,000..... <input type="checkbox"/> 1	€52,001 to €56,000..... <input type="checkbox"/> 2	€56,001 to €60,000..... <input type="checkbox"/> 3
H Per week	€1,151 to €1,250..... <input type="checkbox"/> 1	€1,251 to €1,375..... <input type="checkbox"/> 2	€1,376 to €1,500..... <input type="checkbox"/> 3
Per Month	€5,001 to €5,500..... <input type="checkbox"/> 1	€5,501 to €6,000..... <input type="checkbox"/> 2	€6,001 to €6,500..... <input type="checkbox"/> 3
Per Year	€60,001 to €66,000..... <input type="checkbox"/> 1	€66,001 to €72,000..... <input type="checkbox"/> 2	€72,001 to €78,000..... <input type="checkbox"/> 3
I Per week	€1,501 to €1,600..... <input type="checkbox"/> 1	€1,601 to €1,750..... <input type="checkbox"/> 2	€1,751 to €1,850..... <input type="checkbox"/> 3
Per Month	€6,501 to €7,000..... <input type="checkbox"/> 1	€7,001 to €7,500..... <input type="checkbox"/> 2	€7,501 to €8,000..... <input type="checkbox"/> 3
Per Year	€78,001 to €84,000..... <input type="checkbox"/> 1	€84,001 to €90,000..... <input type="checkbox"/> 2	€90,001 to €96,000..... <input type="checkbox"/> 3
J Per week	€1,851 to €2,100..... <input type="checkbox"/> 1	€2,101 to €2,400..... <input type="checkbox"/> 2	€2,401 or more <input type="checkbox"/> 3
Per Month	€8,001 to €9,250..... <input type="checkbox"/> 1	€9,251 to €10,500..... <input type="checkbox"/> 2	€10,501 or more <input type="checkbox"/> 3
Per Year	€96,000 to €110,000..... <input type="checkbox"/> 1	€110,001 to €125,000..... <input type="checkbox"/> 2	€125,001 or more <input type="checkbox"/> 3

L28. Does anyone in your household currently receive Children's Allowance/Child Benefit?

Yes...1 No...2

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes1 → **Go to L30a** No.....2 → **Go to L31a**

L30a. (Card L30a) Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card K30a, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> 1	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> 2
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> 3	Back to Work Enterprise Allowance	<input type="checkbox"/> 6
Farm Assist	<input type="checkbox"/> 4	Part-time Job Incentive Scheme	<input type="checkbox"/> 7
Back to Work Allowance (Employees)	<input type="checkbox"/> 5	Back to Education Allowance	<input type="checkbox"/> 8
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> 9		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> 10	Deserted Wife's Allowance	<input type="checkbox"/> 14
Deserted Wife's Benefit	<input type="checkbox"/> 11	Prisoner's Wife's Allowance	<input type="checkbox"/> 15
Widowed Parent Grant	<input type="checkbox"/> 12	One-Parent Family Payment	<input type="checkbox"/> 16
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> 13		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> 17	Health & Safety Benefit	<input type="checkbox"/> 19
Adoptive Benefit	<input type="checkbox"/> 18	Guardian's Payment (Contributory)	<input type="checkbox"/> 20
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> 21
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> 22	Injury Benefit	<input type="checkbox"/> 28
Invalidity Pension	<input type="checkbox"/> 23	Incapacity Supplement	<input type="checkbox"/> 29
Disability Allowance	<input type="checkbox"/> 24	Disablement Benefit	<input type="checkbox"/> 30
Blind Pension	<input type="checkbox"/> 25	Medical Care Scheme	<input type="checkbox"/> 31
Carer's Benefit	<input type="checkbox"/> 26	Constant Attendance Allowance	<input type="checkbox"/> 32
Carer's Allowance	<input type="checkbox"/> 27	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> 33
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> 34	State Pension Non-Contributory	<input type="checkbox"/> 36
State Pension (Contributory)	<input type="checkbox"/> 35	Pre-Retirement Allowance	<input type="checkbox"/> 37

L30b. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare?

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

L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes...1 No...2

L31b. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

L32. [Card L32] Looking at Card L32 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

None 1 Less 5 % 2 5% to less 20% 3 20% to less 50% 4 50% to less 75% 5 75% to less than 100% 6 100% 7

COUPLE / LONE PARENT INCOME – income of family unit of <study child>

L33. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Yes1 No2

L34. [Card L34] 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..... 88

L35.[Card L35] What language or languages do you and your partner speak with <baby> most often at home?

[Int. Tick all that apply]

English <input type="checkbox"/> 1	Irish <input type="checkbox"/> 2
Arabic <input type="checkbox"/> 3	French <input type="checkbox"/> 4
Polish <input type="checkbox"/> 5	Russian <input type="checkbox"/> 6
Czech <input type="checkbox"/> 7	Latvian ... <input type="checkbox"/> 8
Portuguese <input type="checkbox"/> 9	Spanish..... <input type="checkbox"/> 10
Chinese <input type="checkbox"/> 11	Lithuanian <input type="checkbox"/> 12
Romanian <input type="checkbox"/> 13	Other (specify) <input type="checkbox"/> 14

L35a. Is English your native language? Yes1 →Go to L38 No.....2

[Int: Ask L39 and L40 only if any language other than Irish or English is usually spoken at home see L38 above]

L36. 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? Yes1 No.....2

L37. Can you usually read and fill out forms you might have to deal with in your own language?

Yes1 No.....2

L38. 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?

Yes1 No2

L39. Can you usually read and fill out forms you might have to deal with in English?

Yes1 No2

L40. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes1 No2

L41. Are you a citizen of Ireland? Yes1 No2 Don't know8

L42. What citizenship do you hold? _____ Don't know.....8

L43. Were you born in Ireland? Yes1 No2 Don't know8

L44. In which country were you born? _____ Don't know 8

L45. How long ago did you first come to live in Ireland?

Within the last year <input type="checkbox"/> 1	1-5 years ago <input type="checkbox"/> 2	6-10 years ago <input type="checkbox"/> 3	11-20 years ago <input type="checkbox"/> 4	More than 20 years ago <input type="checkbox"/> 5	Don't Know <input type="checkbox"/> 88
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L46. And what about <baby>. Is he / she a citizen of Ireland? Yes1 No.....2 DK 8

L47. What citizenship does he / she hold? _____ Don't know 8



L48. Was <baby> born in Ireland? Yes..... ₁ No ₂

L49. In which country was he/she born? _____ Don't know ₈

L50. How long ago did <baby> first come to live in Ireland?

Within last 3 months ₁ 3-6 months ₂ More than 6 months ₃

L51. [Card L51] What is your ethnic or cultural background?

Irish ₁ Any other Black background ₅
 Irish Traveller ₂ Chinese ₆
 Any other white background ₃ Any other Asian background ₇
 African ₄ Other (specify) ₈

L52a. Do you belong to any religion? Yes ₁ No ₂

L52b. [Card L52b] Which religion

Christian – no denomination ₁
 Roman Catholic ₂
 Anglican/Church of Ireland/Episcopalian ₃
 Other Protestant ₄
 Jewish ₅
 Muslim ₆
 Other (specify) ₇

L53a. And what about <baby> does he/she belong to any religion?

Yes ₁ No ₂

L53b. [Card L53b] Which religion

Christian – no denomination ₁
 Roman Catholic ₂
 Anglican/Church of Ireland/Episcopalian ₃
 Other Protestant ₄
 Jewish ₅
 Muslim ₆

L54. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?

Yes ₁
 No, does not wish regular carer to be interviewed ₂
 No, does not have contact details for regular carer ₃

Interviewer:
 record contact details of regular carer on the
 Work Assignment Sheet

M. Neighbourhood / Community

Time Section Started (24 hour clock)

Finally, we would like to ask you some questions about your local area.

M1. How long have you lived in your local area? _____ months _____ years

M2. Are you involved with any of the following groups or organisations in your local area?

	Yes	No
Voluntary / charitable organisation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
School groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Church groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Community groups.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Ethnic groups.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Sporting groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

M3. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

	Very Common	Fairly common	Not very common	Not at all common
Rubbish and litter lying about	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Homes and gardens in bad condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Vandalism and deliberate damage to property.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
People being drunk or taking drugs in public	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

M4. To what extent do you agree or disagree with these statements about your local area? Please tick one box on each line.

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is safe to walk alone in this area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It is safe for children to play outside during the day in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are safe parks, playgrounds and play spaces in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We as a family intend to continue living in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

M5. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

	Available?			Available?	
	Yes	No		Yes	No
1. Regular public transport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	5. Social Welfare Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2. GP or health clinic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	6. Banking/ Credit Union	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3. Schools (primary or secondary)..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	7. Essential grocery shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4. Library	<input type="checkbox"/> 1	<input type="checkbox"/> 2	8. Crèche, day-care, mother and toddler groups etc.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

M6. Do you have any family living in this area? Yes.....1 No.....2

M7. Would you describe the place where the household is situated as being.....?

In open country	<input type="checkbox"/> 1	Waterford city	<input type="checkbox"/> 7
In a village (200-1,499)	<input type="checkbox"/> 2	Galway city	<input type="checkbox"/> 8
In a town (1,500-2,999).....	<input type="checkbox"/> 3	Limerick city.....	<input type="checkbox"/> 9
In a town (3,000-4,999).....	<input type="checkbox"/> 4	Cork city	<input type="checkbox"/> 10
In a town (5,000-9,999).....	<input type="checkbox"/> 5	Dublin city (incl. Dun Laoghaire)	<input type="checkbox"/> 11
In a town (10,000 or more).....	<input type="checkbox"/> 6	Dublin county (outside Dublin city) urban	<input type="checkbox"/> 12
		Dublin county (outside Dublin city) rural.....	<input type="checkbox"/> 13

Time Section Ended

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(24 hour clock)

Primary Caregiver Sensitive Questionnaire



The Economic and Social Research Institute
Whitaker Square
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College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL 15/01/08

MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP SEQ NO. RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ / ____ / ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

S1. Are you the biological parent of the Study Child?

Yes.....1 → Go to S12 No.....2 → Go to S2

S2. Are you the adoptive parent of the Study Child?

Yes.....1 No2 → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic1

Inter-country2

S4. Was this a within family adoption?

Yes 1 No 2

S5. From which country?

S6. What age was the Study Child when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of the Study Child?

Yes.....1 No2 → Go to S12

S8. How long has the Study Child been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has the Study Child been in? _____ previous placements DK...99

S11. Immediately before coming to live with you was the Study Child living with another foster family, his/her family or in institutional care?

Another foster family..... 1 Own family2 Institutional care 3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife1 Go to S16
- Married and separated from husband / wife2 Go to S13
- Divorced3 Go to S13
- Widowed.....4 Go to S13
- Never married.....5 Go to S15

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes 1 No 2 Go to S25

S16. Since when have you and your spouse or partner been living together? _____ (mth) _____ (year)

S17. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
Philosophy of life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Aims, goals and things believed important.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Amount of time spent together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S18. How often would you say the following events occur between you and your partner?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a week	More often
Have a stimulating exchange of ideas.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Calmly discuss something together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Work together on a project.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days 1 → Go to S20
 At least once a week..... 2 → Go to S20
 Less than once a week..... 3 → Go to S20
 Hardly ever 4 → Go to S20
 Never 5 → Go to S23

S20. How often would you argue about the child(ren)?

Most days 1
 At least once a week..... 2
 Less than once a week..... 3
 Hardly ever 4
 Never 5

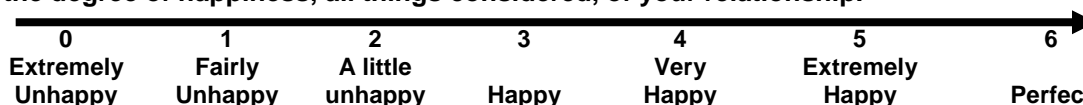
S21. When you and your partner argue, how often do you

	Almost never/ never	Not very often	Sometimes	Often	Almost always/ always	Don't know
Shout or yell at each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Throw something at each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Push, hit or slap each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S22. And to end an argument, how often would you

	Almost never/ never	Not very often	Sometimes	Often	Almost always/ always	Don't know
Compromise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Apologise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Change the subject.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Agree to discuss the issue later.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Agree to disagree.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Use affection (hug) or make a joke about it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Ignore or refuse to speak any more, walk away, leave the room or leave the house.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S23. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S24. Do you feel that having Study Child has...

Brought you and your spouse/partner closer together,	Made you less close than before,	Made no difference to your relationship,	Don't Know
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

S25. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes.....1 No2 →Go to S27

S26. How many?

One1 Two.....2 Three or more3

Only answer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child, If not please skip to S32

S27a. Did you have any medical fertility treatment for this pregnancy?

Yes.....1 No2

S27b. What treatment did you receive?

- Clomiphene citrate alone1
- GIFT: Gamete Intrafallopian Transfer.....2
- IVF: In Vitro Fertilisation3
- ICSI: IVF with intra cytoplasmic sperm injection4
- Frozen embryo transfer5
- Surgery involving the womb, tubes or ovaries.....6
- Donor sperm7
- Donor egg8
- Other (please specify)9

S28a. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _____times

And how many of these pregnancies were:

b. Live births _____ N c. Miscarriages _____ N d. Stillbirths _____ N

e. Terminations _____ N f. Ectopic _____ N g. Currently pregnant _____ N

S28h. And what age were you when you became pregnant for the first time? _____ Age in years

S29. Would you describe the pregnancy of the study child as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

Yes.....1 No2

S30. Of the following supports, can you indicate which ones you felt you needed during this pregnancy, and separately which supports you received? [Tick all that apply]

	Supports Needed	Supports Received
Medical help/check-up.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Counselling or advice.....	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Information on accommodation sources.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Information on rights and entitlements	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Support from family and friends	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Don't know	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other (specify)	<input type="checkbox"/> 7	<input type="checkbox"/> 7

S31. [Show Card S36] Did you take any of the following (a) at any stage during your pregnancy and (b) currently?

	During pregnancy	Currently
A. Sleeping pills	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Tranquillisers	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Pills for depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. Cannabis /marijuana	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. Amphetamines or other stimulants	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. Heroin, methadone, crack, cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
H. Anticonvulsants	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I. Steroids	<input type="checkbox"/> 1	<input type="checkbox"/> 2

S32. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes... 1

No..... 2 → Go to S34

[Ask S33 if biological mother, otherwise ask S33a.]

S33. Was this: [Tick all that apply]

- Before being pregnant with <baby> 1
- In the 1st trimester of the pregnancy 2
- In the 2nd trimester of the pregnancy 3
- In the 3rd trimester of the pregnancy 4
- When <baby> was 0-2 months of age 5
- When <baby> was 2-6 months of age 6
- Since <baby> was 6 months of age 7

S33a. Was this: [Tick all that apply]

- Before <baby> was born 1
- When <baby> was 0-2 months of age 2
- When <baby> was 2-6 months of age 3
- Since <baby> was 6 months of age 4

S34. Listed on this card are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

Rarely or none of the time (less than 1 day) Some or a little of the time (1-2 days) Occasionally or a moderate amount of the time (3-4 days) Most or all of the time (5-7 days)

1. I felt I could not shake off the blues even with help from my family or friends 1 2 3 4
2. I felt depressed 1 2 3 4
3. I thought my life had been a failure 1 2 3 4
4. I felt fearful 1 2 3 4
5. My sleep was restless 1 2 3 4
6. I felt lonely 1 2 3 4
7. I had crying spells 1 2 3 4
8. I felt sad 1 2 3 4

S35. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes 1

No 2 → Go to S37

S36. Have you ever been to prison?

Yes 1

No 2

S37. Can we check, does the Study Child's father/ mother live here with you or elsewhere?

Lives here 1 → Go to S53

Deceased 2 → Go to S53

Temporarily lives elsewhere 3 → Go to S53

Lives elsewhere 4 → Go to S38

S38. Were you ever married to or did you ever live with the Study Child's father / mother?

Yes, married to 1

Yes, lived with 2

No 3 Go to S40

Adoptive / Foster parent 4 Go to S53

S39. When did you separate or split up with the Study Child's father / mother?

Before child was born 1

Before child was six months old 2

In the last three months 3

S40. What was the nature of your relationship with the Study Child's father / mother when you became pregnant with the study child? (Please tick one box only).

Married and living together 1

Going out but not living together 5

Cohabiting / living as married 2

Just friends 6

Separated 3

No relationship 7

Divorced 4

S41. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

Formal 1

Informal 2

No custody arrangement 3

S42. Briefly describe that arrangement

S43. Do you and the Study Child's father / mother have shared parenting of the Study Child on a regular basis?

Yes ₁ No.....₂

S44. Please describe the nature of this shared parenting

S45. How far does the Study Child's father / mother live from here?

Within ½ hour's drive from here.....₁ More than 1 hour's drive from here₃
Between ½ and 1 hour's drive from here..₂ Outside the country₄

S46. How often does the Study Child have contact with his / her father / mother?

Daily₁ Monthly₅
Once or twice a week₂ Less than once a month₆
Weekly₃ No contact₇
Every second week / weekend₄

S47. Does the Study Child's father / mother make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment₁

Yes, he/she makes a regular payment₂

Yes, he/she makes payments as required₃

S48. How much does he/she pay per week/fortnight/month?

€ _____ per Week ... ₁ Fortnight.....₂ Month ₃

S49. About how much per year? € _____ per year

S50. How often do you talk to the Study Child's father/ mother about the Study Child?

Every day ₁ Several times a week ₂ About once a week ₃ A few times a month ₄ Several times a year ₅ Never ₆

S51. How well do you get on with the Study Child's father/ mother? Would you say your relationship is?

Very positive ₁ Positive ₂ Neither positive nor negative ₃ Somewhat negative ₄ Very negative ₅

S52. We would like to send a short questionnaire to the Study Child's father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the Study Child's father/ mother?

Yes ₁
No, I do not wish other parent to be contacted ₂
No, I do not have contact details for other parent ₃

Please give contact details to interviewer

S53. What is your date of birth? _____ day _____ month _____ year

S54. Int: Is respondent male or female? Male.....₁ Female.....₂

Time Section Ended **(24 hour clock)**

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

YOUR ASSISTANCE IS GREATLY APPRECIATED.

Secondary Caregiver Questionnaire



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**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE PILOT 05/03/08
STRICTLY CONFIDENTIAL
FATHER / PARTNER QUESTIONNAIRE**

GROUP SEQ NO. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

Hello, I'm from the Economic and Social Research Institute 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. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

A1. Int: Record gender of respondent] Male.....1 Female1

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

- | | | | |
|---|----------------------------|---------------------------------|----------------------------|
| A. Biological parent (mother/ father) | <input type="checkbox"/> 1 | E. Grand parent | <input type="checkbox"/> 5 |
| B. Adoptive parent (mother/ father) | <input type="checkbox"/> 2 | F. Aunt/uncle | <input type="checkbox"/> 6 |
| C. Step-parent (mother/ father) | <input type="checkbox"/> 3 | G. Other relative/ in law | <input type="checkbox"/> 7 |
| D. Foster parent (mother/ father) | <input type="checkbox"/> 4 | H. Unrelated guardian..... | <input type="checkbox"/> 8 |

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about your relationship with <baby>.

B1.

Scale on parent's views of child-rearing removed

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>?

- Yes1 Wanted to, but missed it2 No3

C2. Fathers 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 father 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. Who generally does the following with your baby?

	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/ partner	Always spouse / partner	Some one else	No one does this
Baths 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	<input type="checkbox"/> 7
Feeds 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	<input type="checkbox"/> 7
Shows her pictures in books	<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
Cuddles 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	<input type="checkbox"/> 7
Plays with her (eg. clapping, rolling over, peek-a-boo).....	<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
Taking her for walks, outings, visiting relatives or friends etc.	<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
Reading stories to 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	<input type="checkbox"/> 7
Changing her nappy	<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
Getting up in the night to see to 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	<input type="checkbox"/> 7
Sings to 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	<input type="checkbox"/> 7

C4. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

- Most or all of the time 1 Sometimes 2 Hardly ever or never 3

C5. How much is <baby's> sleeping pattern or habits a problem for you?

- A large problem 1 A moderate problem 2 A small problem 3 No problem at all 4

C6. Do you feel that <baby's> crying is a problem for you?

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

D. PARENT'S HEALTH AND LIFESTYLE

Now I'd like to ask you some questions about your health in general.

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, severely₁ Yes, to some extent₂ No₃

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	Just a little	A moderate level	A lot of difficulty	Cannot do at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

Daily₁ Occasionally₂ Not at all₃

D8. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

D9. [Card D9] Which of the following best describes how often you usually drink alcohol?

- Never₁
- Less than once a month₂
- 1-2 times a month₃
- 1-2 times a week₄
- 3-4 times a week₅
- 5-6 times a week₆
- Every day₇

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

D10. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer _____ Glasses of Wine _____ Measures of Spirits _____

D12. And when you drink, how many drinks would you have on an average night? _____N

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.

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

E2. 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

E3. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

Strongly Disagree Disagree Neither Agree nor disagree Agree Strongly Agree NA

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..... 1 2 3 4 5
..... 6
- B. Your family time is less enjoyable and more pressured..... 1 2 3 4 5
..... 6

Because of your family responsibilities:

- C. You have to turn down work activities or opportunities you would prefer to take on 1 2 3 4 5
6
- D. The time you spend working is less enjoyable and more pressured..... 1 2 3 4 5
6

E4a. Are you currently taking, or intend to take, unpaid parental leave with <baby>?

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

E4b. How many days or weeks will you take? _____ days **OR** weeks..... 1

E4c. Were these / will these be taken as a block or spread over a period of time?

- Taking as a block..... 1 Spread over a period of time..... 2

F: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

Time Section Started (24 hour clock)

F1. [Show 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)..... <input type="checkbox"/> 1 | Student full-time..... <input type="checkbox"/> 4 |
| Self employed outside farming..... <input type="checkbox"/> 2 | On State training scheme (FAS, Failte Ireland etc.) <input type="checkbox"/> 5 |
| Farmer..... <input type="checkbox"/> 3 | Unemployed, actively looking for a job..... <input type="checkbox"/> 6 |
| | Long-term sickness or disability <input type="checkbox"/> 7 |
| | Home duties / looking after home or family <input type="checkbox"/> 8 |
| | Retired <input type="checkbox"/> 9 |
| | Other (specify) _____ <input type="checkbox"/> 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

F3. 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]

F4. Do you supervise or manage any personnel in your job?

Yes _1 No _2

F5. How many? _____

F6. How many employees (if any) do you have? _____ employees N A _99

F6x. [Ask only if Farmer at F1.] What is the acreage of the farm? _____ acres

F7. Apart from holiday or casual work, have you ever had a full-time job? Yes _1 No...._2 **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) _1 Self-employed outside farming _2 Farmer _3

F10. 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]

F11a. Do you currently have a part time job outside the home? Yes _1 No _2 **Go to F11d**

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

F11c. 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]

F11d. [Show Card F11d] From the reasons listed on Card F11d, 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..... <input type="checkbox"/> _1	I cannot earn enough to pay for childcare <input type="checkbox"/> _5
I choose not to work..... <input type="checkbox"/> _2	I cannot find suitable childcare <input type="checkbox"/> _6
I am caring for an elderly or ill relative or friend..... <input type="checkbox"/> _3	There are no suitable jobs available for me..... <input type="checkbox"/> _7
I prefer be at home to look after my children myself <input type="checkbox"/> _4	My family would lose Social Welfare or medical benefits if I was earning <input type="checkbox"/> _8

F12. Do you plan to start or return to paid work?

Yes, in the next 3 months _1
Yes, in 3 to 12 months time _2
Yes, in more than 1 year's time _3
Have no plans to return to paid work..... _4
Other reason (specify) _____ _9

F13. [Card F13] What is the highest level of education you have completed to date?

Primary or less <input type="checkbox"/> _1	Primary degree <input type="checkbox"/> _5
Intermediate/ junior/ Group Certificate or equivalent <input type="checkbox"/> _2	Postgraduate/ Higher degree <input type="checkbox"/> _6
Leaving Certificate or equivalent <input type="checkbox"/> _3	Refusal..... <input type="checkbox"/> _8
Diploma/ Certificate <input type="checkbox"/> _4	

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

English <input type="checkbox"/> _1	Irish <input type="checkbox"/> _2
Arabic <input type="checkbox"/> _3	French <input type="checkbox"/> _4
Polish <input type="checkbox"/> _5	Russian <input type="checkbox"/> _6
Czech <input type="checkbox"/> _7	Latvian ... <input type="checkbox"/> _8
Portuguese <input type="checkbox"/> _9	Spanish..... <input type="checkbox"/> _10
Chinese <input type="checkbox"/> _11	Lithuanian <input type="checkbox"/> _12
Romanian <input type="checkbox"/> _13	Other (specify) <input type="checkbox"/> _14

F15. Is English your native language? Yes _1 → **Go to F18** No _2

[Int: Ask F16 and F17 only if any language other than Irish or English is usually spoken at home see F14 above]

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_1 No....._2

F17. Can you usually read and fill out forms you might have to deal with in your own language?

Yes_1 No....._2

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....._1 No....._2

F19. Can you usually read and fill out forms you might have to deal with in English?

Yes_1 No_2

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_1 No.....

F21. Are you a citizen of Ireland? Yes_1 No_2 Don't know_8

F22. What citizenship do you hold? _____ Don't know....._8

F23. Were you born in Ireland? Yes_1 No_2 Don't know_8

F24. In which country were you born? _____ Don't know _8

F25. 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 _88

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

Irish_1 Any other Black background _5
Irish Traveller_2 Chinese_6
Any other white background_3 Any other Asian background_7
African_4 Other (specify)_8

F27. Do you belong to any religion Yes_1 No_2

F28. [Show Card F28] Which religion

Christian – no denomination....._1
Roman Catholic_2
Anglican/Church of Ireland/Episcopalian....._3
Other Protestant_4
Jewish....._5
Muslim_6
Other (specify)_7

F29. Do you have any family living in this area? Yes _1 No _2

F30. What is your date of birth? _____ day _____ month _____ year

F31. Int: Is respondent male or female? Male....._1 Female....._2

Time Section Ended (24 hour clock)

Secondary Caregiver Sensitive Questionnaire



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GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL 15/01/08

FATHER /PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP SEQ NO. RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

S1. Are you the biological parent of the Study Child?

Yes.....₁ → Go to S12 No.....₂ → Go to S2

S2. Are you the adoptive parent of the Study Child?

Yes.....₁ No₂ → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic₁

Inter-country₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was the Study Child when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of the Study Child?

Yes.....₁ No₂ → Go to S12

S8. How long has the Study Child been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes₁ No₂

S10. How many previous foster placements has the Study Child been in? _____ previous placements DK...₉₉

S11. Immediately before coming to live with you was the Study Child living with another foster family, his/her family or in institutional care?

Another foster family.....₁ Own family₂ Institutional care.....₃

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

Married and living with husband / wife.....₁ Go to S16

Married and separated from husband / wife.....₂ Go to S13

Divorced.....₃ Go to S13

Widowed₄ Go to S13

Never married.....₅ Go to S15

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

Yes..... 1

No..... 2 **Go to S25**

S16. Since when have you and your spouse or partner been living together? _____ (mth) _____ (year)

S17. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
Philosophy of life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Aims, goals and things believed important.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Amount of time spent together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S18. How often would you say the following events occur between you and your partner?

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a week	More often
Have a stimulating exchange of ideas.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Calmly discuss something together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Work together on a project.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days..... 1 **→Go to S20**

At least once a week..... 2 **→Go to S20**

Less than once a week..... 3 **→Go to S20**

Hardly ever..... 4 **→Go to S20**

Never..... 5 **→Go to S23**

S20. How often would you argue about the child(ren)?

Most days..... 1

At least once a week..... 2

Less than once a week..... 3

Hardly ever..... 4

Never..... 5

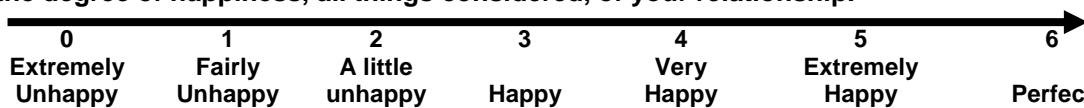
S21. When you and your partner argue, how often do you

	Almost never/ never	Not very often	Sometimes	Often	Almost always/ always	Don't know
Shout or yell at each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Throw something at each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Push, hit or slap each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S22. And to end an argument, how often would you

	Almost never/ never	Not very often	Sometimes	Often	Almost always/ always	Don't know
Compromise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Apologise.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Change the subject.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Agree to discuss the issue later.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Agree to disagree.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Use affection (hug) or make a joke about it.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Ignore or refuse to speak any more, walk away, leave the room or leave the house.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S23. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S24. Do you feel that having Study Child has...

Brought you and your spouse/partner closer together,	Made you less close than before,	Made no difference to your relationship,	Don't Know
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4

S25. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes....._1 No_2 →Go to S27

S26. How many?

One_1 Two....._2 Three or more_3

Only answer questions S27 to S31 if you are the BIOLOGICAL MOTHER of the Study Child, If not please skip to S32

S27a. Did you have any medical fertility treatment for this pregnancy?

Yes....._1 No_2

S27b. What treatment did you receive?

- Clomiphene citrate alone_1
- GIFT: Gamete Intrafallopian Transfer....._2
- IVF: In Vitro Fertilisation_3
- ICSI: IVF with intra cytoplasmic sperm injection....._4
- Frozen embryo transfer_5
- Surgery involving the womb, tubes or ovaries....._6
- Donor sperm_7
- Donor egg_8
- Other (please specify)_9

S28a. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _____times

And how many of these pregnancies were:

- b. Live births _____ N**
- c. Miscarriages _____ N**
- d. Stillbirths _____ N**
- e. Terminations _____ N**
- f. Ectopic _____ N**
- g. Currently pregnant _____ N**

S28h. And what age were you when you became pregnant for the first time? _____ Age in years

S29. Would you describe the pregnancy of the study child as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

Yes....._1 No....._2

S30. Of the following supports, can you indicate which ones you felt you needed during this pregnancy, and separately which supports you received? [Tick all that apply]

	Supports Needed	Supports Received
Medical help/check-up	<input type="checkbox"/> _1	<input type="checkbox"/> _1
Counselling or advice	<input type="checkbox"/> _2	<input type="checkbox"/> _2
Information on accommodation sources	<input type="checkbox"/> _3	<input type="checkbox"/> _3
Information on rights and entitlements.....	<input type="checkbox"/> _4	<input type="checkbox"/> _4
Support from family and friends.....	<input type="checkbox"/> _5	<input type="checkbox"/> _5
Don't know.....	<input type="checkbox"/> _6	<input type="checkbox"/> _6
Other (specify)	<input type="checkbox"/> _7	<input type="checkbox"/> _7

S31. [Show Card S36] Did you take any of the following (a) at any stage during your pregnancy and (b) currently?

	During pregnancy	Currently
A. Sleeping pills	<input type="checkbox"/> _1	<input type="checkbox"/> _2
B. Tranquillisers	<input type="checkbox"/> _1	<input type="checkbox"/> _2
C. Pills for depression	<input type="checkbox"/> _1	<input type="checkbox"/> _2
D. Cannabis /marijuana	<input type="checkbox"/> _1	<input type="checkbox"/> _2
E. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> _1	<input type="checkbox"/> _2
F. Amphetamines or other stimulants	<input type="checkbox"/> _1	<input type="checkbox"/> _2
G. Heroin, methadone, crack, cocaine	<input type="checkbox"/> _1	<input type="checkbox"/> _2
H. Anticonvulsants	<input type="checkbox"/> _1	<input type="checkbox"/> _2
I. Steroids	<input type="checkbox"/> _1	<input type="checkbox"/> _2

S32. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes.....1

No.....

2 → Go to S34

[Ask S33 if biological mother, otherwise ask S33a.]

S33. Was this: [Tick all that apply]

- Before being pregnant with <baby> 1
- In the 1st trimester of the pregnancy 2
- In the 2nd trimester of the pregnancy 3
- In the 3rd trimester of the pregnancy 4
- When <baby> was 0-2 months of age 5
- When <baby> was 2-6 months of age 6
- Since <baby> was 6 months of age 7

S33a. Was this: [Tick all that apply]

- Before <baby> was born 1
- When <baby> was 0-2 months of age 2
- When <baby> was 2-6 months of age 3
- Since <baby> was 6 months of age 4

S34. Listed on this card are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the *past week*.

Rarely or none of the time (less than 1 day) Some or a little of the time (1-2 days) Occasionally or a moderate amount of the time (3-4 days) Most or all of the time (5-7 days)

- 1. I felt I could not shake off the blues even with help from my family or friends 1..... 2..... 3..... 4
- 2. I felt depressed 1..... 2..... 3..... 4
- 3. I thought my life had been a failure 1..... 2..... 3..... 4
- 4. I felt fearful 1..... 2..... 3..... 4
- 5. My sleep was restless..... 1..... 2..... 3..... 4
- 6. I felt lonely..... 1..... 2..... 3..... 4
- 7. I had crying spells 1..... 2..... 3..... 4
- 8. I felt sad 1..... 2..... 3..... 4

S35. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes.....1

No 2 → Go to S37

S36. Have you ever been to prison? Yes 1 No 2

S37. Can we check, does the Study Child's mother / father live here with you or elsewhere?

- Lives here 1 → Go to S53
- Deceased..... 2 → Go to S53
- Temporarily lives elsewhere 3 → Go to S53
- Lives elsewhere 4 → Go to S38

S38. Were you ever married to or did you ever live with the Study Child's mother/father?

Yes, married to... 1 Yes, lived with 2 No 3 **Go to S40** Adoptive / Foster parent 4 **Go to S53**

S39. When did you separate or split up with the Study Child's mother/father ?

- Before child was born 1
- Before child was six months old 2
- In the last three months 3

S40. What was the nature of your relationship with the Study Child's mother/ father when you became pregnant with the study child? (Please tick one box only).

- Married and living together 1 Going out but not living together 5
- Cohabiting / living as married 2 Just friends 6
- Separated 3 No relationship 7
- Divorced 4

S41. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

Formal 1

Informal 2

No custody arrangement..... 3

S42. Briefly describe that arrangement

S43. Do you and the Study Child's mother / father have shared parenting of the Study Child on a regular basis?

Yes ₁ No ₂

S44. Please describe the nature of this shared parenting

S45. How far does the Study Child's mother / father live from here?

Within ½ hour's drive from here ₁ More than 1 hour's drive from here ₃
Between ½ and 1 hour's drive from here.. ₂ Outside the country ₄

S46. How often does the Study Child have contact with his / her mother / father ?

Daily ₁ Monthly ₅
Once or twice a week ₂ Less than once a month ₆
Weekly ₃ No contact ₇
Every second week / weekend ₄

S47. Does the Study Child's mother/father make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment ₁

Yes, he/she makes a regular payment ₂

Yes, he/she makes payments as required ... ₃

S48. How much does he/she pay per week/fortnight/month?

€ _____ per Week ... ₁ Fortnight.... ₂ Month ₃

S49. About how much per year? € _____ per year

S50. How often do you talk to the Study Child's mother/father about the Study Child?

Every day ₁ Several times a week ₂ About once a week ₃ A few times a month ₄ Several times a year ₅ Never ₆

S51. How well do you get on with the Study Child's mother/ father? Would you say your relationship is?

Very positive ₁ Positive ₂ Neither positive nor negative ₃ Somewhat negative ₄ Very negative ₅

S52. We would like to send a short questionnaire to the Study Child's mother/father. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the Study Child's mother/father?

Yes ₁
No, I do not wish other parent to be contacted ₂
No, I do not have contact details for other parent ₃

Please give contact details to interviewer

S53. What is your date of birth? _____ day _____ month _____ year

S54. Int: Is respondent male or female? Male.....₁ Female.....₂

Time Section Ended **(24 hour clock)**

THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.

YOUR ASSISTANCE IS GREATLY APPRECIATED.

Primary Caregiver Twin Questionnaire



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University of Dublin
 Trinity College
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 Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
 INFANT QUESTIONNAIRE PILOT
 STRICTLY CONFIDENTIAL 15/01/08
 MOTHER or LONE FATHER QUESTIONNAIRE
TWIN MODULE**

GROUP SEQ NO RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

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. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

A1. **Scale on parent's views on child-rearing removed**

A2. **Scale on parent's reactions**

A3. Do you use a soother/dummy with <baby>? Yes ₁ No.....₂

A4. [Card B4] When you leave <baby> in someone else's care (not you or your partner), how does he/she usually react?

- Is happy and settled by the time you leave₁
- Is unhappy at first but quickly settles down₂
- Remains unsettled and unhappy during your entire absence₃

A5. [Card B5] And when you collect <baby> from someone else's care, 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

A6. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

- Most or all of the time 1
- Sometimes 2
- Hardly ever or never 3

A7.

Scale on parenting anxiety removed

A8

Infant Characteristics Questionnaire removed

B. BABY'S DEVELOPMENT

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

Scale on infant development removed (ASQ/PEDS DM)

BX1. Do you talk to your baby while you work? (eg. while you do housework).

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

BX2. Does your baby spend time with other children (other than brothers or sisters)?

- Yes everyday 1
- Yes 2-6 times a week 2
- Once a week 3
- Less than once a week 4
- Never 5

BX3.

Items on infant development removed

BX4. And do you have any other concerns about any aspects of baby's behaviour or development?

[Int.: If yes, please specify]

C. BABY'S HABITS

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

C1. How many hours sleep do you get on an average night, at the present time? _____ N

C2. In general, what time in the evening does your baby usually go to sleep? _____ (24 hour clock)

C3. Approximately how many hours sleep does your baby have during

(a) the day? _____ hours (b) the night? _____ hours

C4. On a normal day what time does your baby usually get up at in the morning? _____ (24 hour clock)

C5. Is your baby ever difficult when put to bed?

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

C6. How often does your baby wake at night?

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

1 2 3 4 5

C7. How many times per night on average? _____

C8. Do you ever wake <baby> for a feed during the night?

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

C9. How does your baby normally sleep?

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

C10. Does <baby> usually sleep:

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

C11. Does <baby> sleep in his/her own bed or cot most nights or does he/she share a bed or cot?

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

C12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _____ N

C13 Do you feel that <baby's> crying is a problem for you?

Yes 1 No 2

C14 How much is <baby's> sleeping pattern or habits a problem for you?

A large problem 1 A moderate problem 2 A small problem 3 No problem at all 4

C15 Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.

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 hours per week spent in each type of childcare, (c) how much you pay for this childcare per week (d) whether this is your main type of childcare

	[Tick all that apply]	Number of hours	Cost per week	Main type of care
A relative in your home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
Someone else in your home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
A relative in their home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
Someone else in their home	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
A professional caregiver (e.g. Crèche / Day nursery)	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4
Other (please specify)	<input type="checkbox"/> 1	_____ N	€ _____	<input type="checkbox"/> 4

D3. What age was <baby> when you started to use the main childcare arrangement? _____ months

D4. What was the single most important reason for you choosing this main form of childcare?

I had no choice 1
 I could afford it 2
 It was convenient 3
 It was linked to my job 4
 I thought it would be beneficial for my child 5
 Other (please for describe) 6

D5. How satisfied are you with these arrangements?

Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied

1..... 2..... 3..... 4..... 5

D6. What are your future intentions for childcare? [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

D7. 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

D8. [Card E8] 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 the 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 H8] Were there any complications during the <baby's> birth? [Tick all that apply]

A. No complications 1 E. Foetal distress - Meconium or other sign 5
B. Very long labour (more than 12 hours) 2 F. Foetal blood sample taken in labour 6
C. Very rapid labour (less than 2 hours)..... 3 G. Birth injury – nerve injury / fracture / bruising 7
D. Foetal distress – Abnormal Heart rate tracing 4 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 the <baby> need any help with his/her breathing from a ventilator?

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

F6. How many days in total were you in hospital after the birth? ___days

F7. How many days in total was <baby> in hospital after the birth? ___days

F8. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes.....1 No2 → Go to H16

F9a. Was <baby> ever exclusively breastfed?

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes1 No2 → Go to H15a

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

___Days ___Weeks ___Months <Baby> still being exclusively breastfed....55 → Go to F16

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

Yes1 → Go to F11 No2

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

___Days ___Weeks ___Months

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

- | | | | |
|--|----------------------------|---|-----------------------------|
| Not enough milk/hungry baby..... | <input type="checkbox"/> 1 | Physician told me/her to stop..... | <input type="checkbox"/> 8 |
| Inconvenienced/fatigue..... | <input type="checkbox"/> 2 | Returned to work..... | <input type="checkbox"/> 9 |
| Difficulty with breast feeding techniques..... | <input type="checkbox"/> 3 | Partner/father wanted me to stop/her to stop..... | <input type="checkbox"/> 10 |
| Sore nipples/engorged breast..... | <input type="checkbox"/> 4 | Formula feeding preferable..... | <input type="checkbox"/> 11 |
| Mother's illness..... | <input type="checkbox"/> 5 | Wanted to drink alcohol..... | <input type="checkbox"/> 12 |
| Planned to stop at this time..... | <input type="checkbox"/> 6 | Embarrassment/social stigma..... | <input type="checkbox"/> 13 |
| Baby weaned himself/herself..... | <input type="checkbox"/> 7 | Other, please specify..... | <input type="checkbox"/> 14 |

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..... | <input type="checkbox"/> 1 | Herbal drinks..... | <input type="checkbox"/> 5 |
| Baby Juice..... | <input type="checkbox"/> 2 | Tea or coffee..... | <input type="checkbox"/> 6 |
| Fruit juices/Cordial/Squash..... | <input type="checkbox"/> 3 | Other [please specify]..... | <input type="checkbox"/> 7 |
| Fizzy or soft drinks (e.g. lemonade, coke)..... | <input type="checkbox"/> 4 | None of the above..... | <input type="checkbox"/> 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 No2

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..... | <input type="checkbox"/> 1 | | <input type="checkbox"/> 1 |
| Healthy, but a few minor problems..... | <input type="checkbox"/> 2 | | <input type="checkbox"/> 2 |
| Sometimes quite ill..... | <input type="checkbox"/> 3 | | <input type="checkbox"/> 3 |
| Almost always unwell..... | <input type="checkbox"/> 4 | | <input type="checkbox"/> 4 |

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

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

F17. [Card H22] Why has <baby> not had all of his or her immunisations? [Tick all that apply]

- a. Not offered/Didn't know due to have ₁
 b. Due to have it in near future/soon ₂
 c. Child was unwell/in hospital when due ₃
 d. Child is not able to have it for health reasons ₄
 e. Child was away/on holiday when due ₅
 f. Lack of supplies/ran out of immunisation ₆
 g. Concerns about the health risks to child ₇
 h. Child had bad reaction/was unwell/had allergic reaction after previous immunisation ₈
 i. Medical problems or bad reactions related to immunisations in family ₉
 j. Prefers to use homeopathy ₁₀
 k. Didn't think it was of any benefit ₁₁
 l. Opposed to immunizations for other reasons ₁₂
 m. Other reason [please specify] ₁₃

F18. [Card H23] Has a medical professional ever told you that <baby> has any of the following conditions?

[Tick all that apply]

- a. Chronic 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. Chronic kidney disease ₁₀
 k. Diabetes ₁₁
 l. Any developmental delay ₁₂
 m. Down syndrome ₁₃
 n. Cleft lip and/or palate ₁₄
 o. Other long-term condition [please specify] ₁₅
 p. None of the above ₁₆

F19. 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

F20. [Card H25] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

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

F21. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about the <baby's> physical health? (exclude time of birth)

- 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

F22. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

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

F23. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

F24. 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

F25. 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	<input type="checkbox"/> 1	<input type="checkbox"/> 2
The necessary medical care wasn't available or accessible to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You could not take time off work to visit the doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Wanted to wait and see if the problem got better	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Still on the waiting list	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other (specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

F26. Many babies have accidents at some time. Has the <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

Yes 1 No..... 2

F27. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? _____ N

F28. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

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

G. FAMILY CONTEXT

Time Section Started

--	--	--	--

(24 hour clock)

G1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. 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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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

Secondary Caregiver Twin Questionnaire



The Economic and Social Research Institute
 Whitaker Square
 Sir John Rogerson's Quay
 Dublin 2
 Ph: 01-8632000 fax: 01-8632100

University of Dublin
 Trinity College
 College Green
 Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
 INFANT QUESTIONNAIRE PILOT 15/01/08
 STRICTLY CONFIDENTIAL
 FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE**

GROUP SEQ NO. RESPONDENT

INTERVIEWER NAME _____ INTERVIEWER NO:

Time Section Started (24 hour clock) DATE: __dd__mm__yy

Hello, I'm from the Economic and Social Research Institute 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. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 10,000 9-month-old infants and their families.

We are seeking to interview the parents / guardians of <name of 9-month-old Study Child>. The interview with the parents / guardians will take about 90 minutes to complete.

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.

A. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about your relationship with <baby>.

A1. [

Scale on parent's views on child-rearing removed

A2.

Scale on parent's reactions removed

B. BABY'S DEVELOPMENT

Time Section Started (24 hour clock)

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

B1. When you leave <baby> in someone else's care (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

B2. And when you collect <baby> from someone else's care, 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

B3. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time 1 Sometimes 2 Hardly ever or never 3

B4. How much is <baby's> sleeping pattern or habits a problem for you?

A large problem 1 A moderate problem 2 A small problem 3 No problem at all 4

B5. Do you feel that <baby's> crying is a problem for you? Yes1 No2

C. FAMILY CONTEXT

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

C1. [Card C1] 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.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Non Resident Parent Questionnaire



Growing Up in Ireland – national study of children Strictly Confidential

Non Resident Parent Questionnaire Infant Pilot

Group Code Sequence Code Date ____ day ____ month

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
PLEASE CALL 1800 200 434 DURING OFFICE HOURS**

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child? ____ days ____ weeks ____ months

Q2. How many nights do you and the study child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? ____ days

Q4. How long does a typical contact occasion last? ____ days or ____ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

Nowhere near enough Not quite enough About right A little too much Way too much

₁ ₂ ₃ ₄ ₅

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments	<input type="checkbox"/> ₁	Other parent is uncooperative.....	<input type="checkbox"/> ₄
Commitments to other family/new partner	<input type="checkbox"/> ₂	Court-imposed custody rules	<input type="checkbox"/> ₅
Physical distance between self and child	<input type="checkbox"/> ₃	Other	<input type="checkbox"/> ₆

Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

	<i>Rank</i>
At you home	_____
At the other parent's home	_____
At another relative's home (e.g. child's grandparents)...	_____
Recreational/amenity area (e.g. park, swimming pool).	_____
Shopping centre /cinema /McDonald's etc	_____
Specific events (e.g. football match)	_____
Other	_____

Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child?

Court-imposed arrangements ₁
 Formal, negotiated arrangements other than legal (e.g. counsellor) ₂
 Mutual arrangement with no third party negotiator ₃
 No regular arrangements ₄

Q9. Fathers 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) _____

Q10. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent 1 2 3 4 5 Very Poor

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

We	Every day	At least once a week	At least once a month	Rarely or never
Prepare food for the child at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Change nappies/bathe child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to doctor /dentist etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to or from creche	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the child's home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

- Yes, I pay the full amount due ₁ No, I don't pay towards the rent or mortgage directly₃
- Yes, I pay a contribution ₂ There is no rent or mortgage owing on the home.....₄

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? €_____ per month

Q14. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

- Never ... ₁
- Yes.....₂ a regular payment to the value of €_____ per month (excluding direct rent/mortgage payment)
- Yes.....₃ on an as-required basis (e.g. back to school) to the value of €_____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

- Your decision ₁
- Mutual agreement with mother ₂
- Legally imposed arrangement ₃

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

- Never₁ Yes, occasionally₂ Yes, frequently₃

Q17. What was the status of your relationship with the study child's mother when she became pregnant with the study child? (Please tick one box only).

- | | | | |
|------------------------------------|----------------------------|---|----------------------------|
| Married and living together | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting/living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 4 | | |

Q18. What age was the study child when you separated from the child's mother for the first time?

AGE ___ months OR ___ weeks

OR

Had separated before birth1 OR Never lived with mother.....2

Q19. Are you named on the study child's birth certificate?

Yes1 No2 Not sure3

Q20. If you have never been married to the Study Child's mother have you applied for guardianship?

No1 Yes, through mother only2 Yes, through court3

Q21. If yes, was this application successful? Yes.....1 No.....2 Ongoing.....3

Q22. How often do you talk about your child with the child's mother?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | <input type="checkbox"/> 1 | A few times a month | <input type="checkbox"/> 4 |
| Several times a week | <input type="checkbox"/> 2 | Several times a year | <input type="checkbox"/> 5 |
| About once a week | <input type="checkbox"/> 3 | Not at all | <input type="checkbox"/> 6 |

Q23. How well do you get on with the child's mother? Would you say your relationship is . . . ?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Very positive | Somewhat positive | Neutral | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Q24. Often parents have to make major decisions concerning the child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the study child:

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| A lot of influence | Some influence | No influence | Don't know |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Q25. Do you want to be involved in raising your child in the coming years?

Yes 1 No 2 Not sure 3

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

	All of the time	Some of the time	Rarely	Never
a. You talk a lot about your child to your friends and family ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You carry pictures of your child with you wherever you go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. You often find yourself thinking about your child ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. You think holding and cuddling your child is fun.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You think it's more fun to get your child something new than to get yourself something new	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q28. How old were you when your first ever child was born? _____ years

Q29. How would you describe your current employment status?

Working for payment or profit	<input type="checkbox"/> 1	Retired from employment	<input type="checkbox"/> 6
Looking for first regular job	<input type="checkbox"/> 2	Unable to work due to permanent sickness or disability	<input type="checkbox"/> 7
Unemployed	<input type="checkbox"/> 3	Other (please specify)	<input type="checkbox"/> 8
Student or pupil	<input type="checkbox"/> 4		
Looking after home/family.....	<input type="checkbox"/> 5		

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

Q31. What is the highest level of education that you have completed? (Please tick one box only)

No formal education	<input type="checkbox"/> 1	Certificate	<input type="checkbox"/> 6
Primary	<input type="checkbox"/> 2	Diploma	<input type="checkbox"/> 7
Junior Cert. or equivalent	<input type="checkbox"/> 3	Degree	<input type="checkbox"/> 8
Leaving Cert. or equivalent	<input type="checkbox"/> 4	Postgraduate Degree	<input type="checkbox"/> 9
Trade Qualification	<input type="checkbox"/> 5		

Q32. Which of the following best describes your current marital status?

Single	<input type="checkbox"/> 1	Separated	<input type="checkbox"/> 4
First marriage (or cohabitation)	<input type="checkbox"/> 2	Divorced	<input type="checkbox"/> 5
Remarried (or cohabitating) following Divorce	<input type="checkbox"/> 3	Widowed	<input type="checkbox"/> 6
		Remarried (or cohabitating) following Widowhood	<input type="checkbox"/> 7

Q33. Are you currently living with a partner? Yes 1 No..... 2

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None..... 1 _____ by same parent as Study Child's _____ by a different partner(s)

Q36. What nationality are you? _____

Q37. If you are NOT Irish, how long have you been living in Ireland? _____ years OR _____ months

Q38. How would you describe your general state of health?

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 1800 200 434**

Non Resident Parent Information Sheet

NON – RESIDENT PARENT’S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

Growing Up in Ireland is a new, national, Government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

The purpose of the study is to understand all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy childhood.
- help us to discover what children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?

The study will help us to find out all about children’s social, emotional and physical development.

The information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

How did you get my name and contact details?

Growing Up in Ireland includes 10,000 9-month old children and their families.

Your name and contact details were provided by the other parent/guardian of your child who has agreed to participate in the study.

As part of the study he/she was asked for your contact details as the non-resident parent of your child and he/she agreed to supply it.

Why should I take part?

We would like to ask you for your help in completing a picture of your child’s daily life.

This information will help us to give the Government advice on how to help make childhood a better experience for all children and to make improvements for children as they grow up.

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

What do I do next?

We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

NON – RESIDENT PARENT’S INFORMATION LEAFLET

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

- If you decide to take part you may choose to withdraw from the study at any time.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in **Growing Up in Ireland** is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone:

Freephone 1800 200 434
or contact our Communications Officer,
Jillian Heffernan, on 01 896 3378

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2.



Home-based Carer Questionnaire



GROWING UP IN IRELAND – national study of children
Strictly Confidential – HOME-BASED CARE Infant Pilot

Group Code

Sequence Code

Date _____ day _____ month

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

First of all, we would like to ask you some questions about caring for the study child in particular.

Q1. Which of the following best describes your relationship to the study child?

- | | | | |
|------------------------|----------------------------|--------------------------------|----------------------------|
| Grandmother | <input type="checkbox"/> 1 | Neighbour | <input type="checkbox"/> 5 |
| Grandfather | <input type="checkbox"/> 2 | Nanny/au pair | <input type="checkbox"/> 6 |
| Other relative | <input type="checkbox"/> 3 | Registered childminder | <input type="checkbox"/> 7 |
| Friend of parent | <input type="checkbox"/> 4 | Unregistered childminder | <input type="checkbox"/> 8 |

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?

Yes 1 No 2

Q3. Do you care for the study child in his / her own home; in your home or somewhere else?

Study Child's home..... 1 My own home 2
Somewhere else (please specify where) _____

Q4. How long have you been caring for the study child? ___ years ___ months ___ weeks

Q5. How many hours per week do you care for the study child? _____ hours

Q6. How many days per week do you care for the study child? _____ days

Q7. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very easy | Somewhat easy | Neither easy nor
difficult | Somewhat difficult | Very difficult |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

We would also like some general information on the environment in which you look after the study child

Q8. On a typical day, how many children are in your care (excluding the study child, but including your own children)?

_____ children

Q9. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

- | | | | |
|---------------------|----------------------------|-------------------------|----------------------------|
| 0 – 11 months | <input type="checkbox"/> 1 | 7-9 years..... | <input type="checkbox"/> 4 |
| 1- 3 years | <input type="checkbox"/> 2 | 10 - 12 years | <input type="checkbox"/> 5 |
| 4-6 years | <input type="checkbox"/> 3 | 12 years and over | <input type="checkbox"/> 6 |

Q10. How many of the following types of toys are there available to the child while in your care?

a. Cuddly toys or dolls _____ (Enter number of toys) b. Activity type toys _____ (number)

Q11. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q12. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q13. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

- | | | | |
|---|--------------------------------------|----------------------------------|-----------------------------------|
| Almost never <input type="checkbox"/> 1 | Sometimes <input type="checkbox"/> 2 | Often <input type="checkbox"/> 3 | Always <input type="checkbox"/> 4 |
|---|--------------------------------------|----------------------------------|-----------------------------------|

Q14. Do you look after the study child when he or she is sick?

Never 1 Rarely 2 Frequently 3 Always 4

Finally, we would like to know some things about you.

Q15. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q16. What is your gender? Male 1 Female..... 2

Q17. What nationality are you? _____

Q18. Which of the following best describes your current employment status?

Working for payment or profit 1 Looking after home/family 1
Looking for first regular job 1 Retired from employment..... 1
Unemployed 1 Unable to work due to permanent sickness or disability 1
Student or pupil 1 Other (please specify) 1

Q19. Is caring for children your main occupation?

Yes 1 No 2

Q20. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').

Q21. What is the highest level of education that you have completed?

No formal education 1 Certificate 5
Primary 2 Diploma 6
Junior Cert. or equivalent 3 Degree 7
Leaving Cert. or equivalent 4 Postgraduate Degree 8

Q22. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

No 1
Yes, certificate level of less than one year's duration 2
Yes, certificate level or above of greater than one year's duration 3

Q23. Have you undertaken any other training relevant to caring for children? Tick all that apply

Child psychology 1 Nutrition/Diet 4
Sign language 2 Other 5
First aid 3

Q24. How long have you regularly worked 10 or more hours per week in a childcare situation?

___ years ___ months

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Centre-based Carer Questionnaire



GROWING UP IN IRELAND – national study of children
Strictly Confidential – CENTRE-BASED CARE Infant Pilot

Group Code

Sequence Code

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
 PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

Q1. How long has the study child been attending this centre? ___ years ___ months ___ weeks

Q2. How many hours per week does the study child attend the centre? ___ hours

Q3. How many days per week does the study child attend the centre? ___ days

Q4. Compared with other children, do you think this child is . . . ?

Much easier to get on with than average ₁ More difficult to get on with than average ₄
 Easier to get on with than average ₂ Much more difficult to get on with than ₅
 About average ₃

Q5. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult
₁ ₂ ₃ ₄ ₅

We would also like some general information about the care centre.

Q6. Are you registered with the Health Service Executive?

Yes ₁ No ₂ Not sure ₃

Q7. On a typical day, how many children are in the centre (excluding study child)? _____ no. of children

Q8. What ages are these children? (Please indicate the number of children in these age categories)

0 – 11 months ₁ 7-9 years..... ₄
 1- 3 years ₂ 10 - 12 years ₅
 4-6 years ₃ 12 years and over ₆

Q9. If there is more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes ₁ No ₂ Sometimes ₃

Q10. How many children in the centre (excluding the study child) are from a non-English speaking family background?
 _____ children

Q11. How many children in the centre (excluding the study child) have a mental or physical disability?
 _____ children

Q12. How many of the following types of toys are there available to the child in the centre?

a. Cuddly toys or dolls _____ (Enter number of toys) b. Activity type toys _____ (number)

Q13. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q15. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?
 Almost never ₁ Sometimes ₂ Often ₃ Always ₄

Q16. How many staff (whole-time equivalents) are employed in the centre to look after the children (do not include administrative or maintenance staff, etc)? _____ no. of staff

Q17. How many of these staff has a formal childcare qualification? _____ no. of staff

Q18. Are parents allowed to leave sick children into the centre?

Never..... 1 Rarely 2 Frequently 3 Always..... 4

Finally, we would like to know some things about you.

Q19. What is your date of birth? (DD/MM/YYYY) _____(day) _____(mth) _____(yr)

Q20. Are you? Male..... 1 Female..... 2

Q21. What is your nationality? _____

Q22. Which of the following best describes the type of care your centre provides?

After-school supervision 1 Youth centre..... 3
Study group 2 Other 4

Q23. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori etc.)?

No formal qualification 1 Degree 4
Certificate 2 Postgraduate Degree 5
Diploma 3

Q24. Please indicate the subject area in which the qualification was obtained:

Childcare 1 Special needs assistance 5
National school teaching 2 Speech and language therapy 6
Other education 3 Nursing 7
Child psychology/development 4 Other 8

Q25. When did you receive this qualification? Year: _____

Q26. Have you undertaken any other training relevant to caring for children? Tick all that apply.

Child psychology 1 Nutrition/Diet 4
Sign language 2 Other 5
First aid 3

Q27. Is caring for children your main occupation? Yes 1 No 2

Q28. If no, please describe your main occupation as fully as possible

Q29. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____ mths

Q30. How long have you worked in this particular care centre? _____ years _____ months

Q31. Overall, are you happy working in childcare?

Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Carer Information Sheet

CARER INFORMATION LEAFLET

What is the Growing Up in Ireland study?

Growing Up in Ireland is a new, national, Government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

The purpose of the study is to understand all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy childhood.
- help us to discover what children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?

The study will help us to find out all about children's social, emotional and physical development.

The information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

How did you get my name and contact details?

Growing Up in Ireland includes 10,000 nine-month olds and their families.

Your name and contact details were provided by the study child's parent/guardian who has agreed to participate in the study.

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week.

Why am I being asked to take part?

As a carer of the study child we feel that you too have a contribution to make.

This information will help us to give the Government advice on how to help make childhood a better experience for all children and to make improvements for children as they grow up.

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

CARER INFORMATION LEAFLET

What do I do next?

We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

- If you decide to take part you may choose to withdraw from the study at any time.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in **Growing Up in Ireland** is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone:

Freephone 1800 200 434
or contact our Communications Officer,
Jillian Heffernan, on 01 896 3378

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2.



Appendix C – Instrumentation used in the dress rehearsal phase

Introductory letter to Respondents



7th May 2008

Our ref :

Dear

We are writing to you about a major new and exciting study of infants called *Growing Up in Ireland*. It is the first and most important of its kind ever to take place in this country. You and your baby have been chosen to take part.

The study will improve our understanding of children and their development. It will help us to understand the main issues facing families in Ireland today and it will also help us to advise the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

Growing Up in Ireland will include 10,000 nine-month-old babies and their parents from all across Ireland. Your name was selected at random from the Child Benefit (Children's Allowance) records kept by the Department of Social and Family Affairs.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children, in association with the Department of Social & Family Affairs and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

Taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

James Williams
(Research Professor, ESRI and
Principal Investigator, *Growing Up in Ireland* study).

Sheila Greene
(Director, Children's Research Centre, TCD
Co-director, *Growing Up in Ireland* study)



Consent Form for Respondents

PARENT'S /GUARDIAN'S CONSENT FORM

Name of Baby: _____ Baby's Date of Birth: _____

(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the ***Growing Up in Ireland*** study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that my child has been selected on a purely random basis from the Child Benefit Register.
- I understand that a range of information will be collected, including information from my child's other parent and my spouse or partner (where different), and his or her childminder (if relevant).
- I understand that the information will be stored, on a confidential basis, on a computer and will be used for research purposes only.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child's other parent (where different) or childminder (if relevant).
- I understand that, because this study looks at children's development over time, I will be asked to participate in a follow-up study when my child is 3 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: _____

(BLOCK CAPITALS PLEASE) _____

Signature of Parent / Guardian: _____ Date: _____

Contact telephone: _____

If relevant:

Name of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _____

(BLOCK CAPITALS PLEASE) _____

Signature of parent/guardian not resident in your household: _____

Date: _____

Contact telephone: _____

PPSN Consent



Group

Hhold

PERSONAL PUBLIC SERVICE NUMBER (PPSN)

MUM

R1 As you know, we hope to interview you again when your child is 3 years of age. It might assist us in tracing you at that time if we were able to use your Personal Public Service number (PPSN) or that of your child. Your number and your child's number are available from the Child Benefit Register which we used for selecting the sample used for Growing Up in Ireland. We have not been provided with these by the Department of Social and Family Affairs. Would you be willing to allow us to have access to (a) your number and (b) your child's number from the Child Benefit Register to assist us in the tracking or tracing of respondents who find they move between our visits?

- (a) Your own number Yes ₁ No ₂
- (b) Your child's number Yes ₁ No ₂

R2. In the future it might be possible to link to databases which would have information which would be of great assistance in the sort of statistical analysis which we carry out as part of this survey. If it were possible to use the PPS number to link to other data sources would you be willing to allow us to do so (a) on your own behalf and (b) on behalf of your child. This would be used only for statistical purposes. No government department or similar body would have access to your personal details.

Would you be willing to allow us to have access to your and your child's PPS number to assist us in linking to other data sources for statistical purposes?

- (a) Your own number Yes ₁ No ₂
- (b) Your child's number Yes ₁ No ₂

(Signed) _____

DAD (as relevant)

R3 As you know, we hope to interview you again when your child is 3 years of age. It might assist us in tracing you at that time if we were able to record your Personal Public Service number (PPSN). Would you be willing to allow us to use your PPSN for tracking or tracing purposes in the event of you moving between our interviews?

- Yes ₁ No ₂

PPS Number: _____

R4 In the future it might be possible to link to databases which would have information which would be of great assistance in the sort of statistical analysis which we carry out as part of this survey. In the future if it were possible to use your PPSN to link to other data sources would you be willing to allow us to do so. This would be used only for statistical purposes or statistical analysis. No government department or similar body would have access to your personal data.

Would you be willing to allow us to have access to your PPS number to assist us in linking to other data sources for statistical purposes?

- Yes ₁ No ₂

(Signed) _____

NPRS Consent

Group

Hhold



ACCESS TO INFORMATION IN THE NATIONAL PERINATAL REPORTING SYSTEM

The National Perinatal Reporting System (NPRS) records details on all births in the country. The sort of information it records includes:

- time, date of birth, gender, birth weight and gestation period of the child
- nationality, country of origin, occupation and date of birth of the parents
- marital status and date of marriage of the mother
- date of last birth and number of previous births to the mother
- mother's health, ante-natal care and diseases
- mode of delivery, infant's health and feeding
- hospital details such as mother's and infant's admission and discharge dates

This information was recorded by the hospital when your baby was born. *Growing Up in Ireland* would like to be able to access this information for statistical purposes as part of this study. If you agree to allow us to access this information please sign below.

I hereby give permission to the *Growing Up in Ireland* project to access information from the National Perinatal Reporting System (NPRS) for statistical purposes related to the project. I understand that, as with all other details collected in the course of this study, the information accessed from the National Perinatal Recording System will be treated in the strictest confidence and would not be released in any way which would allow me or my family to be identified.

Signed: _____ (parent / guardian)

of _____ (baby's name)

Witnessed: _____ Date: __ / __ / 2008

Tracing Information



The Economic and Social Research Institute
 Whitaker Square
 Sir John Rogerson's Quay
 Dublin 2
 Ph: 01-8632000 fax: 01-8632100



GROUP

--	--

Hhold

--	--	--	--

INTERVIEWER NO

--	--	--	--	--

INTERVIEWER NAME _____

GROWING UP IN IRELAND
FOLLOW UP / TRACING INFORMATION

R.1 Thank you very much for your participation in the *Growing Up in Ireland* survey.

As we said at the outset, we will be contacting you again with a view to interviewing you when your child is 3 years old. We will also be sending you updates on our progress from time to time.

Could you give me the name and address (or 'phone number) of some relative, friend, neighbour or any other person or organisation who may be able to help us in contacting you, should you move between now and then.

[Int: Record name of contact person and address and/or phone number below for Mum AND Dad (where relevant) Please note that contacts should be different i.e. one contact person for Mum and another for Dad].

MUM

Name: _____

Address : _____

Phone: (_____) _____

Relationship to respondent: _____

DAD (if relevant)

Name: _____

Address : _____

Phone: (_____) _____

Relationship to respondent: _____

Qualitative Study

R3 As part of the Growing Up in Ireland study we will be randomly selecting 120 households for inclusion in what we describe as a qualitative study. This involves a further interview of your family, though in a slightly less structured way to the one which we have just completed. We will be selecting the 120 households for this qualitative sample in about 2-3 months time. Would it be OK if we were to include your family among those to be considered for inclusion in that qualitative study? Please note that there is no guarantee that your family would be selected for the qualitative study.

OK to include family in qualitative study₁

Do not include family in qualitative study₂

Nested Study

R4 Finally, as part of the Growing up in Ireland project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called 'nested studies' arose we would write to relevant households and ask whether or not we could approach them for interview. Would it be OK if we were to include your family among those to be considered for inclusion in one of these nested studies, should they arise?

OK to include family in nested study.....₁

Do not include family in nested study₂

Work Assignment Sheet

NLSCI INFANT DRESS REHEARSAL 2008

Outcomes

INTERVIEWER 9999 Mr Joe Bloggs

Group 8 Hhold 520

Please interview between 7/05/2008 and 6/ 06/ 2008

Child's Name: Peter Smith Date of Birth: 07 Aug 2007

- 1 Completed
- 2 Cannot locate address
- 3 Vacant/demolished/derelict
- 4 No contact despite repeated call backs
- 5 Refused to interviewer - PHONE
- 6 Refused to interviewer - FACE to FACE
- 7 Refused to office
- 8 Language problems
- 9 Unavailable within specified dates
- 10 Return to office (known/moved to another area)
- 11 Moved -no forwarding address
- 12 Interview broken off -will not complete
- 13 Other -please specify



Mother's name: Mary Smith

Address: 4 Burlington Road, Dublin 4

Parent phone numbers

GPS readings	Household Outcome (from list above)
A <input type="text"/>	<input type="text"/>
B <input type="text"/>	

<p>SECTION A</p> <p><u>Lives in household</u></p> <table border="0"> <tr> <td></td> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td>Y</td> <td>N</td> <td></td> </tr> <tr> <td>Mother/Lone Father</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>.....</td> </tr> <tr> <td>Father/Partner</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>.....</td> </tr> <tr> <td>Twin of Study Infant</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>.....</td> </tr> </table>		Y	N	Y	N	Y	N		Mother/Lone Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Father/Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twin of Study Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>If yes, interview completed</p> <p>Sensitives completed</p> <p>If No, why not?</p>	<p>SECTION B</p> <p>Consent form signed <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>NPRS Permission <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Qualitative permission <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Nested permission <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Observation sheet <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Followup/tracing sheet <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>SECTION C</p> <p>PPS Child -Tracing <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>PPS Child - Linkage <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>PPS Mother -Tracing <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>PPS Mother - Linkage <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>PPS Father -Tracing <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>PPS Father - Linkage <input type="checkbox"/> Y <input type="checkbox"/> N</p>
	Y	N	Y	N	Y	N																													
Mother/Lone Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Father/Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Twin of Study Infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
<p>SECTION D</p> <p>Is there a NON RESIDENT PARENT? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If so, name, address and phone number of non-resident parent:</p> <p>Name</p> <p>Address</p> <p>Phone</p> <p>Permission to contact Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>SECTION E Is there a REGULAR CHILD MINDER?</p> <p>Home based...<input type="checkbox"/>₁ Centre based <input type="checkbox"/>₂ None. <input type="checkbox"/>₃</p> <p>Name of carer/centre</p> <p>Address of carer/centre</p> <p>Phone</p> <p>Permission to contact Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																		

SECTION F - ASQ Re-test Paper

Length (cms)	Head Circumference (cms)
<input type="text"/>	<input type="text"/>

Date measurements taken

Please complete ALL sections A to F
Work Assignment sheets MUST be returned to ESRI
before payments for household can be processed

Primary Caregiver Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE – Dress Rehearsal STRICTLY CONFIDENTIAL MOTHER or LONE FATHER QUESTIONNAIRE

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 90 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 (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

A1. Are you the parent / guardian of <baby> who usually provides the most care to him / her.

Yes.....₁ No₂

A2. [Int: Record gender of respondent] Male.....₁ Female.....₂

A2a. Record <baby's> name: _____

A2b. Record <baby's> gender Male₁ Female.....₂

A2c. Record <baby's> date of birth __dd__mm__yyyy

A3. [Card A3] Looking at Card A3, can you tell me which of the following best describes your relationship to <baby>? [Interviewer use codes only]

- | | |
|---|---|
| A. Biological parent (mother/ father) <input type="checkbox"/> ₁ | E. Grand parent <input type="checkbox"/> ₅ |
| B. Adoptive parent (mother/ father) <input type="checkbox"/> ₂ | F. Aunt/uncle <input type="checkbox"/> ₆ |
| C. Step-parent (mother/ father) <input type="checkbox"/> ₃ | G. Other relative/ in law <input type="checkbox"/> ₇ |
| D. Foster parent (mother/ father) <input type="checkbox"/> ₄ | H. Unrelated guardian..... <input type="checkbox"/> ₈ |

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?

_____persons

In this section, I would like to ask you a few details about yourself and the others in your household.

A5. For each member of the household could you tell me:

- a) their gender?
- b) their Date of Birth (DOB)
- c) if *DOB not available* - their age last birthday
- d) their relationship to the child's mother / or lone father and <baby>?
- e) tick one box to best describe their current economic status

No.	First name/Initial	(A)		(B)	(C)	(D)			(E) Show Card A5E							
		Sex		Date of Birth	If DOB not available	Relationship of each member to mother and child. Use Relationship Codes from yellow card. Show Card A5D			Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other	
Person No.	INT: Put respondent (mother or lone father) on line 1 and Study Child on line 2	M	F	dd mm yr	Age last birthday	Person No.	R'SHIP TO: Mother	R'SHIP TO: Study Child								
1		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	1	///		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	2		///	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	7			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	8			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>	____	yrs	9			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. Father / Partner on line 3 (if relevant).

A6. Do you have any other biological children who live outside the household?

Yes 1 No 2

A6a. How many children _____ n

A6b. For each biological child living outside the household can you please indicate their gender and date of birth.

	Male	Female	Date of Birth
1.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / _____
	Male	Female	Date of Birth
2.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / _____
	Male	Female	Date of Birth
3.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / _____

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

B1.

Scale on parent's views on child-rearing removed

B2. Do you use a soother/dummy with <baby>? Yes 1 No 2

B3. [Card B3] 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

B4. [Card B4] 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

B5. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time ₁ Sometimes ₂ Hardly ever or never ₃

B6.

Scale on attachment removed

B7

Items on parent's knowledge of child development removed

B8.

Infant Characteristics Questionnaire removed

C. BABY'S DEVELOPMENT

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

CX1. Do you talk to your baby while you work? (eg. while you do housework).

Never ₁ Rarely ₂ Sometimes ₃ Often ₄ Always ₅

CX2a. Do you have any other concerns about any aspects of baby's behaviour or development?

Yes ₁ No ₂

CX2b. What concerns do you have?

D. BABY'S HABITS

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

D1. How many hours sleep do you get on an average night, at the present time? _____ hours

D2. In general, what time in the evening does your baby usually go to sleep? _____ (24 hour clock)

D3. Approximately how many hours sleep does your baby have during

(a) the day? _____ hours (b) the night? _____ hours

D4. On a normal day what time does your baby usually get up at in the morning? _____ (24 hour clock)

D5. Is your baby ever difficult when put to bed?

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

D6. How often does your baby wake at night?

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

D7. How many times per night on average? _____

D8. Do you ever wake <baby> for a feed during the night?

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

D9. How does your baby normally sleep?

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

D10. Does <baby> usually sleep:

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

D11. 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

D12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _____N

D13. Do you feel that <baby's> crying is a problem for you?

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

D14. 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 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

D15. Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.

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

D16. The next questions have to do with when your child may have been able to do certain things. If you do not know the exact age, your best estimate is fine.

- (a) At what age did <baby> first sit him/herself up? Months Not yet 999
- (b) At what age did <baby> start feeding him/herself? Months Not yet 999
- (c) At what age did <baby> take his/her first steps? Months Not yet 999
- (d) At what age did <baby> start saying his/her first words..... Months Not yet 999

E. CHILDCARE ARRANGEMENTS

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

E1. Is <baby> currently being minded by someone else, other than you or your partner, on a regular basis each week?

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

E2. Can you indicate (a) who else minds <baby> on a regular basis, (b) number of hours per week spent in each type of childcare, (c) how much you pay for this childcare per week (d) whether this is your main type of childcare

	[Tick all that apply]	Number of hours	Cost per week	Main type of care
A relative in your home	<input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
Someone else in your home	<input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
A relative in their home	<input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
Someone else in their home	<input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
A professional caregiver (e.g. Crèche / Day nursery)	<input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
Other (please specify).....	<input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4

E3. What age was <baby> when you started to use the main childcare arrangement? _____ months

E4. What was the single most important reason for you choosing this main form of childcare?

- I had no choice 1
- I could afford it 2
- It was convenient 3
- It was linked to my job 4
- I thought it would be beneficial for my child..... 5
- Other (please for describe) 6

E5. How satisfied are you with these arrangements?

- | | | | | |
|----------------------------|----------------------------|---------------------------------------|----------------------------|----------------------------|
| Very satisfied | Fairly satisfied | Neither satisfied
nor dissatisfied | Fairly dissatisfied | Very dissatisfied |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

E6. What are your future intentions for childcare? [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

E7. 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

E8. [Card E8] Since <baby> was born has difficulty in arranging child care ever.... [Tick all that apply]

QUARTERLY NATIONAL HOUSEHOLD SURVEY (QNHS)

- 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

F. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

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

F1. Have any of the other children in your household been particularly jealous/unhappy about the baby (e.g. hitting etc.)?

Yes 1 No 2

F2a. Was <baby> a single birth, twin, triplet etc. Single child.... 1 Twin... 2 Triplet... 3

F2b. Does his/her twin live here in this household?

Yes 1 Lives elsewhere..... 2 Deceased..... 3

F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins? :

Identical twins 1 Fraternal (i.e. non-identical twins)..... 2

F4. Has this been confirmed by a medical professional?

Yes..... 1 No 2

F5. Just let me check. Are your twins:

Two boys 1 Two girls 2 Boy and Girl..... 3

[Int. ask if no at F4.]

F6. Would you say they are alike in looks

Yes 1 No 2

F7. Would you say they are alike

- a) In behaviour 1 2
- b) in Personality/character 1 2
- c) In health 1 2

F8. How do you dress them?

- in matching clothes each day 1
- in matching clothes sometimes 2
- never in matching clothes 3

F9. How does this twin react to the other?

- | | Yes, most
of the time | Yes, some
of the time | No, hardly
ever |
|---|----------------------------|----------------------------|----------------------------|
| a) he/ she likes to be with his / her twin..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b) he/she doesn't seem to notice his / her twin | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c) he/she is upset if she is parted from his/her twin | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

G. PRENATAL CARE

Time Section Started (24 hour clock)

[INT: Only Ask G1 – G2 if biological mother]

G1. Did you intend to become pregnant before <baby> was conceived?

Yes, at that time..... ₁ No..... ₂ Unsure/Didn't mind..... ₃

G2. Did you intend never to become pregnant before <baby> was conceived, or just at a different time?

Yes, but much later ₁
 Yes, but somewhat later ₂
 Yes, but earlier..... ₃
 No intention of becoming pregnant..... ₄
 Other ₅

No question G3 and G4

G5. How was your Ante-natal care provided?

Shared care (between GP and other professional'.) ₁
 Private consultant alone ₂
 Hospital clinic alone ₃
 Midwives clinic alone ₄
 Independent midwife alone..... ₅
 Had no ante-natal care ₆
 Other [Please specify]..... ₇

G6. Was this shared care with:

Hospital Clinic ₁
 Midwife Clinic..... ₂
 Independent Midwife ₃
 Private Consultant..... ₄

G7. At how many weeks did you first become aware that you were pregnant? ____ weeks

G8. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your GP or hospital? ____ weeks

G9. And who was this appointment with?

GP/Family physician ₁ Midwives clinic alone ₄
 Private consultant alone ₂ Independent midwife alone..... ₅
 Hospital clinic alone ₃ Had no ante-natal care ₆

G10. How many ultrasound scans (i.e. where you and the doctor/consultant see an image of the baby on screen) did you have in total during the course of your pregnancy? ____ No. of scans [If none enter '0']

G11. Did you know the sex of your baby before the birth? Yes ₁ No ₂

[INT: Only Ask G12 if biological mother]

G12. How much weight did you gain during the course of your pregnancy?

____ stone ____ lbs OR ____ kgs

G13. [Card G13] Were there any of the following complications with the pregnancy? [Tick all that apply]

a. Raised blood pressure (in isolation) <input type="checkbox"/> ₁	h. Vaginal Infection during pregnancy <input type="checkbox"/> ₈
b. Raised blood pressure and protein in the urine (Pre-eclampsia) <input type="checkbox"/> ₂	i. Intrauterine Growth Restriction (small baby on scan) <input type="checkbox"/> ₉
c. Urinary or kidney infection <input type="checkbox"/> ₃	j. Rhesus Incompatibility..... <input type="checkbox"/> ₁₀
d. Persistent vomiting or nausea <input type="checkbox"/> ₄	k. Influenza <input type="checkbox"/> ₁₁
e. Gestational diabetes (diet treated) <input type="checkbox"/> ₅	l. Placenta praevia <input type="checkbox"/> ₁₂
f. Gestational diabetes (insulin treated) <input type="checkbox"/> ₆	m. Miscarriage in a multiple pregnancy <input type="checkbox"/> ₁₃
g. Bleeding during the second half of pregnancy <input type="checkbox"/> ₇	
n. Other [please specify]..... <input type="checkbox"/> ₁₄	

G14. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

Yes..... ₁ No ₂

G15. How many separate admissions did you have? ____ No. of admissions

[INT: Only Ask G16a – G16c if biological mother]

G16a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?

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

G16b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?

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

G16c. Did you take Iron during your pregnancy with <baby>?

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

G17. During your pregnancy, how many members of the household [including yourself] smoked? _____ N

H. INFANT'S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started (24 hour clock)

H1. Where was <baby> born?

Home birth [planned]1 In hospital.....2 Other [please specify] _____3

H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.

a. Name: _____
b. Address _____

[INT: Only Ask H3 if biological mother]

H3. Did you have any form of pain relief in labour?

Yes.....1 No.....2 Did not have any labour3

H4. What was the mode of delivery?

Normal delivery1 Emergency Caesarean.....5
Suction assisted birth.....2 Vaginal breech delivery6
Forceps assisted birth.....3 Other [please specify].....7
Planned / Elective Caesarean4

H5a. After how many weeks of pregnancy was <baby> born? _____ Wks Don't Know.....99

H5b. Was <baby> born late, on time or early?

Late birth (42 weeks or more).....1
On time (37-41 weeks)2
Somewhat early (33-36 weeks)3
Very early (32 weeks or less)4

H6. How much did <baby> weigh at birth? ___lbs ___ ounces OR ___kgs

H7. What was <baby's> length at birth? ___inches OR ___cms

H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]

A. No complications1 E. Foetal distress - Meconium or other sign5
B. Very long labour (more than 12 hours)2 F. Foetal blood sample taken in labour.....6
C. Very rapid labour (less than 2 hours).....3 G. Birth injury – nerve injury / fracture / bruising.....7
D. Foetal distress – Abnormal Heart rate tracing4 H. Other complication [please specify].....8

H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

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

H10. Did <baby> need any help with his/her breathing from a ventilator?

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

H11. How many days or parts of days were you in hospital after the birth? _____ days

H12. How many days or parts of days was <baby> in hospital after the birth? _____ days

H13a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes.....1 No2 → Go to H16

H13b. Was <baby> still being breastfed when you brought him/her home from hospital?

Yes1 No2

H14a. Was <baby> ever exclusively breastfed?

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes1 No2 → Go to H15a

H14b. How old was <baby> when he/she stopped being exclusively breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

___ Days ___ Weeks ___ Months <Baby> still being exclusively breastfed....999 → Go to H20

H15a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes1 → Go to H16 No2

H15b. How old was <baby> when he/she completely stopped being breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

___ Days ___ Weeks ___ Months

[INT: Only Ask H15c if biological mother]

H15c. What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

- | | |
|--|--|
| Not enough milk/hungry baby..... <input type="checkbox"/> 1 | Physician told me to stop <input type="checkbox"/> 8 |
| Inconvenienced/fatigue..... <input type="checkbox"/> 2 | Returned to work <input type="checkbox"/> 9 |
| Difficulty with breast feeding techniques <input type="checkbox"/> 3 | Partner/father wanted me to stop <input type="checkbox"/> 10 |
| Sore nipples/engorged breast <input type="checkbox"/> 4 | Formula feeding preferable <input type="checkbox"/> 11 |
| Mother's illness <input type="checkbox"/> 5 | Wanted to drink alcohol..... <input type="checkbox"/> 12 |
| Planned to stop at this time <input type="checkbox"/> 6 | Embarrassment/social stigma <input type="checkbox"/> 13 |
| Baby weaned himself/herself..... <input type="checkbox"/> 7 | Other, please specify..... <input type="checkbox"/> 14 |

H16. 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 999 Hasn't Had

Cow's milk? ___ Days ___ Weeks ___ Months 999 Hasn't Had

Any other type of milk, such as soya milk? ___ Days ___ Weeks ___ Months 999 Hasn't Had

H17. What else does <baby> drink apart from milk or formula? [Tick all that apply]

- | | |
|--|--|
| Water <input type="checkbox"/> 1 | Herbal drinks <input type="checkbox"/> 5 |
| Baby Juice <input type="checkbox"/> 2 | Tea or coffee <input type="checkbox"/> 6 |
| Fruit juices/Cordial/Squash..... <input type="checkbox"/> 3 | Other [please specify]..... <input type="checkbox"/> 7 |
| Fizzy or soft drinks (e.g. lemonade, coke)..... <input type="checkbox"/> 4 | None of the above <input type="checkbox"/> 8 |

H18. 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 No2

H19. How old was <baby> when he/she first had solid food regularly?

[Int: Accept answer in Days OR Weeks OR Months]

___ Days ___ Weeks ___ Months

H20. 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..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| Healthy, but a few minor problems..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| Sometimes quite ill..... | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| Almost always unwell..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |

H21. Can you tell me whether <baby> has received: [Tick all that apply]

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

H22. [Card H22] Why has <baby> not had all of his or her immunisations? [Tick all that apply]

- a. Not offered/Didn't know due to have ₁
 b. Due to have it in near future/soon ₂
 c. Child was unwell/in hospital when due ₃
 d. Child is not able to have it for health reasons ₄
 e. Child was away/on holiday when due..... ₅
 f. Lack of supplies/ran out of immunisation ₆
 g. Concerns about the health risks to child..... ₇
 h. Child had bad reaction/was unwell/had allergic reaction after previous immunisation . ₈
 i. Medical problems or bad reactions related to immunisations in family ₉
 j. Prefers to use homeopathy..... ₁₀
 k. Didn't think it was of any benefit ₁₁
 l. Opposed to immunizations for other reasons _____ ₁₂
 m. Other reason [please specify] _____ ₁₃

H23. [Card H23] 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

H24. 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

H25. [Card H25] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

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

H26 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 at time of birth) IF NONE THEN 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

H27 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

Yes.....1

No.....2

H28. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____

H29. 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

H30. Why did <baby> not get the medical care or treatment? Was this because:

[TICK YES OR NO TO EACH] NSCH (Adapted)

	Yes	No
You couldn't afford to pay	<input type="checkbox"/> 1	<input type="checkbox"/> 2
The necessary medical care wasn't available or accessible to you	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You could not take time off work to visit the doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
You wanted to wait and see if the problem got better	<input type="checkbox"/> 1	<input type="checkbox"/> 2
The child is still on the waiting list.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other (specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

H31. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card.....1 Yes, GP only.....2 Not covered.....3

H32. Does the family have private medical insurance?

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

H33. Does that insurance include the cost of GP visits?

Yes, in full.....1 Yes, partially.....2 No.....3

H34. 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

H35. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? _____N

H36. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

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

J. PARENT'S HEALTH

Time Section Started

(24 hour clock)

J1. In general, how would you say your current health is?

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

J2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes.....1

No.....2

J3. 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.]

J4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

J5. Are you hampered in your daily activities by this problem, illness or disability?

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

J6. [Card J6] 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 <input type="checkbox"/> 1	Just a little <input type="checkbox"/> 2	A moderate level <input type="checkbox"/> 3	A lot of difficulty <input type="checkbox"/> 4	Cannot do at all <input type="checkbox"/> 5

J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>?

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

J8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent.....1 Brother / Sister 2 Other relative.....3 Non relative.....4

J9. Since <baby> was born, how many times have you seen or talked on the telephone with any of the following about your own physical, emotional or mental health? (Exclude at time of birth)

INCLUDE ONLY CONSULTATIONS MADE ON YOUR OWN BEHALF AND EXCLUDE THOSE MADE ON BEHALF OF CHILDREN OR OTHER PERSONS [IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

- A general practitioner (GP), or family physician N
- An obstetrician N
- A public health nurse or practice nurse N
- A psychiatrist, psychologist or counsellor..... N
- Another medical doctor..... N
- Accident and Emergency or Outpatient..... N

J10. Have you been admitted to a hospital as an in-patient since <baby> was born? Please exclude any nights spent in hospital due to childbirth or the illness of other people, for example to accompany a child.

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

J11. About how many nights did you spend in hospital since <baby's> birth? _____ Nights

J12. Do you currently smoke daily, occasionally or not at all?

Daily1 Occasionally2 Not at all3

J13. Have you ever smoked? Was it:

Daily1 Occasionally ... 2 Never3

J14. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

J15. Including yourself, how many members of the household smoke? ____N

J16. [Card J16] Which of the following best describes how often you usually drink alcohol

- Never 1
- Less than once a month 2
- 1-2 times a month 3
- 1-2 times a week..... 4
- 3-4 times a week..... 5
- 5-6 times a week..... 6
- Every day..... 7

If currently drink alcohol between everyday and 1-2 times a month ask: **J17. 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/Cider ____ Glasses of Wine ____ Measures of Spirits ____ Bottles of alcopops ____

J18. And when you drink, how many drinks would you have on an average night? ____N

K. FAMILY CONTEXT

Time Section Started

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(24 hour clock)

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. 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.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have a child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having a child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K2. The next few questions are about the personal help and support you might get. Please say how much you agree or disagree with each of the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
A. I have no-one to share my feelings with.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There are other parents I can talk to about my experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. If I had financial problems, I know my family or friends would help if they could.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K3. 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	I don't get enough help	I don't get any help at all	I don't need any help
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K4. How often do you feel that you need support or help but can't get it from anyone? GUIA

Very often	Often	Sometimes	Never	I don't need it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K5. Are you in regular contact with <baby's> grandparents?

Yes..... 1 No 2 Grandparents are deceased 3

K6. Here are some questions about how much support you receive from <baby's> grandparents

	Never	Less often than once every 3 months	At least once every 3 months	At least once a month	At least once a week	Every day or almost every day
How often do <baby's> grandparents babysit?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

How often do <baby's> grandparents have <baby> to stay over night?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
How often do <baby's> grandparents take <baby> out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
How often do <baby's> grandparents buy toys or clothes for <baby>?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
How often do <baby's> grandparents help you around the house?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
How often do <baby's> grandparents help you out financially?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

No question K7

K8. Did you work full-time, part-time or not at all immediately before you became pregnant with <baby>?

Full-time ₁ Part – time ₂ Not at all ₃ → **Go to K19**

K9. How many hours were you working per week? _____ hours

K10. How long before you gave birth did you stop working? _____ weeks OR _____ months

K11. Are you currently at work outside the home?

Full-time ₁ Part – time ₂ No ₃

K12. What age was <baby> when you returned to work? _____ months

K13. Did you take any of the following types of leave? If yes, how many weeks did you take?

- a. Paid maternity / paternity leave? .Yes → ₁ How many weeks _____ wks No... ₂
- b. Unpaid maternity/ paternity leave? Yes → ₁ How many weeks _____ wks No... ₂
- c. Annual leave? Yes → ₁ How many weeks _____ wks No... ₂
(Accumulated before or during maternity / paternity leave)
- d. Sick leave? Yes → ₁ How many weeks _____ wks No... ₂

K14. What was your main reason for going back to work?

- Financial ₁ Need an outlet outside the home ₄
- Maintain a Career ₂ Other [please specify]..... ₅
- Job related benefits (pension, car, health insurance etc) ₃

Go to K24

K15. Do you intend to return to work outside the home?

Full-time ₁ Part – time ₂ No ₃ → **Go to K24**

K16. What age will <baby> be when you return to work? _____ months

K17. Did you or do you intend to take any of the following types of leave? If yes, how many weeks did you/will you take?

- a. Paid maternity / paternity leave? Yes → ₁ How many weeks _____ wks No... ₂
- b. Unpaid maternity /paternity leave? Yes → ₁ How many weeks _____ wks No... ₂
- c. Annual leave? Yes → ₁ How many weeks _____ wks No... ₂
(Accumulated before or during maternity / paternity leave)
- d. Sick leave? Yes → ₁ How many weeks _____ wks No... ₂

K18. What is your main reason for going back to work?

- Financial ₁ Need an outlet outside the home ₄
- Maintain a Career ₂ Other [please specify]..... ₅
- Job related benefits (pension, car, health insurance etc) ₃

Go to K24

K19. Did you ever work? Yes ₁ No ₂ → **Go to Section L**

K20. When were you last in paid employment outside the home? Month_____ Year_____

K21. Do you intend to return to work?

Yes, definitely ₁ Yes, probably ₂ No ₃ → **Go to K24**

K22. What age will <baby> be when you return to work? _____ Months

K23. What will be your main reason for going back to work?

- | | | | |
|---|----------------------------|---------------------------------------|----------------------------|
| Financial | <input type="checkbox"/> 1 | Need an outlet outside the home | <input type="checkbox"/> 4 |
| Maintain a Career | <input type="checkbox"/> 2 | Other [please specify] | <input type="checkbox"/> 5 |
| Job related benefits (pension, car, health insurance etc) | <input type="checkbox"/> 3 | | |

Go to K24

K24. If you have returned to work after the birth of <baby>, or if you have other children and have previously worked outside the home, can I ask you the extent to which you agree or disagree with the following statements?

	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					

L: SOCIO-DEMOGRAPHICS

Time Section Started (24 hour clock)

L1. For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason?

	Yes	No, Cannot Afford	No, other reason
Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does your household have a roast joint (or its equivalent) at least once a week?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does each household member possess a warm waterproof coat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household replace any worn out furniture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household keep the home adequately warm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household have family or friends for a drink or meal once a month?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Does the household buy presents for family or friends at least once a year?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

L2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| With great difficulty | With difficulty | With some difficulty | Fairly easily | Easily | Very easily |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

L3. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

- Yes 1 No 2

L4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes 1 No 2

L5. Why was that?

- | | | | |
|---|----------------------------|-----------------------------------|----------------------------|
| Didn't want to | <input type="checkbox"/> 1 | Couldn't leave the children | <input type="checkbox"/> 4 |
| Have a full social life in other ways | <input type="checkbox"/> 2 | Illness | <input type="checkbox"/> 5 |
| Couldn't afford to | <input type="checkbox"/> 3 | Other | <input type="checkbox"/> 6 |

L6. 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 With difficulty With some difficulty Fairly easily Easily Very easily

1..... 2..... 3..... 4..... 5..... 6

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:

- House..... 1
- Apartment / Flat/ Bedsit 2
- Other (specify) _____ 3

L7b. Does your house or Apartment / Flat / Bedsit have access to a garden or common space (either private or shared)?

- Yes 1 No..... 2

L8. [Card L8] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?

- Owner occupied..... 1
- Being purchased from a Local Authority under a Tenant Purchase Scheme 2
- Rented from a Local Authority 3
- Rented from a Voluntary Body 4
- Rented from a Private Landlord..... 5
- Living with and paying rent to your (or your partner's) parent(s)..... 6
- Occupied free of rent with your (or your partner's) parent(s) 7
- Occupied free of rent from your or your partner's job 8

L9. How many separate bedrooms are in the accommodation? _____ bedrooms

L10. [Show Card L10] Which of these descriptions BEST describes your usual situation in regard to work? [Int. Note that if resp is on maternity leave and has a job which she intends to return to she should be coded as 'at work'].

- | | |
|--|---|
| Employee (incl. apprenticeship
or Community Employment)..... <input type="checkbox"/> 1 | Student full-time <input type="checkbox"/> 4 |
| Self employed outside farming <input type="checkbox"/> 2 | On State training scheme (FAS, Failte Ireland etc.)..... <input type="checkbox"/> 5 |
| Farmer <input type="checkbox"/> 3 | Unemployed, actively looking for a job <input type="checkbox"/> 6 |
| | Long-term sickness or disability..... <input type="checkbox"/> 7 |
| | Home duties / looking after home or family <input type="checkbox"/> 8 |
| | Retired..... <input type="checkbox"/> 9 |
| | Other (specify) _____ <input type="checkbox"/> 10 |

L11. 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

L12. 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]

L13. Do you supervise or manage any personnel in your job?

- Yes 1 No 2

L14. How many? _____

L15. How many employees (if any) do you have? _____ employees N A 99

L15x. [Ask only if Farmer at L10.] What is the acreage of the farm? _____ acres

L16. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _____ hours per week

L17. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 Go to L21a

L18. In what year did you last work in that full-time job? _____ year

L19. When you last worked in that full-time job were you?

- Employee (incl. apprenticeship
or Community Employment) 1 Self-employed outside farming..... 2 Farmer 3

L20. 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]

L21a. Do you currently have a part time job outside the home? Yes No Go to L21d

L21b. On average, how many hours per week do you work in that part-time job? _____ hours

L21c. 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]

L21d. [Show Card L21d] 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..... | <input type="checkbox"/> 1 | I cannot find suitable childcare..... | <input type="checkbox"/> 6 |
| I chose not to work..... | <input type="checkbox"/> 2 | There are no suitable jobs available for me..... | <input type="checkbox"/> 7 |
| I am caring for an elderly or ill relative or friend..... | <input type="checkbox"/> 3 | My family would lose Social Welfare or | |
| I prefer be at home to look after my children myself..... | <input type="checkbox"/> 4 | medical benefits if I was earning..... | <input type="checkbox"/> 8 |
| I cannot earn enough to pay for childcare | <input type="checkbox"/> 5 | Other reason (specify)..... | <input type="checkbox"/> 9 |

L21e. Do you plan to start or return to paid work?

- Yes, in the next 3 months 1
 Yes, in 3 to 12 months time 2
 Yes, in more than 1 year's time 3
 Have no plans to return to paid work 4

L22. What is the occupation of your spouse / partner? (What does he/she mainly do in their job) –if relevant

 [Int. If no spouse/partner enter NA – not applicable]

HOUSEHOLD INCOME

Now I would like you 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.

L23. Looking at Card L23/L24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INT. Tick 'Yes' or 'No' for each in Col. A] [Card L23 / L24]

L24. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card L23 / L24]

	<u>A</u>		<u>B</u>	
	<u>Receive?</u>			<u>Largest</u>
	<u>Yes</u>	<u>No</u>			Source
A. Wages or Salaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
B. Income from Self-Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
C. Income from Farming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
D. Children's Allowance/ Child Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
E. Other Social Welfare Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

L25. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members.

Don't.Know.....99 € _____ per Week 1 Month.....2 Year 3

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L26. If exact figure given go to L28]

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

[Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> → Section C, Card L27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> → Section D, Card L27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> → Section E, Card L27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> → Section F, Card L27
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> → Section G, Card L27
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> → Section H, Card L27
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> → Section I, Card L27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> → Section J, Card L27
	Refused	<input type="checkbox"/> ₇₇	Don't Know
			<input type="checkbox"/> ₈₈

L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75	<input type="checkbox"/> ₁	€75 to €150	<input type="checkbox"/> ₂	€151 to €230	<input type="checkbox"/> ₃
	Per Month	€0 to €300	<input type="checkbox"/> ₁	€301 to €650	<input type="checkbox"/> ₂	€651 to €1,000	<input type="checkbox"/> ₃
	Per Year	€0 to €4,000	<input type="checkbox"/> ₁	€4,001 to €8,000	<input type="checkbox"/> ₂	€8,001 to €12,000	<input type="checkbox"/> ₃
B	Per week	€231 to €270	<input type="checkbox"/> ₁	€271 to €310	<input type="checkbox"/> ₂	€311 to €350	<input type="checkbox"/> ₃
	Per Month	€1,001 to €1,150	<input type="checkbox"/> ₁	€1,151 to €1,350	<input type="checkbox"/> ₂	€1,351 to €1,500	<input type="checkbox"/> ₃
	Per Year	€12,001 to €14,000	<input type="checkbox"/> ₁	€14,001 to €16,000	<input type="checkbox"/> ₂	€16,001 to €18,000	<input type="checkbox"/> ₃
C	Per week	€351 to €390	<input type="checkbox"/> ₁	€391 to €420	<input type="checkbox"/> ₂	€421 to €460	<input type="checkbox"/> ₃
	Per Month	€1,501 to €1,700	<input type="checkbox"/> ₁	€1,701 to €1,800	<input type="checkbox"/> ₂	€1,801 to €2,000	<input type="checkbox"/> ₃
	Per Year	€18,001 to €20,000	<input type="checkbox"/> ₁	€20,001 to €22,000	<input type="checkbox"/> ₂	€22,001 to €24,000	<input type="checkbox"/> ₃
D	Per week	€461 to €500	<input type="checkbox"/> ₁	€501 to €535	<input type="checkbox"/> ₂	€536 to €575	<input type="checkbox"/> ₃
	Per Month	€2,001 to €2,150	<input type="checkbox"/> ₁	€2,151 to €2,300	<input type="checkbox"/> ₂	€2,301 to €2,500	<input type="checkbox"/> ₃
	Per Year	€24,001 to €26,000	<input type="checkbox"/> ₁	€26,001 to €28,000	<input type="checkbox"/> ₂	€28,001 to €30,000	<input type="checkbox"/> ₃
E	Per week	€576 to €650	<input type="checkbox"/> ₁	€651 to €750	<input type="checkbox"/> ₂	€751 to €800	<input type="checkbox"/> ₃
	Per Month	€2,501 to €2,800	<input type="checkbox"/> ₁	€2,801 to €3,250	<input type="checkbox"/> ₂	€3,251 to €3,500	<input type="checkbox"/> ₃
	Per Year	€30,001 to €34,000	<input type="checkbox"/> ₁	€34,001 to €38,000	<input type="checkbox"/> ₂	€38,001 to €42,000	<input type="checkbox"/> ₃
F	Per week	€801 to €850	<input type="checkbox"/> ₁	€851 to €880	<input type="checkbox"/> ₂	€881 to €925	<input type="checkbox"/> ₃
	Per Month	€3,501 to €3,650	<input type="checkbox"/> ₁	€3,651 to €3,800	<input type="checkbox"/> ₂	€3,801 to €4,000	<input type="checkbox"/> ₃
	Per Year	€42,001 to €44,000	<input type="checkbox"/> ₁	€44,001 to €46,000	<input type="checkbox"/> ₂	€46,001 to €48,000	<input type="checkbox"/> ₃
G	Per week	€926 to €1,000	<input type="checkbox"/> ₁	€1,001 to €1,050	<input type="checkbox"/> ₂	€1,051 to €1,150	<input type="checkbox"/> ₃
	Per Month	€4,001 to €4,300	<input type="checkbox"/> ₁	€4,301 to €4,600	<input type="checkbox"/> ₂	€4,601 to €5,000	<input type="checkbox"/> ₃
	Per Year	€48,001 to €52,000	<input type="checkbox"/> ₁	€52,001 to €56,000	<input type="checkbox"/> ₂	€56,001 to €60,000	<input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250	<input type="checkbox"/> ₁	€1,251 to €1,375	<input type="checkbox"/> ₂	€1,376 to €1,500	<input type="checkbox"/> ₃
	Per Month	€5,001 to €5,500	<input type="checkbox"/> ₁	€5,501 to €6,000	<input type="checkbox"/> ₂	€6,001 to €6,500	<input type="checkbox"/> ₃
	Per Year	€60,001 to €66,000	<input type="checkbox"/> ₁	€66,001 to €72,000	<input type="checkbox"/> ₂	€72,001 to €78,000	<input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600	<input type="checkbox"/> ₁	€1,601 to €1,750	<input type="checkbox"/> ₂	€1,751 to €1,850	<input type="checkbox"/> ₃
	Per Month	€6,501 to €7,000	<input type="checkbox"/> ₁	€7,001 to €7,500	<input type="checkbox"/> ₂	€7,501 to €8,000	<input type="checkbox"/> ₃
	Per Year	€78,001 to €84,000	<input type="checkbox"/> ₁	€84,001 to €90,000	<input type="checkbox"/> ₂	€90,001 to €96,000	<input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100	<input type="checkbox"/> ₁	€2,101 to €2,400	<input type="checkbox"/> ₂	€2,401 or more	<input type="checkbox"/> ₃
	Per Month	€8,001 to €9,250	<input type="checkbox"/> ₁	€9,251 to €10,500	<input type="checkbox"/> ₂	€10,501 or more	<input type="checkbox"/> ₃
	Per Year	€96,000 to €110,000	<input type="checkbox"/> ₁	€110,001 to €125,000	<input type="checkbox"/> ₂	€125,001 or more	<input type="checkbox"/> ₃

L28. Does anyone in your household currently receive Children's Allowance/Child Benefit?

Yes ... ₁ No ... ₂

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ → Go to L30a No ₂ → Go to L30b

L30a. (Card L30a) Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L30a, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> _1	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> _2
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> _3	Back to Work Enterprise Allowance	<input type="checkbox"/> _6
Farm Assist	<input type="checkbox"/> _4	Part-time Job Incentive Scheme	<input type="checkbox"/> _7
Back to Work Allowance (Employees)	<input type="checkbox"/> _5	Back to Education Allowance	<input type="checkbox"/> _8
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> _9		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> _10	Deserted Wife's Allowance	<input type="checkbox"/> _14
Deserted Wife's Benefit	<input type="checkbox"/> _11	Prisoner's Wife's Allowance	<input type="checkbox"/> _15
Widowed Parent Grant	<input type="checkbox"/> _12	One-Parent Family Payment	<input type="checkbox"/> _16
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> _13		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> _17	Health & Safety Benefit	<input type="checkbox"/> _19
Adoptive Benefit	<input type="checkbox"/> _18	Guardian's Payment (Contributory)	<input type="checkbox"/> _20
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> _21
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> _22	Injury Benefit	<input type="checkbox"/> _28
Invalidity Pension	<input type="checkbox"/> _23	Incapacity Supplement	<input type="checkbox"/> _29
Disability Allowance	<input type="checkbox"/> _24	Disablement Benefit	<input type="checkbox"/> _30
Blind Pension	<input type="checkbox"/> _25	Medical Care Scheme	<input type="checkbox"/> _31
Carer's Benefit	<input type="checkbox"/> _26	Constant Attendance Allowance	<input type="checkbox"/> _32
Carer's Allowance	<input type="checkbox"/> _27	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> _33
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> _34	State Pension Non-Contributory	<input type="checkbox"/> _36
State Pension (Contributory)	<input type="checkbox"/> _35	Pre-Retirement Allowance	<input type="checkbox"/> _37

L30b. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare?

Yes....._1 No _2

L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes _1 **No...** _2

L31b. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

L32. [Card L32] Looking at Card L32 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

None Less than 5% 5% to less than 20% 20% to less than 50% 50% to less than 75% 75% to less than 100% 100%

_1 _2 _3 _4 _5 _6 _7

L33. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Yes_1 No_2

L34. [Card L34] Looking at Card L34, can you tell me 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

L35.[Card L35] What language or languages do you and your partner speak with <baby> most often at home?

[Int. Tick all that apply]

- | | |
|---|---|
| English <input type="checkbox"/> 1 | Irish <input type="checkbox"/> 2 |
| Arabic <input type="checkbox"/> 3 | French <input type="checkbox"/> 4 |
| Polish <input type="checkbox"/> 5 | Russian <input type="checkbox"/> 6 |
| Czech <input type="checkbox"/> 7 | Latvian ... <input type="checkbox"/> 8 |
| Portuguese <input type="checkbox"/> 9 | Spanish..... <input type="checkbox"/> 10 |
| Chinese <input type="checkbox"/> 11 | Lithuanian <input type="checkbox"/> 12 |
| Romanian <input type="checkbox"/> 13 | Other (specify) <input type="checkbox"/> 14 |

L35a. Is English your native language? Yes 1 → Go to L38 No 2

[Int: Ask L36 and L37 only if any language other than Irish or English is usually spoken at home see L35 above]

L36. 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 1 No 2

L37. Can you usually read and fill out forms you might have to deal with in your own language?

Yes 1 No 2

L38. 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 1 No 2

L39. Can you usually read and fill out forms you might have to deal with in English?

Yes 1 No 2

L40. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change? MCS (Adapted)

Yes 1 No 2

L41. Are you a citizen of Ireland? Yes..... 1 No 2

L42. What citizenship do you hold? _____

L43. Were you born in Ireland? Yes..... 1 No 2

L44. In which country were you born? _____

L45. How long ago did you first come to live in Ireland?

Within the last year <input type="checkbox"/> 1	1-5 years ago <input type="checkbox"/> 2	6-10 years ago <input type="checkbox"/> 3	11-20 years ago <input type="checkbox"/> 4	More than 20 years ago <input type="checkbox"/> 5
---	---	---	---	---

L46. And what about <baby>. Is he / she a citizen of Ireland? Yes 1 No 2

L47. What citizenship does he / she hold? _____

L48. Was <baby> born in Ireland?

Yes..... 1

No 2

L49. In which country was he/she born? _____

L50. How long ago did <baby> first come to live in Ireland?

Within last 3 months

1

3-6 months

2

More than 6 months

3

L51. [Card L51] Looking at Card L51, can you tell me what is your ethnic or cultural background?

Irish

1

Any other Black background

5

Irish Traveller

2

Chinese

6

Any other white background

3

Any other Asian background

7

African

4

Other – incl. mixed background (specify) ...

8

L52a. Do you belong to any religion? Yes 1

No 2

L52b. [Card L52b] Which religion

Christian – no denomination 1

Roman Catholic 2

Anglican/Church of Ireland/Episcopalian 3

Other Protestant 4

Jewish 5

Muslim 6

Other (specify) 7

L53a. And what about <baby> does he/she belong to any religion?

Yes 1

No 2

L53b. [Card L53b] Which religion

Christian – no denomination 1

Roman Catholic 2

Anglican/Church of Ireland/Episcopalian 3

Other Protestant 4

Jewish 5

Muslim 6

Other (specify) 7

L54. Does anyone other than yourself and/ or your spouse / partner provide care to <baby> on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder's home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

Yes, regular care 8 hrs per week or more 1

No regular care 8 hrs per wk or more 2 → Go to M1

L55. Is this care provided in:

the child's home 1

a relative's home 2

home of carer – non-relative 3

centre – crèche, after-school etc.) 4

L56. We would like to send a short questionnaire to the person / centre who provides this care to <baby>. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to <baby>?

Yes 1

No, does not wish regular carer to be contacted 2

No, does not have contact details for regular carer 3

Interviewer:

record contact details of regular carer on the Work Assignment Sheet

M. Neighbourhood / Community

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Time Section Started

(24 hour clock)

Finally, we would like to ask you some questions about your local area.

M1. How long have you lived in your local area? _____ years _____ months

M2. Are you involved with any of the following groups or organisations in your local area?

	Yes	No
Voluntary / charitable organisation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
School groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Church groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Community groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Ethnic groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Sporting groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

M3. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common; fairly common; not very common; or not at all common.

	Very Common	Fairly common	Not very common	Not at all common
Rubbish and litter lying about	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homes and gardens in bad condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Vandalism and deliberate damage to property	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
People being drunk or taking drugs in public	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

M4. To what extent do you agree or disagree with these statements about your local area?

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is safe to walk alone in this area after dark	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
It is safe for children to play outside during the day in this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
There are safe parks, playgrounds and play spaces in this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
We as a family intend to continue living in this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

M5. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

	Available?			Available?	
	Yes	No		Yes	No
1. Regular public transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	5. Social Welfare Office	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. GP or health clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	6. Banking/ Credit Union	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. Schools (primary or secondary)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	7. Essential grocery shopping	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. Library	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	8. Crèche, day-care, mother and toddler groups etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

M6. Do you have any family living in this area? Yes.....₁ No.....₂

M7. Would you describe the place where the household is situated as being.....?

In open country	<input type="checkbox"/> ₁	Waterford city	<input type="checkbox"/> ₇
In a village (200-1,499)	<input type="checkbox"/> ₂	Galway city	<input type="checkbox"/> ₈
In a town (1,500-2,999)	<input type="checkbox"/> ₃	Limerick city	<input type="checkbox"/> ₉
In a town (3,000-4,999)	<input type="checkbox"/> ₄	Cork city	<input type="checkbox"/> ₁₀
In a town (5,000-9,999)	<input type="checkbox"/> ₅	Dublin city (incl. Dun Laoghaire)	<input type="checkbox"/> ₁₁
In a town (10,000 or more)	<input type="checkbox"/> ₆	Dublin county (outside Dublin city) urban	<input type="checkbox"/> ₁₂
		Dublin county (outside Dublin city) rural	<input type="checkbox"/> ₁₃

Time Section Ended

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(24 hour clock)

Scale on infant development removed (ASQ)

Primary Caregiver Sensitive Questionnaire



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GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL – Dress Rehearsal
MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

S1. Are you the biological parent of <baby>?

Yes....._1 → Go to S12 No....._2 → Go to S2

S2. Are you the adoptive parent of <baby>?

Yes....._1 No_2 → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic_1

Inter-country_2

S4. Was this a within family adoption?

Yes _1 No _2

S5. From which country?

S6. What age was <baby> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <baby>?

Yes....._1 No_2 → Go to S12

S8. How long has <baby> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes_1 No_2

S10. How many previous foster placements has <baby> been in? _____ previous placements DK..._99

S11. Immediately before coming to live with you was <baby> living with another foster family, his/her family or in institutional care?

Another foster family _1 Own family_2 Institutional care_3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife..... 1 **Go to S16**
- Married and separated from husband / wife..... 2 **Go to S13**
- Divorced..... 3 **Go to S13**
- Widowed..... 4 **Go to S13**
- Never married..... 5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____ (year)

S14. Since when have you been living apart / spouse deceased? _____ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No..... 2 **Go to S25**

S16. Since when have you and your spouse or partner been living together? _____ (mth) _____ (year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days..... 1 **→Go to S18**
- At least once a week..... 2 **→Go to S18**
- Less than once a week..... 3 **→Go to S18**
- Hardly ever..... 4 **→Go to S18**
- Never..... 5 **→Go to S21**

S18. How often would you argue about the child(ren)?

- Most days..... 1
- At least once a week..... 2
- Less than once a week..... 3
- Hardly ever..... 4
- Never..... 5

S19. When you and your partner argue, how often do you

- | | Almost never/
never | Not very
often | Sometimes | Often | Almost always/
always | Don't know |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Shout or yell at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Throw something at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Push, hit or slap each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S20. And to end an argument, how often would you

- | | Almost never/
never | Not very
often | Sometimes | Often | Almost always/
always | Don't
know |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Compromise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Apologise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Change the subject..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Agree to discuss the issue later..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Agree to disagree..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Use affection (hug) or make a joke about it..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Ignore or refuse to speak any more, walk away, leave the room or leave the house..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

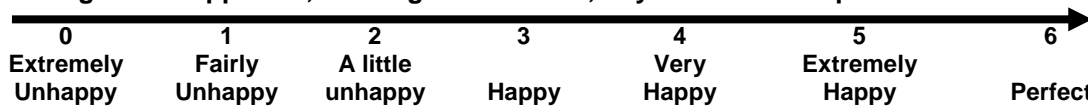
S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | Always
Agree | Almost
Always
Agree | Occasionally
Disagree | Frequently
Disagree | Almost
Always
Disagree | Always
Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|----------------------------|
| Philosophy of life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Aims, goals and things believed important..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Amount of time spent together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S22. How often would you say the following events occur between you and your partner?

- | | Never | Less than
once a month | Once or
twice a month | Once or
twice a week | Once a
week | More
often |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Have a stimulating exchange of ideas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Calmly discuss something together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Work together on a project..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S23. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S24. Do you feel that having <baby> has...

Brought you and your spouse/partner closer together, 1.....
 Made you less close than before, 2.....
 Made no difference to your relationship, 3.....
 Don't Know 4.....

S25. Apart from your current partner (if relevant) have you had any other partners since <baby> was born who had a close relationship with or influence on <baby>?

Yes.....1 No.....2 →Go to S27a

S26. How many?

One.....1 Two.....2 Three or more.....3

Only answer questions S27a to S35a if you are the BIOLOGICAL MOTHER of <BABY>, If not please skip to S35b

S27a. Did you have any medical fertility treatment for this pregnancy?

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

S27b. What treatment did you receive?

- Clomiphene citrate alone.....1
- GIFT: Gamete Intrafallopian Transfer.....2
- IVF: In Vitro Fertilisation.....3
- ICSI: IVF with intra cytoplasmic sperm injection.....4
- Frozen embryo transfer.....5
- Surgery involving the womb, tubes or ovaries.....6
- Donor sperm.....7
- Donor egg.....8
- Other (please specify).....9

S28a. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _____times

And how many of these pregnancies were:

b. Live births _____ N c. Miscarriages _____ N d. Stillbirths _____ N

e. Terminations _____ N f. Ectopic _____ N

g. Are you currently pregnant Yes.....1 No.....2

S28h. And what age were you when you became pregnant for the first time? _____ Age in years

S29. Would you describe the pregnancy of <baby> as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

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

S30. What was the nature of this crisis?

S31. Did you smoke at all during the pregnancy?

Yes..... ₁ No ₂

S32. Did you smoke during the first, second and third trimester of the pregnancy?

[Tick one box on each line]

	Yes	No	How many per day?
First Trimester [1 st , 2 nd or 3 rd month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	..... N
Second Trimester [4 th , 5 th or 6th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	..... N
Third Trimester [7 th , 8 th or 9th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	..... N

S33. Did you consume alcohol during your pregnancy? NLSCY (Adapted)

Yes..... ₁ No ₂

S34. Did you drink during the first, second and third trimester of the pregnancy? For each trimester that you drank, about how much on average did you drink per week?

	Yes	No	Pints of beer/cider	Measures of spirits	Glasses of wine	Bottles of alcopops
First Trimester [1 st , 2 nd or 3 rd month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Second Trimester [4 th , 5 th or 6th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Third Trimester [7 th , 8 th or 9th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....

S35a. How often did you take any of the following during your pregnancy with <baby>?

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methodone, Crack, Cocaine.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

S35b. How often do you take any of the following currently?

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methodone, Crack, Cocaine.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

S36. During the last year have you failed to do what was normally expected from you because of drinking? Rapid Alcohol Problems Screen – performance

Yes..... ₁ No ₂

S37. How often do you have 6 or more drinks on one occasion?

Every day	5-6 times a week	2-4 times a week	Once a week	1-3 times a month	Less often	Never
<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

S38. Does anyone smoke in the same room as <baby>?

Yes, on a regular basis..... ₁ Yes, on an occasional basis..... ₂ Never ₃

S39. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes..... 1 No..... 2 → **Go to S41**

[Ask S40 if biological mother, otherwise ask S40a.]

S40. Was this: [Tick all that apply]

- Before being pregnant with <baby> 1
- In the 1st trimester of the pregnancy 2
- In the 2nd trimester of the pregnancy 3
- In the 3rd trimester of the pregnancy 4
- When <baby> was 0-2 months of age 5
- When <baby> was 2-6 months of age 6
- Since <baby> was 6 months of age 7

S40a. Was this: [Tick all that apply]

- Before <baby> was born 1
- When <baby> was 0-2 months of age 2
- When <baby> was 2-6 months of age 3
- Since <baby> was 6 months of age 4

S41. Listed on this card are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the *past week*.

Rarely or none of the time (less than 1 day) Some or a little of the time (1-2 days) Occasionally or a moderate amount of the time (3-4 days) Most or all of the time (5-7 days)

- 1. I felt I could not shake off the blues even with help from my family or friends..... 1 2 3 4
- 2. I felt depressed 1 2 3 4
- 3. I thought my life had been a failure..... 1 2 3 4
- 4. I felt fearful 1 2 3 4
- 5. My sleep was restless..... 1 2 3 4
- 6. I felt lonely..... 1 2 3 4
- 7. I had crying spells 1 2 3 4
- 8. I felt sad 1 2 3 4

S42. Have you ever been in trouble with the Gardai (other than for traffic offences)?

Yes..... 1 No 2 → **Go to S44**

S43. Have you ever been to prison? Yes 1 No 2

S44. Can we check, does <baby's> biological father/ mother live here with you or elsewhere?

- Lives here 1 → **Go to S60**
- Deceased 2 → **Go to S60**
- Temporarily lives elsewhere 3 → **Go to S60**
- Lives elsewhere 4 → **Go to S45**

S45. Were you ever married to or did you ever live with <baby's> biological father / mother?

Yes, married to... 1 Yes, lived with 2 No 3 **Go to S47** Adoptive / Foster parent 4 **Go to S60**

S46. When did you separate or split up with <baby's> biological father / mother?

- Before child was born 1
- Before child was six months old 2
- In the last three months 3

S47. What was the nature of your relationship with <baby's> biological father / mother when you became pregnant with <baby>? (Please tick one box only).

- Married and living together 1 Going out but not living together 5
- Cohabiting / living as married 2 Just friends 6
- Separated 3 No relationship 7
- Divorced 4

S48. Do you have a formal or informal custody arrangement regarding <baby> and where he / she lives?

Formal 1 Informal..... 2 No custody arrangement..... 3

S49. Briefly describe that arrangement

S50. Do you and <baby's> biological father / mother have shared parenting of <baby> on a regular basis?

Yes _1 No..... _2 →Go to S52

S51. Please describe the nature of this shared parenting

S52. How far does <baby's> biological father / mother live from here?

Within ½ hour's drive from here..... _1 More than 1 hour's drive from here _3
Between ½ and 1 hour's drive from here.. _2 Outside the country..... _4

S53. How often does <baby> have contact with his / her biological father / mother?

Daily _1 Monthly _5
Once or twice a week _2 Less than once a month _6
Weekly _3 No contact _7
Every second week / weekend _4

S54. Does <baby's> biological father / mother make ANY financial contribution to your household and the maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment _1

S55. How much does he/she pay per

week/fortnight/month?

Yes, he/she makes a regular payment _2 € _____ per Week ... _1 Fortnight.... _2 Month _3

Yes, he/she makes payments as required ... _3 **S56. About how much per year? € _____ per year**

S57. How often do you talk to <baby's> biological father/ mother about <baby>?

Every day _1 Several times a week _2 About once a week _3 A few times a month _4 Several times a year _5 Never _6

S58. How well do you get on with <baby's> biological father/ mother? Would you say your relationship is?

Very positive _1 Positive _2 Neither positive nor negative _3 Somewhat negative _4 Very negative _5

S59. We would like to send a short questionnaire to <baby's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <baby's> biological father/ mother?

Yes _1
No, I do not wish other parent to be contacted _2
No, I do not have contact details for other parent _3

Please give contact details to interviewer

S60. What is your date of birth? _____ day _____ month _____ year

S61. Int: Is respondent male or female? Male _1 Female _2

Time Section Ended (24 hour clock)

**THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
YOUR ASSISTANCE IS GREATLY APPRECIATED.**

Secondary Caregiver Questionnaire



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**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE – Dress Rehearsal
STRICTLY CONFIDENTIAL
FATHER / PARTNER QUESTIONNAIRE**

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 90 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 (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

6BA1. Int: Record gender of respondent] Male ₁ Female..... ₂

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

- | | |
|---|---|
| A. Biological parent (mother/ father) <input type="checkbox"/> ₁ | E. Grand parent <input type="checkbox"/> ₅ |
| B. Adoptive parent (mother/ father) <input type="checkbox"/> ₂ | F. Aunt/uncle <input type="checkbox"/> ₆ |
| C. Step-parent (mother/ father) <input type="checkbox"/> ₃ | G. Other relative/ in law <input type="checkbox"/> ₇ |
| D. Foster parent (mother/ father) <input type="checkbox"/> ₄ | H. Unrelated guardian <input type="checkbox"/> ₈ |

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about your relationship with <baby>.

B1.

Scale on parent's views on child-rearing removed

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. [Show Card C2] Fathers 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 father 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. [Show Card C3] Who generally does the following with <baby>?

	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/partner	Always spouse/partner	Some one else	No one does this
(a) Bathes 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	<input type="checkbox"/> 7
(b) Feeds 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	<input type="checkbox"/> 7
(c) Shows him / her pictures in books	<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
(d) Cuddles 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	<input type="checkbox"/> 7
(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo)	<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
(f) Taking him / her for walks, outings, visiting relatives or friends etc.	<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
(g) Reading stories to 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	<input type="checkbox"/> 7
(h) Changing his /her nappy	<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
(i) Getting up in the night to see to 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	<input type="checkbox"/> 7
(j) Sings to 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	<input type="checkbox"/> 7

C4. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

- Most or all of the time 1 Sometimes 2 Hardly ever or never 3

C5. How much is <baby's> sleeping pattern or habits a problem for you?

- A large problem 1 A moderate problem 2 A small problem 3 No problem at all 4

C6. Do you feel that <baby's> crying is a problem for you?

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

D. PARENT'S HEALTH AND LIFESTYLE

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

Time Section Started (24 hour clock)

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

- Excellent1 Fair.....4
 Very Good.....2 Poor5
 Good3

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

- Yes1 No2

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, severely₁ 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 <input type="checkbox"/> ₁	Just a little <input type="checkbox"/> ₂	A moderate level <input type="checkbox"/> ₃	A lot of difficulty <input type="checkbox"/> ₄	Cannot do at all <input type="checkbox"/> ₅

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

Daily₁ Occasionally₂ Not at all₃

D8. Have you ever smoked? Was it:

Daily₁ Occasionally ...₂ Never₃

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?

- Never₁
- Less than once a month₂
- 1-2 times a month₃
- 1-2 times a week₄
- 3-4 times a week₅
- 5-6 times a week₆
- Every day₇

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. And when you drink, how many drinks would you have on an average night? _____N

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. [Show 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.

- | | Strongly
0BAgree | Agree | Not
sure | Disagree | Strongly
Disagree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. I am happy in my role as a parent..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. There is little or nothing I wouldn't do for my child if it was necessary | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> 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 a child 1..... 2..... 3..... 4..... 5
- O. I feel overwhelmed by the responsibility of being a parent. 1..... 2..... 3..... 4..... 5
- P. Having a 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

E2. 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

E3. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

- | | Strongly Disagree | Disagree | Neither Agree nor disagree | Agree | Strongly Agree | NA |
|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|----------------------------|
| 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 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 |

E4a. Are you currently taking, or intend to take, unpaid parental leave with <baby>?

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

E4b. How many days or weeks will you take? _____ days **OR** weeks..... 1

E4c. Were these / will these be taken as a block or spread over a period of time?

Taken as a block..... 1 Spread over a period of time..... 2

F: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

F1. [Show 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)	<input type="checkbox"/> 1	Student full-time	<input type="checkbox"/> 4
Self employed outside farming	<input type="checkbox"/> 2	On State training scheme (FAS, Failte Ireland etc.)	<input type="checkbox"/> 5
Farmer	<input type="checkbox"/> 3	Unemployed, actively looking for a job	<input type="checkbox"/> 6
		Long-term sickness or disability	<input type="checkbox"/> 7
		Home duties / looking after home or family	<input type="checkbox"/> 8
		Retired	<input type="checkbox"/> 9
		Other (specify) _____	
		<input type="checkbox"/> 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

F3. 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]

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 99

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 ... 1 No ... 2 **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) 1 Self-employed outside farming 2 Farmer 3

F10. 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]

F11a. Do you currently have a part time job outside the home? Yes 1 No 2 **Go to F11d**

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

F11c. 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]

F11d. [Show 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	<input type="checkbox"/> 1	I cannot find suitable childcare	<input type="checkbox"/> 6
I chose not to work	<input type="checkbox"/> 2	There are no suitable jobs available for me	<input type="checkbox"/> 7
I am caring for an elderly or ill relative or friend	<input type="checkbox"/> 3	My family would lose Social Welfare or	
I prefer be at home to look after my children myself	<input type="checkbox"/> 4	medical benefits if I was earning	<input type="checkbox"/> 8
I cannot earn enough to pay for childcare	<input type="checkbox"/> 5	Other reason (specify) _____	<input type="checkbox"/> 9

F12. Do you plan to start or return to paid work?

- Yes, in the next 3 months 1
- Yes, in 3 to 12 months time 2
- Yes, in more than 1 year's time 3
- Have no plans to return to paid work 4
- Other reason (specify) _____ 9

F13. [Card F13] What is the highest level of education you have completed to date?

- | | | | |
|---|----------------------------|----------------------------------|----------------------------|
| Primary or less | <input type="checkbox"/> 1 | Diploma/ Certificate | <input type="checkbox"/> 5 |
| Intermediate/ junior/ Group Certificate or equivalent | <input type="checkbox"/> 2 | Primary degree | <input type="checkbox"/> 6 |
| Leaving Certificate or equivalent | <input type="checkbox"/> 3 | Postgraduate/ Higher degree..... | <input type="checkbox"/> 4 |

F14. [Card F14] What language or languages do you and your partner speak with <baby> most often at home?

[Int. Tick all that apply]

- | | | | |
|------------------|-----------------------------|-----------------------|-----------------------------|
| English | <input type="checkbox"/> 1 | Irish | <input type="checkbox"/> 2 |
| Arabic | <input type="checkbox"/> 3 | French | <input type="checkbox"/> 4 |
| Polish | <input type="checkbox"/> 5 | Russian | <input type="checkbox"/> 6 |
| Czech | <input type="checkbox"/> 7 | Latvian | <input type="checkbox"/> 8 |
| Portuguese | <input type="checkbox"/> 9 | Spanish..... | <input type="checkbox"/> 10 |
| Chinese | <input type="checkbox"/> 11 | Lithuanian | <input type="checkbox"/> 12 |
| Romanian | <input type="checkbox"/> 13 | Other (specify) | <input type="checkbox"/> 14 |

F15. Is English your native language? Yes 1 →Go to F18 No 2

[Int: Ask F16 and F17 only if any language other than Irish or English is usually spoken at home see F14 above]

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 1 No 2

F17. Can you usually read and fill out forms you might have to deal with in your own language?

- Yes 1 No 2

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

F19. Can you usually read and fill out forms you might have to deal with in English?

- Yes 1 No 2

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 1 No.....

F21. Are you a citizen of Ireland? Yes..... 1 No 2

F22. What citizenship do you hold? _____

F23. Were you born in Ireland? Yes..... 1 No 2

F24. In which country were you born? _____

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

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Within the last
year | 1-5 years ago | 6-10 years
ago | 11-20 years ago | More than 20
years ago |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

- | | | | |
|----------------------------------|----------------------------|--|----------------------------|
| Irish | <input type="checkbox"/> 1 | Any other Black background | <input type="checkbox"/> 5 |
| Irish Traveller | <input type="checkbox"/> 2 | Chinese | <input type="checkbox"/> 6 |
| Any other white background | <input type="checkbox"/> 3 | Any other Asian background | <input type="checkbox"/> 7 |
| African | <input type="checkbox"/> 4 | Other [incl. mixed background] - specify | <input type="checkbox"/> 8 |

F27. Do you belong to any religion

Yes ₁

No ₂

F28. [Show Card F28] Which religion

- Christian – no denomination ₁
- Roman Catholic ₂
- Anglican/Church of Ireland/Episcopalian ₃
- Other Protestant ₄
- Jewish ₅
- Muslim ₆
- Other (specify) ₇

F29. Do you have any family living in this area?

Yes ₁

No ₂

F30. What is your date of birth?

_____ day _____ month _____ year

F31. Int: Is respondent male or female?

Male ₁

Female ₂

Time Section Ended

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(24 hour clock)

Secondary Caregiver Sensitive Questionnaire



THE ECONOMIC AND SOCIAL RESEARCH
INSTITUTE
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University of Dublin
Trinity College
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Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL – Dress Rehearsal
FATHER / PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP HHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day mth year

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

S1. Are you the biological parent of <baby>?

Yes....._1 → **Go to S12** No....._2 → **Go to S2**

S2. Are you the adoptive parent of <baby>?

Yes....._1 No_2 → **Go to S7**

S3. Was that a domestic or an inter-country adoption?

Domestic_1

Inter-country_2

S4. Was this a within family adoption?

Yes _1 No _2

S5. From which country?

S6. What age was <baby> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <baby>?

Yes....._1 No_2 → **Go to S12**

S8. How long has <baby> been with your family? _____ months _____ weeks

S9. Do you anticipate that this will be a long-term foster placement? Yes_1 No_2

S10. How many previous foster placements has <baby> been in? _____ previous placements DK..._99

S11. Immediately before coming to live with you was <baby> living with another foster family, his/her family or in institutional care?

Another foster family....._1 Own family_2 Institutional care_3

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife.....1 **Go to S16**
- Married and separated from husband / wife.....2 **Go to S13**
- Divorced.....3 **Go to S13**
- Widowed.....4 **Go to S13**
- Never married.....5 **Go to S15**

S13. In what year did you marry your (former) spouse? _____(year)

S14. Since when have you been living apart / spouse deceased? _____(year)

S15. May I just check whether you are currently living with someone in the household as a couple?

- Yes.....1 No.....2 **Go to S25**

S16. Since when have you and your spouse or partner been living together? _____(mth) _____(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days.....1 **→Go to S18**
- At least once a week.....2 **→Go to S18**
- Less than once a week.....3 **→Go to S18**
- Hardly ever.....4 **→Go to S18**
- Never.....5 **→Go to S21**

S18. How often would you argue about the child(ren)?

- Most days.....1
- At least once a week.....2
- Less than once a week.....3
- Hardly ever.....4
- Never.....5

S19. When you and your partner argue, how often do you

- | | Almost never/
never | Not very
often | Sometimes | Often | Almost always/
always | Don't know |
|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Shout or yell at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Throw something at each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Push, hit or slap each other..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S20. And to end an argument, how often would you

- | | Almost never/
never | Not very
often | Sometimes | Often | Almost always/
always | Don't know |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Compromise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Apologise..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Change the subject..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Agree to discuss the issue later..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Agree to disagree..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Use affection (hug) or make a joke about it..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Ignore or refuse to speak any more, walk away, leave the room or leave the house..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

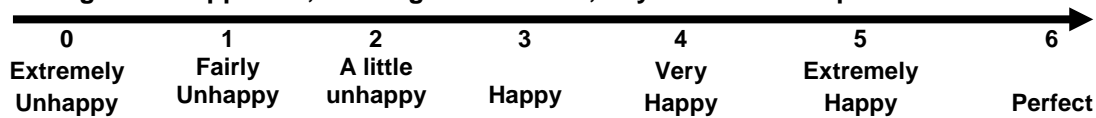
S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | Always
Agree | Almost
Always
Agree | Occasionally
Disagree | Frequently
Disagree | Almost
Always
Disagree | Always
Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|----------------------------|
| Philosophy of life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Aims, goals and things believed important..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Amount of time spent together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S22. How often would you say the following events occur between you and your partner?

- | | Never | Less than
once a month | Once or
twice a month | Once or
twice a week | Once a
week | More
often |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Have a stimulating exchange of ideas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Calmly discuss something together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Work together on a project..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S23. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S24. Do you feel that having <baby> has...

Brought you and your spouse/partner closer together,	Made you less close than before,	Made no difference to your relationship,	Don't Know
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

S25. Apart from your current partner (if relevant) have you had any other partners since <baby> was born who had a close relationship with or influence on <baby>?

Yes..... 1 No..... 2 →Go to S27a

S26. How many?

One..... 1 Two..... 2 Three or more..... 3

Only answer questions S27a to S35a if you are the BIOLOGICAL MOTHER of <BABY>, If not please skip to S35b

S27a. Did you have any medical fertility treatment for this pregnancy? GUIA (Adapted)

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

S27b. What treatment did you receive?

- Clomiphene citrate alone..... 1
- GIFT: Gamete Intrafallopian Transfer..... 2
- IVF: In Vitro Fertilisation..... 3
- ICSI: IVF with intra cytoplasmic sperm injection..... 4
- Frozen embryo transfer..... 5
- Surgery involving the womb, tubes or ovaries..... 6
- Donor sperm..... 7
- Donor egg..... 8
- Other (please specify)..... 9

S28a. Excluding the pregnancy, which resulted in the birth of <baby> how many times throughout your life have you been pregnant? Please include any pregnancies, which did not go full term. _____times

And how many of these pregnancies were:

b. Live births _____ N c. Miscarriages _____ N d. Stillbirths _____ N

e. Terminations _____ N f. Ectopic _____ N

g. Are you currently pregnant Yes..... 1 No..... 2

S28h. And what age were you when you became pregnant for the first time? _____ Age in years

S29. Would you describe the pregnancy of <baby> as a crisis pregnancy? By this we mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

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

S30. What was the nature of this crisis?

S31. Did you smoke at all during the pregnancy?

Yes..... ₁ No ₂

S32. Did you smoke during the first, second and third trimester of the pregnancy?

[Tick one box on each line]

	Yes	No	How many per day?
First Trimester [1 st , 2 nd or 3 rd month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....N
Second Trimester [4 th , 5 th or 6th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....N
Third Trimester [7 th , 8 th or 9th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....N

S33. Did you consume alcohol during your pregnancy?

Yes..... ₁ No ₂

S34. Did you drink during the first, second and third trimester of the pregnancy? For each trimester that you drank, about how much on average did you drink per week?

	Yes	No	Pints of beer/cider	Measures of spirits	Glasses of wine	Bottles of alcopops
First Trimester [1 st , 2 nd or 3 rd month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Second Trimester [4 th , 5 th or 6th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....
Third Trimester [7 th , 8 th or 9th month].....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	.....	.....	.....	.....

S35a. How often did you take any of the following during your pregnancy with <baby>?

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methodone, Crack, Cocaine.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

S35b. How often do you take any of the following currently?

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Tranquillisers.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Pills for depression.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Cannabis / Marijuana.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Amphetamines or other stimulants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Heroin, Methodone, Crack, Cocaine.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Anticonvulsants.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Steroids.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

S36. During the last year have you failed to do what was normally expected from you because of drinking?

Yes..... ₁ No ₂

S37. How often do you have 6 or more drinks on one occasion?

Every day ₁ 5-6 times a week ₂ 2-4 times a week ₃ Once a week ₄ 1-3 times a month ₅ Less often ₆ Never ₇

S38. Does anyone smoke in the same room as <baby>?

Yes, on a regular basis.....₁ Yes, on an occasional basis.....₂ Never₃

S39. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes.....₁ No..... ₂ → Go to S41

[Ask S40 if biological mother, otherwise ask S40a.]

S40. Was this: [Tick all that apply]

Before being pregnant with <baby>.....₁
 In the 1st trimester of the pregnancy₂
 In the 2nd trimester of the pregnancy₃
 In the 3rd trimester of the pregnancy₄
 When <baby> was 0-2 months of age₅
 When <baby> was 2-6 months of age₆
 Since <baby> was 6 months of age.....₇

S40a. Was this: [Tick all that apply]

Before <baby> was born.....₁
 When <baby> was 0-2 months of age₂
 When <baby> was 2-6 months of age₃
 Since <baby> was 6 months of age.....₄

S41. Listed on this card are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. I felt depressed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. I thought my life had been a failure.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. I felt fearful	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. My sleep was restless.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. I felt lonely.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. I had crying spells	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. I felt sad	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S42. Have you ever been in trouble with the Gardai (other than for traffic offences)?

Yes.....₁ No ₂ → Go to S44

S43. Have you ever been to prison? Yes₁ No.....₂

S44. Can we check, does <baby's> biological father/ mother live here with you or elsewhere?

Lives here₁ → Go to S60
 Deceased.....₂ → Go to S60
 Temporarily lives elsewhere₃ → Go to S60
 Lives elsewhere₄ → Go to S45

S45. Were you ever married to or did you ever live with <baby's> biological mother / father?

Yes, married to...₁ Yes, lived with₂ No ₃ Go to S47 Adoptive / Foster parent ₄ Go to S60

S46. When did you separate or split up with <baby's> biological mother / father?

Before child was born₁
 Before child was six months old₂
 In the last three months₃

S47. What was the nature of your relationship with <baby's> biological mother / father when you became pregnant with <baby>? (Please tick one box only).

- | | | | |
|--------------------------------------|----------------------------|---|----------------------------|
| Married and living together | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting / living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 4 | | |

S48. Do you have a formal or informal custody arrangement regarding <baby> and where he / she lives?

- Formal 1 Informal..... 2 No custody arrangement..... 3

S49. Briefly describe that arrangement

S50. Do you and <baby's> biological mother / father have shared parenting of <baby> on a regular basis?

- Yes 1 No..... 2 →Go to S52

S51. Please describe the nature of this shared parenting

S52. How far does <baby's> biological mother / father live from here?

- | | | | |
|--|----------------------------|--|----------------------------|
| Within ½ hour's drive from here..... | <input type="checkbox"/> 1 | More than 1 hour's drive from here | <input type="checkbox"/> 3 |
| Between ½ and 1 hour's drive from here.. | <input type="checkbox"/> 2 | Outside the country..... | <input type="checkbox"/> 4 |

S53. How often does <baby> have contact with his / her biological mother / father?

- | | | | |
|-----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily | <input type="checkbox"/> 1 | Monthly | <input type="checkbox"/> 5 |
| Once or twice a week | <input type="checkbox"/> 2 | Less than once a month | <input type="checkbox"/> 6 |
| Weekly | <input type="checkbox"/> 3 | No contact | <input type="checkbox"/> 7 |
| Every second week / weekend | <input type="checkbox"/> 4 | | |

S54. Does <baby's> biological mother / father make ANY financial contribution to your household and the maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment 1

S55. How much does he/she pay per

week/fortnight/month?

Yes, he/she makes a regular payment 2 €_____ per Week ... 1 Fortnight.... 2 Month 3

Yes, he/she makes payments as required ... 3 **S56. About how much per year?** €_____ per year

S57. How often do you talk to <baby's> biological mother / father about <baby>?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | Several times a week | About once a week | A few times a month | Several times a year | Never |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S58. How well do you get on with <baby's> biological mother / father? Would you say your relationship is?

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S59. We would like to send a short questionnaire to <baby's> biological mother / father. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <baby's> biological mother / father?

- Yes ₁
- No, I do not wish other parent to be contacted ₂
- No, I do not have contact details for other parent ₃



Please give contact details to interviewer

S60. What is your date of birth? _____ day _____ month _____ year

S61. Int: Is respondent male or female? Male ₁ Female ₂

Time Section Ended

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(24 hour clock)

THANK YOU VERY MUCH FOR TAKING PART IN THE *GROWING UP IN IRELAND* PROJECT.

YOUR ASSISTANCE IS GREATLY APPRECIATED.

Primary Caregiver Twin Questionnaire



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
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Ph: 01-8632000 fax: 01-8632100



University of Dublin
Trinity College
College Green
Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE PILOT
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE
TWIN MODULE - Dress Rehearsal**

GROUP SEQ NO 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 90 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 (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)

A1

Scale on parent's views of child-minding removed

A2. Do you use a soother/dummy with <baby>? Yes ₁ No.....₂

A3. [Card A3] 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 leave₁

Is unhappy at first but quickly settles down₂

Remains unsettled and unhappy during your entire absence₃

A4. [Card B4] And when you return, having left <baby> with someone else, how does he or she usually act?

With delight₁

With a mixture of delight and annoyance₂

Hard to tell, no particular emotion₃

Seems to be annoyed/angry with me for leaving him/her₄

A5. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time Sometimes Hardly ever or never
₁ ₂ ₃

A6

Scale on parent attachment removed

A7.

Infant Characteristics Questionnaire removed

B. BABY'S DEVELOPMENT

Time Section Started

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 (24 hour clock)

Scale on infant development removed (ASQ)

BX1. Do you talk to your baby while you work? (eg. while you do housework).

Never Rarely Sometimes Often Always
₁ ₂ ₃ ₄ 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. How many hours sleep do you get on an average night, at the present time? _____ N

C2. In general, what time in the evening does your baby usually go to sleep? _____(24 hour clock)

C3. Approximately how many hours sleep does your baby have during

(a) the day? _____ hours (b) the night ? _____ hours

C4. On a normal day what time does your baby usually get up at in the morning? _____(24 hour clock)

C5. Is your baby ever difficult when put to bed?

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

C6. How often does your baby wake at night?

Never Occasionally Most nights Every night More than once per night

<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
---	---	---	---	---------------------------------------

C7. How many times per night on average? _____

C8. Do you ever wake <baby> for a feed during the night?

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

C9. How does your baby normally sleep?

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

C10. Does <baby> usually sleep:

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

C11. 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

C12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _____N

C13. Do you feel that <baby's> crying is a problem for you?

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

C14. 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

C15. Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems.

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

C16. The next questions have to do with when your child may have been able to do certain things. If you do not know the exact age, your best estimate is fine.

- (a) At what age did <baby> first sit him/herself up? _____Months Not yet 999
- (b) At what age did <baby> start feeding him/herself? _____Months Not yet 999
- (c) At what age did <baby> take his/her first steps? _____Months Not yet 999
- (d) At what age did <baby> start saying his/her first words..... _____Months Not yet 999

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 hours per week spent in each type of childcare, (c) how much you pay for this childcare per week (d) whether this is your main type of childcare

[Tick all that apply]	Number of hours	Cost per week	Main type of care
A relative in your home <input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
Someone else in your home..... <input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
A relative in their home <input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
Someone else in their home..... <input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
A professional caregiver (e.g. Crèche / Day nursery) <input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4
Other (please specify) <input type="checkbox"/> 1	_____N	€ _____	<input type="checkbox"/> 4

D3. What age was <baby> when you started to use the main childcare arrangement? _____ months

D4. What was the single most important reason for you choosing this main form of childcare?

- I had no choice 1
- I could afford it 2
- It was convenient 3
- It was linked to my job 4
- I thought it would be beneficial for my child 5
- Other (please for describe) _____ 6

D5. How satisfied are you with these arrangements?

- | | | | | |
|---------------------------------|---------------------------------|---|---------------------------------|---------------------------------|
| Very satisfied | Fairly satisfied | Neither satisfied
nor dissatisfied | Fairly dissatisfied | Very dissatisfied |
| <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5..... |

D6. What are your future intentions for childcare? [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

D7. 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

D8. [Card D8] 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 E. Foetal distress - Meconium or other sign..... ₅
 B. Very long labour (more than 12 hours) ₂ F. Foetal blood sample taken in labour..... ₆
 C. Very rapid labour (less than 2 hours)..... ₃ G. Birth injury – nerve injury / fracture / bruising ₇
 D. Foetal distress – Abnormal Heart rate tracing ₄ 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 F11

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

Yes ₁ No ₂

F9a. Was <baby> ever exclusively breastfed?

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes ₁ No ₂ → Go to F10a

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

____ Days ____ Weeks ____ Months <Baby> still being exclusively breastfed.... ₅₅ → Go to F15

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?

____ Days ____ Weeks ____ Months

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

- | | |
|---|---|
| Not enough milk/hungry baby <input type="checkbox"/> ₁ | Physician told me/her to stop <input type="checkbox"/> ₈ |
| Inconvenienced/fatigue <input type="checkbox"/> ₂ | Returned to work <input type="checkbox"/> ₉ |
| Difficulty with breast feeding techniques <input type="checkbox"/> ₃ | Partner/father wanted me to stop/her to stop <input type="checkbox"/> ₁₀ |
| Sore nipples/engorged breast..... <input type="checkbox"/> ₄ | Formula feeding preferable <input type="checkbox"/> ₁₁ |
| Mother's illness <input type="checkbox"/> ₅ | Wanted to drink alcohol..... <input type="checkbox"/> ₁₂ |
| Planned to stop at this time <input type="checkbox"/> ₆ | Embarrassment/social stigma <input type="checkbox"/> ₁₃ |
| Baby weaned himself/herself <input type="checkbox"/> ₇ | Other, please specify <input type="checkbox"/> ₁₄ |

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 | <input type="checkbox"/> 1 | Herbal drinks | <input type="checkbox"/> 5 |
| Baby Juice | <input type="checkbox"/> 2 | Tea or coffee | <input type="checkbox"/> 6 |
| Fruit juices/Cordial/Squash | <input type="checkbox"/> 3 | Other [please specify] | <input type="checkbox"/> 7 |
| Fizzy or soft drinks (e.g. lemonade, coke) | <input type="checkbox"/> 4 | None of the above | <input type="checkbox"/> 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 | <input type="checkbox"/> 1 | | <input type="checkbox"/> 1 |
| Healthy, but a few minor problems | <input type="checkbox"/> 2 | | <input type="checkbox"/> 2 |
| Sometimes quite ill..... | <input type="checkbox"/> 3 | | <input type="checkbox"/> 3 |
| Almost always unwell..... | <input type="checkbox"/> 4 | | <input type="checkbox"/> 4 |

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

- | | | | |
|------------------------------|----------------------------|----------------------------|----------------------------|
| Their six-week checkup | <input type="checkbox"/> 1 | Vaccines at 6 months | <input type="checkbox"/> 4 |
| Vaccines at 2 months | <input type="checkbox"/> 2 | No vaccinations | <input type="checkbox"/> 5 |
| Vaccines at 4 months | <input type="checkbox"/> 3 | | |

F17. [Card F17] Why has <baby> not had all of his or her immunisations?

[Tick all that apply]

- a. Not offered/Didn't know due to have 1
- b. Due to have it in near future/soon..... 2
- c. Child was unwell/in hospital when due 3
- d. Child is not able to have it for health reasons..... 4
- e. Child was away/on holiday when due..... 5
- f. Lack of supplies/ran out of immunisation 6
- g. Concerns about the health risks to child..... 7
- h. Child had bad reaction/was unwell/had allergic reaction after previous immunisation . 8
- i. Medical problems or bad reactions related to immunisations in family 9
- j. Prefers to use homeopathy 10
- k. Didn't think it was of any benefit 11
- l. Opposed to immunizations for other reasons 12
- m. Other reason [please specify] 13

F18. [Card F18] 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 / Hydrocephalus 14
- o. Cleft lip and/or palate 15

- p. Other long-term condition [please specify] _____ 16
 q. None of the above 17

F19. 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

F20. [Card F20] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

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

F21. 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
 An obstetrician _____ 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

F22. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

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

F23. Not including when he/she was born, approximately how many nights has <baby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

F24. 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

F25. 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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| The necessary medical care wasn't available or accessible to you | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| You could not take time off work to visit the doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Wanted to wait and see if the problem got better | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Still on the waiting list | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Other (specify) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

F26. 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

F27. How many separate accidents/injuries has he/she had that required a visit to the doctor, health centre or hospital? _____ N

F28. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or accidents?

Yes.....₁ No₂

G. FAMILY CONTEXT

Time Section Started

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 (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> now. 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.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. I feel close to my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. I enjoy spending time with my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. My child is an important source of affection for me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. The major source of stress in my life is my child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Having a child has been a financial burden	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. If I had it to do over again, I might decide not to have child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
P. Having child has meant having too few choices and too little control over my life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q. I am satisfied as a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
R. I find my child enjoyable.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Secondary Caregiver Twin Questionnaire



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University of Dublin
Trinity College
College Green
Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE
STRICTLY CONFIDENTIAL
FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE – DRESS REHEARSAL**

GROUP SEQ NO. 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 90 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.

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A. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

Now I'd like to ask you some questions about your relationship with <baby>.

A1.

Scale on parent's views on child-rearing removed [

B. BABY'S DEVELOPMENT

Time Section Started (24 hour clock)

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

B1. When you talk to <baby>, do you feel that he/she is maintaining eye contact with you?

Most or all of the time ₁ Sometimes ₂ Hardly ever or never ₃

B2. How much is <baby's> sleeping pattern or habits a problem for you?

A large problem ₁ A moderate problem ₂ A small problem ₃ No problem at all ₄

B3. Do you feel that <baby's> crying is a problem for you? Yes.....₁ No ₂

B4. [Card B4] Who generally does the following with <baby>?

	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/partner	Always spouse / partner	Some one else	No one does this
Bathes 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	<input type="checkbox"/> 7
Feeds 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	<input type="checkbox"/> 7
Shows him / her pictures in books	<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
Cuddles 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	<input type="checkbox"/> 7
Plays with him / her (eg. clapping, rolling over, peek-a boo).....	<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
Taking him /her for walks, outings, visiting relatives or friends etc.	<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
Reading stories to 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	<input type="checkbox"/> 7
Changing his / her nappy	<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
Getting up in the night to see to 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	<input type="checkbox"/> 7
Sings to 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	<input type="checkbox"/> 7

C. FAMILY CONTEXT

Time Section Started

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 24 hour clock)

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

C1. [Card C1] 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.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my role as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. There is little or nothing I wouldn't do for my child if it was necessary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Caring for my child sometimes takes more time and energy than I have to give	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. I feel close to my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. I enjoy spending time with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child is an important source of affection for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Having a child gives me a more certain and optimistic view for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. The major source of stress in my life is my child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Having a child has been a financial burden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. The behaviour of my child is often embarrassing or stressful to me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. If I had it to do over again, I might decide not to have child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. I feel overwhelmed by the responsibility of being a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Having child has meant having too few choices and too little control over my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. I am satisfied as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. I find my child enjoyable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Non Resident Parent Questionnaire



Growing Up in Ireland – national study of children Strictly Confidential

Non Resident Parent Questionnaire Infant Dress Rehearsal

Group Code Sequence Code Date ____ day ____ month

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
PLEASE CALL 1800 200 434 DURING OFFICE HOURS**

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child? ____ days ____ weeks ____ months

Q2. How many nights do you and the study child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? ____ days

Q4. How long does a typical contact occasion last? ____ days or ____ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

Nowhere near enough	Not quite enough	About right	A little too much	Way too much
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

Work commitments	<input type="checkbox"/> ₁	Other parent is uncooperative	<input type="checkbox"/> ₄
Commitments to other family/new partner	<input type="checkbox"/> ₂	Court-imposed custody rules ..	<input type="checkbox"/> ₅
Physical distance between self and child	<input type="checkbox"/> ₃	Other	<input type="checkbox"/> ₆

Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

Rank

At you home _____

At the other parent's home _____

At another relative's home (e.g. child's grandparents)... _____

Recreational/amenity area (e.g. park, swimming pool).. _____

Shopping centre /cinema /McDonald's etc _____

Specific events (e.g. football match) _____

Other _____

Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child?

Court-imposed arrangements ₁

Formal, negotiated arrangements other than legal (e.g. counsellor) ₂

Mutual arrangement with no third party negotiator ₃

No regular arrangements ₄

Q9. Fathers 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) _____

Q10. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent 1 2 3 4 5 Very Poor

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

We	Every day	At least once a week	At least once a month	Rarely or never
Prepare food for the child at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Change nappies/bathe child	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to doctor /dentist etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to or from creche	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the child's home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

- Yes, I pay the full amount due ₁ No, I don't pay towards the rent or mortgage directly .. ₃
 Yes, I pay a contribution ₂ There is no rent or mortgage owing on the home...₄

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? €_____ per month

Q14. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

- Never ... ₁
 Yes.....₂ a regular payment to the value of €_____ per month (excluding direct rent/mortgage payment)
 Yes.....₃ on an as-required basis (e.g. back to school) to the value of €_____ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

- Your decision ₁
 Mutual agreement with mother ₂
 Legally imposed arrangement ₃

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

- Never₁ Yes, occasionally₂ Yes, frequently₃

Q17. What was the status of your relationship with the study child's mother when she became pregnant with the study child? (Please tick one box only).

- | | | | |
|------------------------------------|----------------------------|---|----------------------------|
| Married and living together | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting/living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 4 | | |

Q18. What age was the study child when you separated from the child's mother for the first time?

AGE ___ months OR ___ weeks

OR

Had separated before birth1 OR Never lived with mother.....2

Q19. Are you named on the study child's birth certificate?

Yes1 No2 Not sure3

Q20. If you have never been married to the Study Child's mother have you applied for guardianship?

No1 Yes, through mother only2 Yes, through court3

Q21. If yes, was this application successful? Yes.....1 No.....2 Ongoing.....3

Q22. How often do you talk about your child with the child's mother?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | <input type="checkbox"/> 1 | A few times a month | <input type="checkbox"/> 4 |
| Several times a week | <input type="checkbox"/> 2 | Several times a year | <input type="checkbox"/> 5 |
| About once a week | <input type="checkbox"/> 3 | Not at all | <input type="checkbox"/> 6 |

Q23. How well do you get on with the child's mother? Would you say your relationship is . . . ?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Very positive | Somewhat positive | Neutral | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Q24. Often parents have to make major decisions concerning the child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the study child:

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| A lot of influence | Some influence | No influence | Don't know |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Q25. Do you want to be involved in raising your child in the coming years?

Yes 1 No 2 Not sure 3

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

- | | All of the time | Some of the time | Rarely | Never |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You talk a lot about your child to your friends and family..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. You carry pictures of your child with you wherever you go | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. You often find yourself thinking about your child | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. You think holding and cuddling your child is fun..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. You think it's more fun to get your child something new than to get yourself something new | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q28. How old were you when your first ever child was born? _____ years

Q29. How would you describe your current employment status?

- | | | | |
|-------------------------------------|----------------------------|---------------------------------|----------------------------|
| Working for payment or profit | <input type="checkbox"/> 1 | Retired from employment | <input type="checkbox"/> 6 |
| Looking for first regular job | <input type="checkbox"/> 2 | Unable to work due to permanent | |
| Unemployed | <input type="checkbox"/> 3 | sickness or disability | <input type="checkbox"/> 7 |
| Student or pupil | <input type="checkbox"/> 4 | Other (please specify) | <input type="checkbox"/> 8 |
| Looking after home/family..... | <input type="checkbox"/> 5 | | |

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

Q31. What is the highest level of education that you have completed? (Please tick one box only)

- | | | | |
|-----------------------------------|----------------------------|---------------------------|----------------------------|
| No formal education | <input type="checkbox"/> 1 | Certificate | <input type="checkbox"/> 6 |
| Primary | <input type="checkbox"/> 2 | Diploma | <input type="checkbox"/> 7 |
| Junior Cert. or equivalent | <input type="checkbox"/> 3 | Degree | <input type="checkbox"/> 8 |
| Leaving Cert. or equivalent | <input type="checkbox"/> 4 | Postgraduate Degree | <input type="checkbox"/> 9 |
| Trade Qualification | <input type="checkbox"/> 5 | | |

Q32. Which of the following best describes your current marital status?

- | | | | |
|--|----------------------------|---------------------------------------|----------------------------|
| Single | <input type="checkbox"/> 1 | Separated | <input type="checkbox"/> 4 |
| First marriage (or cohabitation) | <input type="checkbox"/> 2 | Divorced | <input type="checkbox"/> 5 |
| Remarried (or cohabitating) following | | Widowed | <input type="checkbox"/> 6 |
| Divorce | <input type="checkbox"/> 3 | Remarried (or cohabitating) following | |
| | | Widowhood | <input type="checkbox"/> 7 |

Q33. Are you currently living with a partner?

- Yes 1 No..... 2

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None..... 1 _____ by same parent as Study Child's _____ by a different partner(s)

Q36. What nationality are you? _____

Q37. If you are NOT Irish, how long have you been living in Ireland? _____ years OR _____ months

Q38. How would you describe your general state of health?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent | Very good | Good | Fair | Poor |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 1800 200 434**

Non Resident Parent Information Sheet

NON – RESIDENT PARENT’S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

Growing Up in Ireland is a new, national, Government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

The purpose of the study is to understand all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy childhood.
- help us to discover what children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?

The study will help us to find out all about children’s social, emotional and physical development.

The information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

How did you get my name and contact details?

The main phase of **Growing Up in Ireland** will include 10,000 9-month old children and their families.

Your name and contact details were provided by the other parent/guardian of your child who has agreed to participate in the study.

As part of the study he/she was asked for your contact details as the non-resident parent of your child and he/she agreed to supply it.

Why should I take part?

We would like to ask you for your help in completing a picture of your child’s daily life.

This information will help us to give the Government advice on how to help make childhood a better experience for all children and to make improvements for children as they grow up.

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

NON – RESIDENT PARENT’S INFORMATION LEAFLET

What do I do next?

We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

- If you decide to take part you may choose to withdraw from the study at any time.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in **Growing Up in Ireland** is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone:

Freephone 1800 200 434
or contact our Communications Officer,
Jillian Heffernan, on 01 896 3378

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2.

Home-based Carer Questionnaire



GROWING UP IN IRELAND – national study of children
Strictly Confidential – HOME-BASED CARE Infant Dress Rehearsal

Group Code

Sequence Code

Date _____ day _____ month

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
 PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

First of all, we would like to ask you some questions about caring for the study child in particular.

Q1. Which of the following best describes your relationship to the study child?

- | | | | |
|------------------------|---------------------------------------|--------------------------------|---------------------------------------|
| Grandmother | <input type="checkbox"/> ₁ | Neighbour | <input type="checkbox"/> ₅ |
| Grandfather | <input type="checkbox"/> ₂ | Nanny/au pair | <input type="checkbox"/> ₆ |
| Other relative | <input type="checkbox"/> ₃ | Registered childminder | <input type="checkbox"/> ₇ |
| Friend of parent | <input type="checkbox"/> ₄ | Unregistered childminder | <input type="checkbox"/> ₈ |

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?

Yes ₁ No ₂

Q3. Do you care for the study child in his / her own home; in your home or somewhere else?

Study Child's home..... ₁ My own home ₂
 Somewhere else (please specify where) _____

Q4. How long have you been caring for the study child? ___ years ___ months ___ weeks

Q5. How many hours per week do you care for the study child? _____ hours

Q6. How many days per week do you care for the study child? _____ days

Q7. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very easy | Somewhat easy | Neither easy nor
difficult | Somewhat difficult | Very difficult |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

We would also like some general information on the environment in which you look after the study child

Q8. On a typical day, how many children are in your care (excluding the study child, but including your own children)?

_____ children

Q9. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

- | | | | |
|---------------------|---------------------------------------|-------------------------|---------------------------------------|
| 0 – 11 months | <input type="checkbox"/> ₁ | 7-9 years..... | <input type="checkbox"/> ₄ |
| 1- 3 years | <input type="checkbox"/> ₂ | 10 - 12 years | <input type="checkbox"/> ₅ |
| 4-6 years | <input type="checkbox"/> ₃ | 12 years and over | <input type="checkbox"/> ₆ |

Q10. How many of the following types of toys are there available to the child while in your care?

a. Cuddly toys or dolls _____ (Enter number of toys) b. Activity type toys _____ (number)

Q11. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q12. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q13. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

- | | | | |
|--|---|---|--|
| Almost never <input type="checkbox"/> ₁ | Sometimes <input type="checkbox"/> ₂ | Often <input type="checkbox"/> ₃ | Always <input type="checkbox"/> ₄ |
|--|---|---|--|

Q14. Do you look after the study child when he or she is sick?

Never 1 Rarely 2 Frequently 3 Always 4

Finally, we would like to know some things about you.

Q15. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

Q16. What is your gender? Male 1 Female..... 2

Q17. What nationality are you? _____

Q18. Which of the following best describes your current employment status?

Working for payment or profit	<input type="checkbox"/> 1	Looking after home/family	<input type="checkbox"/> 1
Looking for first regular job	<input type="checkbox"/> 1	Retired from employment.....	<input type="checkbox"/> 1
Unemployed	<input type="checkbox"/> 1	Unable to work due to permanent sickness or disability	<input type="checkbox"/> 1
Student or pupil	<input type="checkbox"/> 1	Other (please specify)	<input type="checkbox"/> 1

Q19. Is caring for children your main occupation?

Yes 1 No 2

Q20. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').

Q21. What is the highest level of education that you have completed?

No formal education	<input type="checkbox"/> 1	Certificate	<input type="checkbox"/> 5
Primary	<input type="checkbox"/> 2	Diploma	<input type="checkbox"/> 6
Junior Cert. or equivalent	<input type="checkbox"/> 3	Degree	<input type="checkbox"/> 7
Leaving Cert. or equivalent	<input type="checkbox"/> 4	Postgraduate Degree	<input type="checkbox"/> 8

Q22. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

No 1

Yes, certificate level of less than one year's duration 2

Yes, certificate level or above of greater than one year's duration 3

Q23. Have you undertaken any other training relevant to caring for children? Tick all that apply

Child psychology	<input type="checkbox"/> 1	Nutrition/Diet	<input type="checkbox"/> 4
Sign language	<input type="checkbox"/> 2	Other	<input type="checkbox"/> 5
First aid	<input type="checkbox"/> 3		

Q24. How long have you regularly worked 10 or more hours per week in a childcare situation?

___ years ___ months

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THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Centre-based Carer Questionnaire



GROWING UP IN IRELAND – national study of children
Strictly Confidential – CENTRE-BASED CARE Infant Dress Rehearsal

Group Code

Sequence Code

PLEASE READ THIS FIRST

This questionnaire should be accompanied by an information pack. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 01-8632000 and ask for the Growing Up in Ireland team.

**IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE,
PLEASE CALL (01) 8632000 DURING OFFICE HOURS**

Q1. How long has the study child been attending this centre? ___ years ___ months ___ weeks

Q2. How many hours per week does the study child attend the centre? ___ hours

Q3. How many days per week does the study child attend the centre? ___ days

Q4. Compared with other children, do you think this child is . . . ?

Much easier to get on with than average	<input type="checkbox"/> 1	More difficult to get on with than average	<input type="checkbox"/> 4
Easier to get on with than average	<input type="checkbox"/> 2	Much more difficult to get on with than	<input type="checkbox"/> 5
About average	<input type="checkbox"/> 3		

Q5. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

We would also like some general information about the care centre.

Q6. Are you registered with the Health Service Executive?

Yes 1 No 2 Not sure 3

Q7. On a typical day, how many children are in the centre (excluding study child)? _____ no. of children

Q8. What ages are these children? (Please indicate the number of children in these age categories)

0 – 11 months	<input type="checkbox"/> 1	7-9 years.....	<input type="checkbox"/> 4
1- 3 years	<input type="checkbox"/> 2	10 - 12 years	<input type="checkbox"/> 5
4-6 years	<input type="checkbox"/> 3	12 years and over	<input type="checkbox"/> 6

Q9. If there is more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes 1 No 2 Sometimes 3

Q10. How many children in the centre (excluding the study child) are from a non-English speaking family background?
_____ children

Q11. How many children in the centre (excluding the study child) have a mental or physical disability?
_____ children

Q12. How many of the following types of toys are there available to the child in the centre?

a. Cuddly toys or dolls _____ (Enter number of toys) b. Activity type toys _____ (number)

Q13. On average, how many hours per day does the child spend watching TV or DVD's while in your care? _____ hrs

Q14. In a typical day, how long would the child spend asleep while in your care? _____ hours

Q15. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

Almost never 1 Sometimes 2 Often 3 Always 4

Q16. How many staff (whole-time equivalents) are employed in the centre to look after the children (do not include administrative or maintenance staff, etc)? _____ no. of staff

Q17. How many of these staff has a formal childcare qualification? _____ no. of staff

Q18. Are parents allowed to leave sick children into the centre?

Never.....1 Rarely2 Frequently 3 Always.....4

Finally, we would like to know some things about you.

Q19. What is your date of birth? (DD/MM/YYYY) _____(day) _____(mth) _____(yr)

Q20. Are you? Male.....1 Female.....2

Q21. What is your nationality? _____

Q22. Which of the following best describes the type of care your centre provides?

Creche.....1 Montessori.....3
Preschool/Playschool2 Other4

Q23. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori etc.)?

No formal qualification1 Degree4
Certificate2 Postgraduate Degree5
Diploma3

Q24. Please indicate the subject area in which the qualification was obtained:

Childcare1 Special needs assistance5
National school teaching2 Speech and language therapy6
Other education3 Nursing7
Child psychology/development4 Other8

Q25. When did you receive this qualification? Year: _____

Q26. Have you undertaken any other training relevant to caring for children? Tick all that apply.

Child psychology1 Nutrition/Diet4
Sign language2 Other5
First aid3

Q27. Is caring for children your main occupation? Yes 1 No 2

Q28. If no, please describe your main occupation as fully as possible

Q29. How long have you regularly worked 10 or more hours per week in a childcare situation? _____ years _____mths

Q30. How long have you worked in this particular care centre? _____ years _____ months

Q31. Overall, are you happy working in childcare?

Strongly Agree 1 Agree 2 Neutral 3 Disagree 4 Strongly Disagree 5

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Carer Information Sheet

CARER INFORMATION LEAFLET

What is the Growing Up in Ireland study?

Growing Up in Ireland is a new, national, Government study of children in Ireland. This exciting study is the first and most important of its kind ever to take place in this country.

The purpose of the study is to understand all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy childhood.
- help us to discover what children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?

The study will help us to find out all about children's social, emotional and physical development.

The information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

How did you get my name and contact details?

Growing Up in Ireland includes 10,000 nine-month olds and their families.

Your name and contact details were provided by the study child's parent/guardian who has agreed to participate in the study.

As part of the study he/she was asked if the study child was cared for by anyone (such as you) for 8 or more hours per week.

Why am I being asked to take part?

As a carer of the study child we feel that you too have a contribution to make.

This information will help us to give the Government advice on how to help make childhood a better experience for all children and to make improvements for children as they grow up.

Who is running the study?

Growing Up in Ireland is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

CARER INFORMATION LEAFLET

What do I do next?

We would ask you to complete the enclosed questionnaire and return it in the envelope provided.

The questionnaire asks you about your relationship with your child and some questions about your background. It is very straightforward and involves ticking boxes.

Will this information be kept confidential?

All the information that you provide is treated in the strictest confidence and will not be seen by the other parent/guardian or your child. It will be used exclusively for research purposes.

Under no circumstances could anyone in Government or any government agency be able to identify information given by you.

What are my rights if I take part?

- If you decide to take part you may choose to withdraw from the study at any time.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

Your participation counts.

Taking part in **Growing Up in Ireland** is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone:

Freephone 1800 200 434
or contact our Communications Officer,
Jillian Heffernan, on 01 896 3378

Web:

www.growingup.ie

Email:

Email us at growingup@esri.ie

Post:

Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2.