



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
 - o Information Sheet and Consent Form for Respondents
 - o 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
 - o Introductory letter to Respondents
 - o Information Sheet for Respondents
 - o Consent Form for Respondents
 - o 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 Ouestionnaire
- Carer Information Sheet

Appendix C – Instrumentation used in the dress rehearsal phase

- Initial Contact Documents and Consents
 - o Introductory letter to Respondents
 - o Information Sheet for Respondents
 - o Consent Form for Respondents
 - o PPSN Consent
 - o NPRS Consent
 - o 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.

Name of Respondent:_______

(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian:______

(BLOCK CAPITALS PLEASE)

Signature of Respondent ______

Date:______

Contact telephone:______

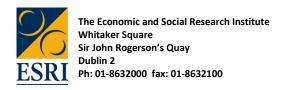
If you are happy to take part in this pre-pilot interview, please sign and date below.

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





GROWING UP IN IRELAND 05/04/07

FOLLOW UP / TRACING INFORMATION

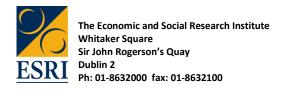
R.1 Thank you very much for your participation in the Growing Up in Ireland survey.

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: R	Record name of contact person and address and/or phone number below].
Nam	ne:
Add	lress :
	Phone: ()
Relationship	o to respondent:
Would you find they r	ght assist us in tracing you if we were able to record your Personal Public Service number (PPS). u be willing to provide us with your PPS number to assist us in tracking or tracing of respondents who move between our visits? It would be used only to assist us in tracing you in the event that you ove in the interim. Yes
	PPS Number:
	providing my PPS number for purposes of tracing in the Growing Up in Ireland survey. I understand s the only purpose for which it will be used.
	(Signed)
Would you p	rovide information at:
	Yes

Primary Caregiver Questionnaire





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

MOTHER or LONE FATHER QUESTIONNAIRE

AREA HOUSEHOLI	D RESPONDENT
INTERVIEWER NAME	INTERVIEWER NO:
Time Section Started (24 hour clock)
Growing Up in Ireland - the National Longitu government study about children in Ireland. It Research Institute and Trinity College Dublin. I h	rch Institute in Dublin. I am contacting you about adinal Study of Children. This is a major new is being undertaken by the Economic and Social ave an information leaflet here about the study. We The study itself will involve interviewing 10,000 9-
We are seeking to interview the parents / guardinterview with the parents / guardians will take at	lians of <name 9-month-old="" child="" of="" study="">. The bout 90 minutes to complete.</name>
	will be treated in the strictest confidence and will e information you provide to be identified with you
A. INTRODUCTION AND H	OUSEHOLD COMPOSITION
A1. Are you the parent / guardian of the <baby> who us</baby>	sually provides the most care to him / her.
Yes □ ₁	No
A2. Int: Record gender of parent 1 Male	\square_1 Female \square_2
A3. [Card A3] Which of the following best describes yo only]	our relationship with the <baby> ? [Interviewer use codes</baby>
B. Adoptive parent (mother/ father) 2 C. Step-parent (mother/ father)3	E. Grand parent
In this section, I would like to ask you a few details about	t yourself and the others in your household.
A4. How many people in total (including yourself and all household?	children of all ages) live here regularly as members of thispersons

A5.	For each	member	of the	household	could vo	ou tell me:
73.	I OI CACII	IIICIIIDEI	OI LIIC	HOUSEHOIG	could ve	Ju tell lile.

- 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

	T	l (2)	T (2)	(0)	1	(D)					/ E\			
		(A)	(B)	(C)	Dolationch	(D) ip of each mem	har ta mathar		ı		(E)			
No.	First name/Initial	Sex	Date of Birth	If DOB not available		ıp or each mem Use Relationshi yellow card.			tion	ning	p		St	
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	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	011 11110 2			yrs	1	////		\Box_1	\square_2	\square_3			\Box_6	
2				yrs	2		////			\square_3				
3				yrs	3			\Box_1	\square_2	\square_3	4	\square_5	\Box_6	
4				yrs	4			\square_1	\square_2	Пз	\Box_4	\square_5	\Box_6	\Box_7
5				yrs	5			\square_1	\square_2	Пз	□ 4	□ ₅	□ 6	□ ₇
6				yrs	6			\square_1	\square_2	Пз	<u></u> 4	<u></u>	<u></u> 6	□ ₇
7				yrs	7			\square_1	\square_2	Пз	□ 4	□ 5	□ 6	□ ₇
8				yrs	8			\square_1	\square_2	Пз	□ 4	<u></u>	□ 6	□ ₇
9				yrs	9			\square_1	\square_2	Пз	□ 4	□ 5	□ 6	□ ₇
	Section Ended B. P. Section Started		ING, CHIL	.D'S FUN	(24 ho	dy Child sho ur clock) NING ANI ur clock)				IPS				
B1.	B1. Scale on parenting efficacy removed													
B2.														
		Sc	ale on pare	ents' viev	vs on cl	nild-rearin	g remove	ed						
B3.			Scale o	n parenti	ing reac	tions rem	oved							
B4. Do	you use a soot	her/dumr	ny with <ba< td=""><td>by>?</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></ba<>	by>?										
Yes		□ ₁ N	lo	2										
B5. Wh	en you leave <l< td=""><td>baby> in</td><td>someone el</td><td>se's care</td><td>(not you</td><td>or your pa</td><td>artner), ho</td><td>w do</td><td>es h</td><td>e/sh</td><td>e us</td><td>ually</td><td>read</td><td>ct?</td></l<>	baby> in	someone el	se's care	(not you	or your pa	artner), ho	w do	es h	e/sh	e us	ually	read	ct?
Is unha	y and settled by ppy at first but q ns unsettled and	uickly sett	les down					Ē	$_{2}^{-}$					
	nd when you co		• •					_	_	act?	•			
	pparent delight mixture of deligh													

Most or all of the time	Som	etimes	•	ever or never	•
B8.					
20.	Scale o	n parenting	anxiety remo	ved	
B9 How does baby read	ct to the following p	eople at the p	resent time?		
	R	No eacts pa		es react	
a. Family members who Ib. Other regular carerc. Other relatives/friendsd. Complete strangers	ive with him/her who live elsewhere		action wel		
B10.	Scale on know	ledge of chi	ld developme	ent removed	
		J	•		
B11					
	Infant Chara	cteristics Q	uestionnaire	removed	
Time Section Ended		(24	hour clock)		
	C. B	ABY'S DEV	VELOPMENT	Γ	
Time Section Started		(24	hour clock)		
	Denve	r Pre-Screeı	n Items remov	/ed	
C26. Do you talk to you	r baby while you wo	rk? (eg. whil	e you do hous	ework).	
Never	Rarely	Sometim	ies	Often	Always 5
C27. Does your baby sp	end time with other	children (oth	er than brothe	rs or sisters)'	?
Yes everyday	Yes 2-6 times a week	Once	e a week 3	Less than on	ce a week Neve
Time Section Ended		(24	hour clock)		
		D. BABY'S	HABITS		
Time Section Started		(24	hour clock)		
D1. How much is <baby< td=""><td>'s> sleeping pattern</td><td>or habits a p</td><td>roblem for you</td><td>ı?</td><td></td></baby<>	's> sleeping pattern	or habits a p	roblem for you	ı?	
A large problem	A moderate problem	A small problem	N	o problem at all	Not sure/ don't know
1	• 	· —		4	5
D2. How many hours sle	eep do you get on a	n average nig	ht, at the prese	ent time?	N
D3.Have you ever taken problems.	your child to a doct	or or bought	over the coun	ter drugs for l	his / her sleeping
Yes	. □1 No		2		
D4. On a normal day wh		ng does your	baby usually g	go to sleep?	

	day what time does our clock)	your baby usually get	up at in the morning?	
D7. Is your baby	ever difficult when	put to bed?		
Most of the time	Often	At times	Rarely	Never
<u> </u>	2			
D8. How often do	oes your baby wake	at night?		
Never	Occasionally	Most nights	Every night	More than once per night
<u> </u>	2	3		5
D9. How many ti	mes per night?			
D10. Do you eve	r wake <baby> for a</baby>	feed during the night?		
Yes, usually □₁	·	ometimes	No, not at all ☐₃	
On stomach	our baby normally s On side	On back 3		
D12. Does <baby< td=""><td>/> usually sleep:</td><td></td><td></td><td></td></baby<>	/> usually sleep:			
		1 		3 4
D13. Does <baby< td=""><td>/> sleep in his/her o</td><td>wn bed or cot most nig</td><td>hts or does he/she sh</td><td>are a bed or cot?</td></baby<>	/> sleep in his/her o	wn bed or cot most nig	hts or does he/she sh	are a bed or cot?
-	-			
n bed/cot with oth	ner children			
		4	_	
-		ng is a problem for you	?	
Yes		No 🗀 2		
		od bassa skabos s		
DAE De vev hev	e anv concerns abo	ut now <paby>: No</paby>	Yes, a little	Yes, a lot Don't know
D15. Do you hav	- u,	INO		
I. Makes speech	sounds			
2. Understands w	soundshat you say		2	3
. Makes speech 2. Understands w 3. Uses his/her ha	soundshat you sayhat sounds and fingers to do			3 4 3 4

E. CHILDCARE ARRANGEMENTS

Time Section Started		(24 hour c	lock)	
E1. Is your child currently I			than you or your partr	ner, on a regular basis.
	Yes	□ No	Main	
A relative in your home			3	
In someone else's home			3 □2	
In a crèche/day nursery				
In another relative's home In someone else's home In a crèche/day nursery Other (please specify)				
E2. Approximately how ma				childcare
hours per week	□₁ Not rel	evant, at home with pa	rent/guardian	2
E3. What age was <baby> v</baby>	when you started	I to use the main chil	dcare arrangement?	months
E4. What was the main reas	son for choosing	this form of childcar	re?	
I had no choice I could afford it It was convenient It was linked to my job I thought it would be benefici Other (please for describe) _	al for my child	3		
		 -		
E5. How satisfied are you v	with these arrang	jements?		
Very satisfied Fairly sa		Fairly dissatisfied	Neither satisfied nor dissatisfied	Very dissatisfied
	2	3		_
E6.What are your future int	tentions for child	3	nor dissatisfied	_
E6.What are your future int	tentions for child	3	nor dissatisfied	_
E6.What are your future int Stay at home Part-time childcare	tentions for child Yes	3 care? No 2 2	nor dissatisfied	_
E6.What are your future int Stay at home	tentions for child Yes	3 care? No 2 2	nor dissatisfied	_
E6.What are your future int Stay at home Part-time childcare	tentions for child Yes 1 1	3	nor dissatisfied	_
E6.What are your future int Stay at home	tentions for child Yes 1 1 1 1	care? No	nor dissatisfied	_
E6.What are your future int Stay at home	tentions for child Yes 1 1 1 e? Yes		nor dissatisfied	_
E6.What are your future into Stay at home	tentions for child Yes	care? No	nor dissatisfied	_
E6.What are your future int Stay at home	entions for child Yes	care? No 2 2 2 No 2 2 2 2	nor dissatisfied	_
E6.What are your future int Stay at home	entions for child Yes	care? No	nor dissatisfied	_
E6.What are your future int Stay at home	entions for child Yes	care? No	nor dissatisfied	_
E6.What are your future int Stay at home	entions for child Yes	care? No	nor dissatisfied	_
E6.What are your future into Stay at home	entions for child Yes	Icare? No 2 2 2 12 2 2 2 2 2 2 2 2 2	nor dissatisfied	
E6.What are your future into Stay at home	entions for child Yes	Icare? No 2 2 12 2 12 12 12 12 12 12	nor dissatisfied	
E6.What are your future into Stay at home	entions for child Yes	No Care? No D2 D2 D2 D2 D2 D2 D2 D2	nor dissatisfied	
E6.What are your future into Stay at home	entions for child Yes	No Care? No Care? No Care? No Care? No Care? Care? No Care? Car	nor dissatisfied	
E6.What are your future into Stay at home	entions for child Yes	No Care? No Description Description No Description Description No Description No Description Description Description No Description No Description Description Description No Description Description Description No Description No Description Description Description No Description No Description Description Description No Description Description Description No Description Description Description No Description No Description Description Description No Description No Description Description Description No Description Description Description No Description No Description No Description No Description No Description No Description Description Description No Description	nor dissatisfied	
E6.What are your future into Stay at home	entions for child Yes	No Care? No Date	nor dissatisfied	
E6.What are your future into Stay at home	entions for child Yes	No Care? No Date	nor dissatisfied	

F. SIBLINGS AND TWINS

Time Sect	tion Starte	d		(2	4 hour clock)		
F1. Have a hitting etc.		her childr	en in your ho	usehold be	en particular	ly jealous/	unhappy abo	out the baby (eg
Yes		□ ₁ N	0]2			
	your baby			_	-			
Yes		1 N	0]2			
If yes, F3(b) Wou	ld you say t	they are al	ike:					
ii) In behav iii) Persona	iourlity/characte	er	Ye □ ₁ , □ ₁ ,	2 				
F3(c) How	do you dre	ss them?						
in similar cl	othes some	times	Ye □ □					
F3(d) How	does this t	win react t	to the other?	V	V.		N. 1.	
				Yes, most of the time	of t	s, some he time	No, ha ever	-
ii) she does	sn't seem to	notice her	twin	1		…∐₂]]]] 3
Time Section	on Ended] (2	4 hour clock)			
			G. PR	ENATAL	CARE			
Time Sect	tion Starte	d		(2	4 hour clock)		
G1. Exclud	ling the pre	 gnancy, w		 I in the birt	h of <baby> h</baby>	ow many t		hout your life h
	_				hich did not g			
G2. For ea of the preg		cy, please	indicate Mot	her's age a	nd tick one b	ox on eacl	n row to indi	cate the outcon
					OUTCO	ME		
Pregnancy	Mother's	Birth of child	Miscarriage	Stillbirth	Termination	Ectopic	Still	Other (specify
1	Age				\Box 4	\square_5	Pregnant	
2					4			7
3				\square_3	4	5	<u>6</u>	7
<u>4</u> 5				3	4	5	6	7
	u intend to	become p	regnant befo	<u> </u>	<u> </u>	<u>∟</u> 5 d?	<u> </u> 6	<u> </u>
-	time		No				3	
G4. Did yo	u intend ne	ver to bec	ome pregnan	it before <b< td=""><td>aby> was co</td><td>nceived, o</td><td>r just at a dif</td><td>ferent time?</td></b<>	aby> was co	nceived, o	r just at a dif	ferent time?
Yes, but mi	uch later				1			
Yes, but so	mewhat late	er			2			
								
			t					
Dian Could					⊏೨			

G5.Did you have any medical fertility treatment for this pregnancy?
Yes
G6. [Card G6] What treatment did you receive?
Clomiphene citrate alone
G7. How was your Ante-natal care provided?
Shared care (between GP and another)
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?
stonelbs <u>OR</u> kgs
stonelbs ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs_ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs_ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs_ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbsQRkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbs_ORkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)
stonelbsQRkgs G14. [Card G14] Were there any of the following complications with the pregnancy? [Tick all that apply] Yes a. Raised blood pressure (in isolation)

G19. Did you smoke at all during the pregnancy?	
Yes No	🗀 3
G20. Did you smoke during the first, second and third trimester of the [Tick one box on each line] Yes No H	pregnancy? ow many per day?
First Trimester [1 st , 2 nd or 3 rd month]	N
G21. During your pregnancy, how many members of the household [in	
G23. Did you consume alcohol during your pregnancy?	re
Yes	
G24. Did you drink during the first, second and third trimester of the p	
that you drank, about how much on average did you drink per week? Yes No Pints First Trimester [1 st , 2 nd or 3 rd month]	Spirits (glasses) Wine (glasses)
First Trimester [1 st , 2 nd or 3 rd month]	
Time Section Ended (24 hour clock)	
H. INFANT'S HEALTH AND PHYSICA	L DEVELOPMENT
Time Section Started (24 hour clock)	
H1. Where was <baby> born?</baby>	
Home birth [planned] ☐₁ In hospital ☐₂ Other [ple	ase specify]□₃
H2. Please give the name of the maternity hospital or unit where <base/>	y> was born.
Name:Address	
H3. Did you have any form of pain relief in labour?	
	any labour□ ₃
H4. What was the mode of delivery? Normal delivery	
Suction cup/ventouse	
Forceps	
H5. Was <baby> born late, on time or early?</baby>	⊔8
Late birth (42 weeks or more) \square_1 On time (37-41 weeks) \square_2 Somewhat early (33-36 weeks) \square_3 Very early (32 weeks or less) \square_4 Don't know \square_5	
H6. How much did <baby> weigh at birth?lbsounces OR</baby>	kgs
H7. What was <baby's> length at birth?inches ORcms</baby's>	
H8. [Card H8] Were there any complications during the <baby's> birth</baby's>	? [Tick all that apply]
Very long labour (more than 12 hours)	- Meconium or other sign

H9. Did <baby> have to go into a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?</baby>
Yes ☐ ₁ No ☐ ₂ Don't know ☐ ₃
H10. Did the <baby> need any help with his/her breathing from a ventilator?</baby>
Yes ☐ ₁ No ☐ ₂ 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</baby>
H13. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH</baby>
Yes No
H14. Is <baby> still being breastfed? INCLUDE EXPRESSED BREASTMILK</baby>
Yes ☐ ₁ No ☐ ₂ Don't know ☐ ₃
H15. How old was <baby> when he/she completely stopped being breastfed? INCLUDE EXPRESSED BREAST MILK</baby>
DaysWeeksMonths
H16. How old was <baby> when he/she stopped being <u>exclusively</u> breastfed?</baby>
DaysWeeksMonths
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:</baby></baby>
Formula milk, such as Cow & Gate or SMA? Has not had
H18. Does <baby> regularly have other drinks apart from milk or formula?</baby>
Yes ☐ ₁ No ☐ ₂ Don't know ☐ ₃
Yes ☐ No ☐ Don't know ☐ 3 H19. What else does <baby> drink? [Mark all that apply]</baby>
H19. What else does <baby> drink? [Mark all that apply] Water</baby>
H19. What else does <baby> drink? [Mark all that apply] Water</baby>
H19. What else does <baby> drink? [Mark all that apply] Water</baby>
H19. What else does <baby> drink? [Mark all that apply] Water</baby>
H19. What else does <baby> drink? [Mark all that apply] Water</baby>
H19. What else does <babb> drink? [Mark all that apply] Water</babb>
H19. What else does <baby> drink? [Mark all that apply] Water</baby>
H19. What else does <baby> drink? [Mark all that apply] Water</baby>

H23. Can you tell me whether <baby> has receiv</baby>	ed: [Tick all that apply]
Their six-week checkup	at 6 months
H24. Why has <baby> not had all of his or her im</baby>	munisations? [Tick all that apply]
Not offered/Didn't know due to have	
	told you that <baby> has any of the following conditions?</baby>
[Tick all that apply]	Yes
a. Chronic respiratory disease [including asthma]	
b. Heart abnormalities	<u></u> 1
c. Digestive allergies (e.g. lactose intolerant)d. Eczema or any kind of skin allergy	
e. Difficulty hearing or deafness (Do not include a ter	
to a cold or congestion)	
f. Difficulty seeing	
g. A problem with mobility or using his/her arms legsh. A problem with using his/her hands or arms	
i. Cerebral palsy	
j. Chronic kidney disease	
k. Diabetes I. Any developmental delay	
m. Downes syndrome	
n. Cleft palate	
o. Other long-term condition [please specify]	
describe his/her health condition(s) as minor, mo	CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE
Minor \square_1 Moderate \square_2	Severe □3
We would like to know about any health problems Health Centre or Health visitor, or to Accident and	s or illnesses for which <baby> has been taken to the GP, d Emergency.</baby>
H27. How many separate health problems, if any, ANY ACCIDENTS OR INJURIES]N	has <baby> had since he/she was born. [DO NOT COUNT</baby>
H28. [Card H28] What were these problems? [TIC	-
a. Snuffles/common cold	k. Tight foreskin
c. Ear infections	m. Sight or eye problems
d. Feeding problems	n. Failure to gain weight or to grow
e. Sleeping problems	o. Persistent or severe vomiting
Dental problems (e.g. teething)	p. Persistent diarrhea or constipation
h. Skin problems	r. Meningitis
i. Persistent nappy rash	s. Other health problems [please specify]
j. Undescended testicle	

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.)</baby's></baby>
A general practitioner (GP), or family physicianN
A paediatricianN A public health nurse or practice nurse
Another medical doctor (such as a hearing specialist) N
Accident and Emergency or OutpatientN
H30. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?</baby>
Yes
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</baby>
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?</baby>
Yes
H33. Why did <baby> not get the medical care or treatment? Was this because: [TICK YES OR NO IN RESPECT OF EACH]</baby>
Yes No
You couldn't afford to pay
You could not take time off work to visit the doctor
Wanted to wait and see if the problem got better
Other (specify)
H34. 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
H35. Does the family have private medical insurance?
Yes No □₂ Don't know □₃
Yes
H36. Does that insurance include the cost of GP visits?
H36. Does that insurance include the cost of GP visits? Yes, in full 1 Yes, partially 2 No
H36. Does that insurance include the cost of GP visits? Yes, in full 1 Yes, partially 2 No
H36. Does that insurance include the cost of GP visits? Yes, in full 1 Yes, partially 2 No
H36. Does that insurance include the cost of GP visits? Yes, in full 1 Yes, partially 2 No
H36. Does that insurance include the cost of GP visits? Yes, in full
H36. Does that insurance include the cost of GP visits? Yes, in full
H36. Does that insurance include the cost of GP visits? Yes, in full
H36. Does that insurance include the cost of GP visits? Yes, in full
H36. Does that insurance include the cost of GP visits? Yes, in full
H36. Does that insurance include the cost of GP visits? Yes, in full

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
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
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>?</baby>
In the past ☐ ₁ Currently ☐ ₂ No ☐ ₃
I8. Since <babb> 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.</babb>
A general practitioner (GP), or family physician
I9. 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</baby>
I10. About how many nights did you spend in hospital since the <baby's> birth? Nights</baby's>
I11. 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
[TICK YES OR NO IN RESPECT OF EACH] Yes No
You couldn't afford to pay
I13. Do you smoke daily, occasionally or never?
Daily
I14. Have you ever smoked? Was it
Daily

(IF RESPONDENT CURRENTLY OR HAS EVER SMOKED DA I15. How many cigarettes did you/do you smoke on an aver				
I16. How long have you been/were you a smoker for?				
WeeksMonthsYears				
I17. Including yourself, how many members of the househo	ld smo	ke?N		
IF NUMBER OF SMOKERS >0 ask:				
I18. Does anyone smoke in the same room as <baby>?</baby>				
Yes, regularly□ ₁ Yes, occasionally□ ₂	I	Never	□3	
I19. On average, how many hours per day does <baby> spe</baby>	nd arou	und people who a	re smokin	g?N
I20. [Card I20] Which of the following best describes how of	ften yo	u usually drink al	cohol?	
Never Less than once a month 1-2 times a month 1-2 times a week 3-4 times a week 5-6 times a week Every day If currently drink alcohol between everyday and once or twice a 121. And in an average week, how many pints of beer, glass			onirit wou	ld vou drink?
Pints of Beer Glasses of Wine			•	ia you arink?
Always at home/friends house	mally e oods ar	xpected from you nd drinks once, m More than	because ore than c	once, or not a
4 Freeh fruit	Once		At All	know
1.Fresh fruit				
3.Meat / Chicken / Fish	□1	🔲 2	🔲 3	4
4.Eggs5.Cooked vegetables				
6.Raw vegetables or salad		2	∐3	
6.Raw vegetables or salad				4
8.Hot chips or French fries	□1			
O Criana or agyoury angels			□₃	🔲 4
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		·····
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		
9.Crisps or savoury snacks		$egin{array}{cccccccccccccccccccccccccccccccccccc$		
9.Crisps or savoury snacks			3 3 3 3 3	
9.Crisps or savoury snacks			3 3 3 3 3	
9.Crisps or savoury snacks			3 3 3 3 3	
9.Crisps or savoury snacks			3 3 3 3 3	

or less during your pregnancy?	c, on aver	ugo, t	,			
	_	ess		Same	More	
1.Fresh fruit						
2.Fruit juice						
3.Meat / Chicken / Fish	_		_			
4.Eggs	_		_	_		
5.Cooked vegetables						
6.Raw vegetables or salad						
7.Meat pie, hamburger, hot dog, sausage or sausage roll 8.Hot chips or French fries	'⊢]1 ····· ⅂	⊢	2	<u></u> 3	
9.Crisps or savoury snacks	·····-	J1 ····· ⅂.	⊟	2 ······· 2 ······		
10.Bread]1 ······],	······ H			
11.Potatoes/ Pasta/ Rice],],	····· 📙	2	_	
12.Cereals						
13.Biscuits, doughnuts, cake, pie or chocolate						
14.Cheese/yoghurt/ fromage frais						
15.Low fat Cheese/ low fat yoghurt] ₁	🗖	2	3	
16.Water (tap water / still water/ sparkling water)						
17. Soft drinks / minerals / cordial / squash (not diet)]1		2	<u></u> 3	
18. Soft drinks / minerals / cordial / squash (diet)]₁	🔲	2	<u></u> 3	
19.Full cream milk or full cream milk products] ₁	🔲	2	<u></u> 3	
20.Skimmed milk or skimmed milk products		」 1 ······		2	3	
(like walking briskly, riding a bike, gardening, tennis, work N Time Section Ended	swimming		ning et	c). Incl	ude physical a	ectivity at
J. FAMIL	Y CONT	EXT	1			
Time Section Started	(24 hour c	lock)				
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child <u>now</u> . Remembas honest as possible.	sagree with per, there a	n eacl are no	right	and wrong	g answers, jus	t try and be
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child <u>now</u> . Remembas honest as possible.	sagree with per, there a Strongly Agree	n eacl are no Ag	right ree	and wrong Not sure	g answers, jus Disagree	
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child <u>now</u> . Remembas honest as possible.	sagree with per, there a Strongly Agree	n eacl are no Ag	right ree	and wrong Not sure	g answers, jus Disagree	t try and be Strongly
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembas honest as possible. A. I am happy in my role as a parent	sagree with per, there a strongly Agree	n eacl are no Ag	right	Not sure	g answers, jus Disagree	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Rememb as honest as possible. A. I am happy in my role as a parent	sagree with per, there a strongly Agree	n eacl are no Ag	right	Not sure	g answers, jus Disagree	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	sagree with per, there a Strongly Agree	are no	o right ree	Not sure 3	g answers, jus Disagree 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	sagree with per, there a Strongly Agree	are no	o right ree	Not sure 3	g answers, jus Disagree 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	o right ree 22	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	o right ree 22	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	o right ree 22	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	o right ree 22	Not sure 3	g answers, jus Disagree 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	2	Not sure 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	p answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dis how things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	2	Not sure 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	p answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree 5 5 5 5
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree 5 5 5 5
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree .	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree 5 5 5 5
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree - 1	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree - 1	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree - 1	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree - 1	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent. B. There is little or nothing I wouldn't do for my child if it was necessary. C. Caring for my child sometimes takes more time and energy than I have to give. D. I sometimes worry whether I am doing enough for my child. E. I feel close to my child. F. I enjoy spending time with my child. G. My child is an important source of affection for me H. Having a child gives me a more certain and optimistic view for the future. I. The major source of stress in my life is my child. J. Having child leaves little time and flexibility in my life K. Having child has been a financial burden. L. It is difficult to balance different responsibilities because of my child. M. The behaviour of my child is often embarrassing or stressful to me. N. If I had it to do over again, I might decide not to have child. O. I feel overwhelmed by the responsibility of being a parent. P. Having child has meant having too few choices and	Strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4 4 4 4 4 4 4 4 4 4 4 4	Strongly disagree
J1. [Card J1] Please rate how much you agree or dishow things are for you and your child now. Remembers as honest as possible. A. I am happy in my role as a parent	Strongly Agree -	Ag	2	Not sure 3	g answers, jus Disagree 4	Strongly disagree

B. There are other parents I can talk to about my experiences	More	The same		Less	He/S		live with me	then
agree agree or disagree B. There are other parents I can talk to about my experiences. C. If I had financial problems, I know my family or friends would help if they could. 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					pport you mi	ght get. Ple	ease say ho	w much yo
A I have no-one to share my feelings with			• • •	Agree	agree nor	Disagree		Can't say
my experiences.	3. There are other pare	ents I can talk to about	<u> </u>		3			6
July 2. Overall, how do you feel about the amount of support or help you get from family or friends living elsewhere? I get enough help	If I had financial prol	blems. I know mv fami	ilv			4	5	□6
I get enough help I don't get enough help I don't get any help at all I don't need J5. How often do you feel that you need support or help but can't get it from anyone? Very often Often Sometimes Never I don't J6. Do you take advice from the J7. [Card J7] Below is a list of some of the ways you may have felt or behaved. Please indicate how have felt this way during the past week: (tick one box on each line) Rarely or none of the time (less than 1 day) I felt I could not shake off the blues even with help from my family or friends	4. Overall, how do ye					om family o	r friends	
J5. How often do you feel that you need support or help but can't get it from anyone? Very often Often Sometimes Never I don't 1	get enough help							
J6. Do you take advice from the <baby's> grandparents about parenting? Yes</baby's>								
Yes	<u> </u>							t need it □ ₅
J7. [Card J7] Below is a list of some of the ways you may have felt or behaved. Please indicate how 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 amount of the time (l-2 days) Gocasionally or time moderate amount of the time (3-4 days)	6. Do you take advic	e from the <baby's></baby's>	grandparen	ts about p	parenting?			
Rarely or none of the time (less than 1 day) felt could not shake off the blues even with help from my family or friends	'es	🔲 1	No			2		
help from my family or friends			ick one box Rarely none of	on each I or the time	ine) Some or little of th	Occ ne time) amo	easionally or e moderate ount of the	Most or all of the time (5-7 days)
I thought my life had been a failure	elp from my family or	friends		l	2			4
Telt fearful	felt depressed thought my life had be	een a failure		l	2 П ₂			4
J9. Was this: Before being pregnant with In the 1st trimester of the pregnancy	felt fearful			ı	2		2	4
J9. Was this: Before being pregnant with In the 1st trimester of the pregnancy	/ly sleep was restless.		∐	l	<u> </u> 2			4
J9. Was this: Before being pregnant with In the 1st trimester of the pregnancy	had crying spells			l I			3	
J9. Was this: Before being pregnant with <baby></baby>	felt sad		🗖	l	2		. 3	4
J9. Was this: Before being pregnant with <baby></baby>	8. Have you ever bee	•	•		•	•	ty or 'nerve	s'?
In the 1st trimester of the pregnancy			Yes	1	No	2		
Scale on parenting beliefs removed J11. Did you work full-time, part-time or not at all before you became pregnant with <baby>?</baby>	J9. Was this:	In the 1st trimester of In the 2nd trimester of In the 3rd trimester of When Vasable Nasable Nas	of the pregnation of the pregnation of the pregnation of the pregnation.	ncy ancy ncy age	2 2 3 4 5			
Scale on parenting beliefs removed J11. Did you work full-time, part-time or not at all before you became pregnant with <baby>?</baby>	110				7			
	10.	Scale	on parent	ing belief	fs removed			
Full-time	11. Did you work full	I-time, part-time or no	ot at all befo	re you be	ecame pregna	ant with <ba< td=""><td>aby>?</td><td></td></ba<>	aby>?	
	full-time		time		Not	at all		3
J12. If yes, how many hours were you working per week?hours Irregular hours	12. If yes, how many	hours were you wor	king per we	ek?	hours	Irre	gular hours	55

J14. Can I ask you, did you go back			7	_	
Yes, Part-time	e	ret□₃	No	4	
J15. What age was/will <baby> be w</baby>	hen you went/go bad	ck to work?	months		
J16. What was/is the main reason fo	r going back to work	c?			
Financial Maintain a Career		itlet outside the hom	e □ ₃		
J17. Did/Will you return to the same	job you had before t	the birth of <baby></baby>	(i.e., same job	and employer)	?
Yes □1	No	2			
J18. Are you/will you be working at the	,	•			
Didn't work before No, lov	ver level	Yes, same level		No, higher level	
J19. If you did not work during preg	nancy, when were yo	ou last in paid empl	oyment? Montl	n year	
J20. Did you take, or are you curren	tly on:				
a. Paid maternity leave? Yes	☐₁ → How many w			2	
b. Unpaid maternity leave? Yes c. Annual leave? Yes		veekswks veeks wks			
(Accumulated before or during materni		wcerswrs	110	2	
J21. Did you take, or are you curren	tly on unpaid parent	al leave with <baby< td=""><td>>?</td><td></td><td></td></baby<>	>?		
Currently	In the past.		No	2	
J22a. If yes, how many weeks?		week	s		
J22b. Taking as a day per week	Yes	1 No□2			
Time Section Ended	(24	hour clock)			
	K: SOCIO-DEN	IOGRAPHICS			
Time Section Started	(24	hour clock)			
K1. For the following items could yo		or not your househo	old, has the ite	n and, if not, if	it is
because you couldn't afford it or for	another reason?			No, N	lo,
			Yes	Cannot ot	her ason
Does your household eat meals with m			t)		
at least every second day? Does your household have a roast join	t (or its equivalent) at	least once a week?	1		□3 □ 3
Do household members buy new rathe	er than second-hand c	lothes?	1		3 3
Does each household member posses Does each household member posses	s a warm waterbroof (coat?	1	2	□3 □-
Does the household replace any worn	out furniture?				\square_3
Does the household keep the home ac	lequately warm?	1	1		3
Does the household replace any worn Does the household keep the home ac Does the household have family or frie Does the household buy presents for fo	nds for a drink or mea amily or friends at leas	st once a montn?st		 	□3 □3
K2. A household may have different					
to it. Concerning your household's the household able to make ends m		ekiy ilicome, with v	vilicii aegree o	i ease of diffict	uity is
With great difficulty With difficulty	With some diffi	_	_		-
<u></u> 1	3	<u></u> 4	Ц	5] 6
K3. Have you ever had to go without had to go without a fire on a cold da					nave y
coal/fuel?)	Yes	.□₁ No	2		

_	Yes	No2		
K5. Why was that?	?			
Didn't want to		□ ₁ Couldi	n't leave the children	🔲 1
Have a full social lif	fe in other ways	\square_2 Illness		🔲 1
Couldn't afford to		□ ₃ Other.		1
(6. Thinking back to when yo	ou were 16 years old, ca	n you tell me, with w	hich degree of ease o	or difficulty wa
your household able to make	ends meet?		_	-
With great difficulty With o			sily Easily	
L_1L			5	Б6
K7. I would now like to ask yo	ou some questions abou	t your accommodation	n: Is this accommod	ation a:
House		□1		
Apartment / Flat/ Bedsit		=		
Other (specify)		3		
K8. [<i>Show Card K8]</i> From this	s card, please tell me wh	ich best describes yo	our (and your partner	's) occupancy
of the accommodation?				_
Owner occupied				
Being purchased from a Local A				
Rented from a Local Authority				
Rented from a Voluntary Body				
Rented from a Private Landlord				
Living with and <u>paying rent</u> to yo				
Occupied free of rent with your	, , , , , , , , , , , , , , , , , , , ,	· ·		_
Occupied free of rent from your	or your partner's job			L_l8
K10. [Show Card K10] Which Int. Note that if resp is on mate	of these descriptions <i>B</i>	EST describes your ι	usual situation in rega	
K9. How many separate bedro K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employmer Self employed outside farmin	of these descriptions Bernity leave and has a job with the proof of the second proof o	EST describes your unwhich she intends to restrict the Student full-time. On State training	usual situation in rega turn to she should be d scheme (FAS, Failte Irela	
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employme)	of these descriptions Bernity leave and has a job with the proof of the second proof o	Student full-time. On State training Unemployed, act	usual situation in regarder turn to she should be constituted by the should be constituted by the state of the should be constituted by the should be constituted	4 and etc.) 5
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming	of these descriptions Bernity leave and has a job with the proof of the second proof o	Student full-time. On State training Unemployed, act Long-term sickne	scheme (FAS, Failte Irelaively looking for a job	
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming	of these descriptions Bernity leave and has a job with the proof of the second proof o	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc	scheme (FAS, Failte Irelaively looking after home or fam.	4 and etc.) 6 6 7 nily 8
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming	of these descriptions Bernity leave and has a job with the proof of the second proof o	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired	scheme (FAS, Failte Irelaively looking after home or fam.	4 and etc.) 6 7 nily 8
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming	nof these descriptions Bernity leave and has a job with the provided in the pr	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regul	scheme (FAS, Failte Irelatively looking for a job	4 and etc.) 5 6 7 nily 8 11
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employmer Self employed outside farmin Farmer	nof these descriptions Bernity leave and has a job with the provided in the pr	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regul	scheme (FAS, Failte Irelatively looking for a job	coded as 'at
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employmer Self employed outside farmin Farmer	nof these descriptions Be ernity leave and has a job with the property of the	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) c, including any regulatours in all jobs.	scheme (FAS, Failte Irelatively looking for a job bking after home or fam	coded as 'at
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employmer Self employed outside farmin Farmer	nt)	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regulatours in all jobs. bu mainly do in your je what respondent doe	scheme (FAS, Failte Irelatively looking for a job bking after home or fam	coded as 'at
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming Farmer	nt)	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regulatours in all jobs. bu mainly do in your je what respondent doe	scheme (FAS, Failte Irelatively looking for a job bking after home or fam	coded as 'at
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employmer Self employed outside farmin Farmer	nof these descriptions Be ernity leave and has a job warmity leave and has a job warmi	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regulatours in all jobs. bu mainly do in your je what respondent doe	scheme (FAS, Failte Irelatively looking for a job bking after home or fam	coded as 'at
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming Farmer	nt) normally work per weel job, please include the hain this job? (What do yo [Int. Make sure to describe hage any personnel in you have the hair mage and hair mage any personnel in you have the hair mage and hair mage and hair mage and hair mage any personnel in you have the hair mage and hair mage and hair mage and hair ma	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regulatours in all jobs. bu mainly do in your je what respondent doe	scheme (FAS, Failte Irelatively looking for a job bking after home or fam	coded as 'at
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming Farmer	nof these descriptions Be ernity leave and has a job warmity leave and has a job warmi	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regulatours in all jobs. bu mainly do in your je what respondent doe	scheme (FAS, Failte Irelatively looking for a job bking after home or fam	coded as 'at
K10. [Show Card K10] Which [Int. Note that if resp is on mate work']. Employee (incl. apprenticeship or Community Employment Self employed outside farming Farmer	nof these descriptions Bernity leave and has a job with the property of the pr	Student full-time. On State training Unemployed, act Long-term sickne Home duties / loc Retired Other (specify) k, including any regulations in all jobs. bu mainly do in your je what respondent doe	scheme (FAS, Failte Irelatively looking for a job bking after home or fam	coded as 'at

K47 How offens	
K17. How often? Permanent night shift	
4-7 days per week	
2-3 days per week	
About once a week	
Several times a month (including rotating shifts)	— ·
About once a month	
Less often	
Don't know	
K18. Do you ever work on Saturdays or Sundays?	Yes
1740	
K19. How often	
Every week	—·
Every 2 or 3 weeks About once a month	
Less often	
Don't know	
DOLL KILOW	
K20. If you were completely free to choose, how man work overall?hours per week	ny hours a week (paid work) would you like to
K21. Apart for holiday or casual work, have you ever	had a job? Yes
K22. In what year did you last work?	
K23. When you last worked were you? Employee (incl. apprenticeship	
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship	nployed outside farming□₂ Farmer□₂ id you mainly do in your job?) Please describe as
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	Never Worked
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	Never Worked 1 Inployed outside farming 2 Farmer 3 Ind you mainly do in your job?) Please describe as ondent does as fully as possible] Is card could you tell me which is the single most
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming Farmer
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming Farmer
K22. In what year did you last work? year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming
K22. In what year did you last work?year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming
K22. In what year did you last work?year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming
K22. In what year did you last work?year K23. When you last worked were you? Employee (incl. apprenticeship or Community Employment)	nployed outside farming Farmer

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

		are current was before				your cu	ırrent l	nousehol	d inco	me the sa	ame as, g	reater than o
Great	er	1	Same		2	Less tha	n	3	Not	Applicable	e [<u></u>
HOUS	SEHOLI		me, i.e. a									be the total I sources an
	on't Kno ear	OW □3	€			per	Week		M	onth	2	
[INT:	IF RES	SPONDENT	CANNOT	GIVE EX	(ACT F	IGURE 0	O TO	K29. If ex	act figu	ıre given (go to K30]	
a sca	le of in		l we wou	ld like to								card we have come falls, i.
ne th	e letter	me from al of the grouser of the gr	ıp your h	ousehol	d falls i	nto, afte	r dedu	ctions fo	r tax aı	nd PRSI.		could you te
								ICTIONS				
Per V	Veek		Per Mo	onth r 1 000		l le	Per Y	ear		Cate	gory	Card K20
		r €350										
		r €460										
€461	to unde	r € 575	€2,00	1 to unde	r €2,50	0 €2	4,001 1	to under €	30,000	D□̃₄→	Section D,	Card K29
		r €800										
		r €925										
		r €1,150										
		der €1,500										
		der €1,850										
€1,85	1 or mo	re	€8,00	or more								
/ 20	Card K	(3 <i>0</i>] Would	that ha i	tick 1 2 o	r 2 in a							
	Per w			5								
^	Per Mo			00)				
	Per Ye							,000				0
В	Per w	eek	€231 to €	270		€271 t)		€311 to		
	Per Mo						1 to €1,	,350	□2			
	Per Ye			to €14,000				16,000				00
С	Per w	eek	€351 to €	390		€391 1	to €420)	□2	€421 to	o €460	3
	Per Mo			€1,700				,800				
	Per Ye			to €20,000				22,000				00□3
D	Per w			500				5				3
	Per Mo			€2,150				,300				
-	Per Ye			to €26,000				<u> 28,000</u>				00
-	Per Mo			€50 €2,800) ,250				3
	Per Ye			to €34,000				38,000				00
F	Per we			850)				3
	Per Mo			€3,650				,800				
	Per Ye			to €44,000				46,000				00□₃
G	Per w			£1,000				,050				
	Per Mo			€4,300				,600				
	Per Ye			to €52,000				56,000				00□₃
H	Per w			€1,250				,375				
	Per Mo			€5,500				,000				
-	Per Ye			to €66,000				72,000				00
	Per we) €1,600				,750				3
	Per Mo			0 €7,000				,500				3
-	Per Ye			to €84,000 0 €2,100				90,000 ,400				<u>00</u> 3
٦	Per Me			0 €2,100 0 €9,250		€2,10 €0,25		,400 0,500				
	Per Ye			to €110,00				€125,000 €125,000				
			,			, ,		-,500		, _		·····

		e household other than y cial Welfare, a pension e		nd your spou	ise / partn	ner have an incom	e of any sort
Only re	espondent and/ or s	spouse/partner□ ₁ -→	Go to K33	Other house	eholds mei	mbers □₁→Go	to K29
K32. N RECEI COMB	Now I would like IVE. If you added INED TOTAL NET	you to think ONLY OF d up all the income so I INCOME OF THE TWO s mentioned above and t	THE INCOurces fro	OME WHICH ' m YOU AND , i.e. after dec	YOUR AN YOUR F ductions	ND YOUR PARTNEP PARTNER what we for tax and PRSI (ER / SPOUSE would be the only? Include
	K ₉₉	€	per	Week] ₁ Mor	nth□₂	
	ar IF RESPONDENT	CANNOT GIVE EXACT F	IGURE G	O TO K33. If e	exact figure	e given go to K34]	
but on NET in from a the le	this card we have necome of you and all sources mention	that it is difficult to give ve a scale of incomes, a your spouse / partner factored above but only for into which the comb	nd we wo alls, i.e. af you and	uld like to kn ter deduction your partner.	ow into was for tax and tax in the contract of	vhich group the co and PRSI only? In g at the card coul	ombined total clude income d you tell me
[Tick th	he letter of the grou	ıp your household falls int	o, after de	ductions for ta	x and PRS	SI only]	
C	OMBINED NET INC	COME AFTER DEDUCTION	ONS OF T	AX AND PRS	I FOR RE	SPONDENT AND F	PARTNER
						_	
		Per Month Under €1,000					
		€1,001 to under €1,50					
		€1,501 to under €2,00					
		€2,001 to under €2,50					
		€2,501 to under €3,50					
		€3,501 to under €4,00					
		€4,001 to under €5,00					
		€5,001 to under €6,50					
		€6,501 to under €8,00 €8,001 or more					
€1,051	or more	Refused				Don't' Know	
		rtordood		Ц//		Don't raiow	∟88
K34 <u>. [</u>	Card K30] Would	that be [and tick 1, 2 or 3	in approp	riate section u			
A	Per week	under €75					
	Per month	€0 to €300				€651 to €1,000	
_	Per year	€0 to €4,000		· · · · · · · · · · · · · · · · · · ·		€8,001 to €12,000	
В	Per week	€231 to €270		to €310		€311 to €350	
	Per month	€1,001 to €1,150		1 to €1,350		€1,351 to €1,500	
	Per year	€12,001 to €14,000		01 to €16,000		€16,001 to €18,000	
٦	Per week Per month	€351 to €390		to €420 1 to €1,800		€421 to €460	
	Per year	€1,501 to €1,700 €18,001 to €20,000		01 to €1,600		€1,801 to €2,000 €22,001 to €24,000	
П	Per week	€461 to €500		to €535		€536 to €575	
	Per month	€2,001 to €2,150		1 to €2,300		€2,301 to €2,500	
	Per year	€24,001 to €26,000		01 to €28,000		€28,001 to €30,000	
E	Per week	€576 to €650		to €750		€751 to €800	
	Per month	€2,501 to €2,800		1 to €3,250		€3,251 to €3,500	
	Per year	€30,001 to €34,000		01 to €38,000		€38,001 to €42,000	
F	Per week	€801 to €850		to €880		€881 to €925	
	Per month	€3,501 to €3,650		1 to €3,800		€3,801 to €4,000	
	Per year	€42,001 to €44,000] ₁ €44,0	01 to €46,000	□2	€46,001 to €48,000	0 □3
G	Per week	€926 to €1,000		1 to €1,050		€1,051 to €1,150	
	Per month	€4,001 to €4,300		1 to €4,600		€4,601 to €5,000	
	Per year	€48,001 to €52,000		01 to €56,000		€56,001 to €60,000	
H	Per week	€1,151 to €1,250		1 to €1,375		€1,376 to €1,500	
	Per month	€5,001 to €5,500		1 to €6,000		€6,001 to €6,500	
-	Per year	€60,001 to €66,000		01 to €72,000		€72,001 to €78,000	
	Per week	€1,501 to €1,600		1 to €1,750		€1,751 to €1,850	
	Per month Per year	€6,501 to €7,000 €78,001 to €84,000 □		1 to €7,500 01 to €90,000		€7,501 to €8,000	
1	rei veai	T/O UUT 10 FA4 UUU 1	I4 €04 [U - 10 - 9 0 000	1 10	モッし ししょ しし モダわ ししに	1 10 1

€2,101 to €2,400

€9,251 to €10,500

€11,0001 to €125,000 .. □2

€2,401 or more \square_3

€10,501 or more \square_3

€125,001 or more □3

J Per week

Per month

Per year

€1,851 to €2,100

€8,001 to €9,250

€96,000 to €110,000 ... □1

1/0F D					1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	¬
K35. DO VO	ou or vour partner	receive any Socia	I Welfare payments?	res	I₄ → Go to K36 INO I	2 → Go to K3/

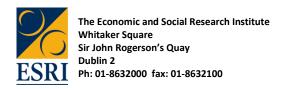
K36. [Card K36] Now I'd like to record information on any Social Welfare payments YOU OR YOUR PARTNER are receiving. Looking at this card could you tell me whether or not you or your partner currently receive any of these Social Welfare payments? [Int Tick payments which either partner receives]

Social Welfare Payment		Social Welfare Payment	
RETIREMENT PAYMENTS	•		
State Pension (Transition)		State Pension Non-Contributory	\square_3
State Pension (Contributory)		Pre-Retirement Allowance	
ONE-PARENT FAMILY / WIDOW(ER) PAY	MENTS		
Widow's or Widower's (Contributory) Pension		Deserted Wife's Allowance	9
Deserted Wife's Benefit		Prisoner's Wife's Allowance	
Widowed Parent Grant		One-Parent Family Payment	
Widow's or Widower's (Non-Contrib) Pension		The raise raise raise rayment	11
CHILD RELATED PAYMENTS	8		
Maternity Benefit		Health & Safety Benefit	
	12	Guardian's Payment (Contributory)	14
Adoptive Benefit	13	Guardian's Payment (Contributory) Guardian's Payment (Non-Contributory)	15
		Guardian's Payment (Non-Contributory)	16
DISABILITY AND CARING PAYMENTS		L.C December	
Illness Benefit	17	Injury Benefit	23
Invalidity Pension	18	Incapacity Supplement	24
Disability Allowance	19	Disablement Benefit	25
Blind Pension		Medical Care Scheme	26
Carer's Benefit	21	Constant Attendance Allowance	27
Carer's Allowance		Death Benefits (Survivor's Benefits)	
UNEMPLOYMENT PAYMENTS	•		
Jobseeker's Benefit		Jobseeker's Allowance or	
	29	Unemployment Assistance	30
EMPLOYMENT SUPPORTS			
Family Income Supplement	31	Back to Work Enterprise Allowance	34
Farm Assist	32	Part-time Job Incentive Scheme	35
Back to Work Allowance (Employees)	33	Back to Education Allowance	36
Supplementary Welfare Allowance (SWA)	□ ₃₇		
7. Do you or your partner currently receive chi 8. Do you or your partner currently receive ren			No. 🗌
9. How much do you receive per week in rent o	or mortg	age supplement? €	
0. [Card K40] What is the highest level of educ	cation yo	ou have completed to date?	
mary or less	<u> </u>		
ermediate/ junior/ Group Certificate or equivalent	<u>2</u>		
aving Certificate or equivalent	<u></u> 3		
oloma/ Certificate	∐3 □4		
bloma/ Certificatemary degree	3 4 5		
bloma/ Certificate mary degreestgraduate/ Higher degree	□3 □4 □5 □6		
	□3 □4 □5 □6 □88 ur partno	er speak with <baby> most often at hom</baby>	e?
bloma/ Certificate	ur partn		e?
bloma/ Certificate	ur partno	□2	e?
bloma/ Certificate mary degreestgraduate/ Higher degree fusal 1. What language or languages do you and you	ur partne Irish French		e?
bloma/ Certificate	ur partne Irish French Russia	□2	e?
Doloma/ Certificate Doloma/ Certificate	Irish French Russia Latviai Spanis	2 1	e?
Doloma/ Certificate Doloma/ Certificate	Irish French Russia Latviai Spanis Lithua	2 1	e?

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
[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?</language>
Yes ☐ ₁ No
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
K47. Are you a citizen of Ireland? Yes
K48. What citizenship do you hold?Don't know
K49. Were you born in Ireland? Yes
K50. In which country were you born?Don't know
K51. How long ago did you first come to live in Ireland? Within the last 1-5 years ago 6-10 years 11-20 years ago More than 20 Don't
year ago years ago Know □ 1 □ 2 □ 3 □ 4 □ 5 □ 888
K52. And what about <baby>. Is he / she a citizen of Ireland? Yes</baby>
K53. What citizenship does he / she hold?
K54. Was <baby> born in Ireland? Yes \[\]_1 No \[\]_2</baby>
K55. In which country was he/she born? Don't know8
K56. [<i>Card K56]</i> What is your ethnic or cultural background?
Irish
Any other white background \square_3 Any other Asian background \square_7
African
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

	ings listed below is in your area? For each item listed nmon; fairly common; not very common; or not at all
	Very Fairly Not very Not at all
Rubbish and litter lying about	Common common common
Homes and gardens in bad condition	
Vandalism and deliberate damage to property	$1 \cdots 1 \cdots$
People being drunk or taking drugs in public	
L3. To what extent do you agree or disagree with these on each line.	e statements about your local area? Please tick one box
on each line.	Strongly Strongly
	Agree Agree Disagree Disagree
It is safe to walk alone in this area after dark	
It is safe for children to play outside during the day in this a There are safe parks, playgrounds and play spaces in this	area
L4. I am going to read out a range of services. Could y	
within relatively easy access of YOUR LOCAL AREA?	
<u>Available?</u> Yes No	<u>Available?</u> Yes No
	I Welfare Office 1
2. GP or health clinic	ing/ Credit Union 1 2
	ntial grocery shopping \bigcap_1 \bigcap_2
	eational facilities appropriate to young ren
L5. Do you have any family living in this area? Yes	
L6. What is your date of birth? day	month year
Lo. What is your date of birth:	year
L7. Int: Is respondent male or female? Male	
•	
Time Section Ended (24 hour clock)
Time Section Ended (24 hour clock)
Time Section Ended (2	24 hour clock)
	24 hour clock) INTERVIEWER
M. FOR THE	INTERVIEWER
M. FOR THE	INTERVIEWER you have left the household as possible.
M. FOR THE 1 Please complete the following questions as soon after M1. Would you describe the place where the househ	INTERVIEWER you have left the household as possible. old is situated as being?
M. FOR THE 2 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER you have left the household as possible. old is situated as being? Vaterford city
M. FOR THE 3 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER you have left the household as possible. old is situated as being? Vaterford city
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
M. FOR THE 3 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyold is situated as being? Vaterford city
M. FOR THE 1. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyold is situated as being? Vaterford city
M. FOR THE 1. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
M. FOR THE 2. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Told is situated as being? Vaterford city
M. FOR THE 1. Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyou have le
M. FOR THE 1 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. In you hav
M. FOR THE The M. FOR THE M. Would you describe the place where the househ In open country	Tyou have left the household as possible. In you have left the ho
M. FOR THE Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. In policities is ituated as being? Vaterford city
M. FOR THE 1 Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. Tyold is situated as being? Vaterford city
M. FOR THE Please complete the following questions as soon after M1. Would you describe the place where the househ In open country	INTERVIEWER Tyou have left the household as possible. In policities is ituated as being? Vaterford city

Primary Caregiver Sensitive Questionnaire





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 <u>ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE</u> .
S1. Are you the biological parent of the Study Child?
Yes \square_1 \longrightarrow Go to S12 No \square_2 \longrightarrow 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
S4. Was this a within family adoption? S5. From which country?
Yes
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 No
S8. How long has the Study Child been with your family?wrsmthsdays
S9. Do you anticipate that this will be a long-term foster placement? Yes No
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

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.

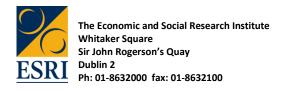
S14. [Show Card legal marital star		at this card, co	ould you tell n	ne which of th	ese codes be	est describe	s your current
Married	Sepa	arated	Divorced	Widow	ed	Never Marrie	ed
S15 Are you curre	ently living	S22	with your hi Since when hi rt/spouse dec	you marry your isband/wife ave you been beased?	living (year) —	No 2
(yr) S	517 Are you cur 18 In what year 19 Since when 20 Are you cur	did you marry have you beer rently living w	your former : n living apart? ith another pa	rtner? Yes	(year) 1 No	year) o No 2	
S25.Since when	S26/27] Many (•	•			, ,	, ,
spouse / partner Most days At least once a w Less than once a S27. [Still Card S	eekweek		to S22 to S22	Never	ever		
Most days At least once a w Less than once a	eekweek		to S23 to S23 to S23	Hardly Never	ever		
Throw so	d S28]When you will at each other mething at each or slap each other was a subject to the state of the state	A er other	Imost never/ never	Not very often Som	netimes Ofto	en alv	t always/ vays □5 □5
S29. [Show Card	S29]And to en	d an argumen	t, how often w Almost nev	ould you	Sometimes		most always/ always
Apologise Change the Agree to dis Agree to dis	subject subject cuss the issue la agree n (hug) or make	ater		$ \begin{array}{c} \square 2 \\ \square 2 \end{array} $	3 3 3 3 3 3 3	□4 □4 □4 □4 □4	5 5 5 5 5 5 5 5 5
Ignore or ref away, leave	use to speak an the room or lea	y more, walk ve the house	🔲 1	2	З	<u></u> 4	<u></u> 5
S30 How often w	ould you say t	hat the follow	Less than once a	Once or twice a	ou and your Once or twice a week	partner? Once a day	More often
Aims, goals Amount of Having a s Calmly disc	of lifes and things bel time spent toge timulating excha cuss something ther on a project	ieved importan therange of ideas together	t	month 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3	4 4 4 4 4	5 5 5 5 5 5 5 5

0 Extremely Unhappy ☐₁ 632. Do you feel that h	1 Fairly Unhappy 2	2 A little unhappy 3	3 Happy □3	4 Very Happy □	5 Extremely Happy	6 Perfect ☐6
Brought you and your pouse/partner	Ma	ade you less se than befo		Made no diff to your relat		Can't say
loser together,		2				🗆 4
633. Have you had any nfluence on the Study	Child					relationship with
34. How many?	Yes	∐1 ———	<u> </u>	[→ Go to S34	
)ne	Two	🔲 3	Three or m	ore[<u>4</u>	
Cannabis/Dope/Hash/M Glue/Gas Valium/Downers/Tamaz LSD/Acid/Magic mushrod Cocaine/Coke/Crack Heroin/Smack/Skag/H Ecstasy/E's Popper's Methadone 36. Have you ever be orn?	epam/Jellies/Roms	oches/Diazep	am		c offences) sind	ce the Study Child
Yes □1		No	₂ → Go to S3	7		
37. Have you ever be	en to prison?	? Yes.	1	No[
38. Can we check, do		•	•		· -	
•	to S54 De	ceased]₂→Go to S	54 Lives els	ewhere 3 = 3	Go to S38
ves here□₁ →Go t	n-resident) fa	ther / moth	er stop livir	g with you ar	nd the Study Ch	nild?
ves here□₁ →Go t	ii-iesideiit) ie			Never lived to	ogether[_1
ves here□₁ →Go t	•	_month	year			
ves here ☐ → Go to a decision of the norm of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the first does the did it is a decision of the	Study Child's	s non-reside □₁	ent father/ r More tha	nother live from 1 hours drive	om here? e from here	3
ives here → Go to a 39. When did (the not a 40. How far does the within ½ hours drive from the setween ½ and 1 hours a 41. Do you and the Singular basis?	Study Child's m heredrive from he	s non-reside	ent father/ r More tha Outside	nother live from 1 hours driven the country	e from here	4

S43. How often does the Study Child see his not	n-resident father/ mother?	
Daily1	Monthly	— •
Once or twice a week	Less than once a month Less than once a year	
Every second week/weekend	Other (please specify)	
S44. Were you ever married to or did you ever li	ve with the Study Child's fath	er?
Yes, married to]. No	Adoptive/Foster parent[
S45. When did you separate or split up with the	Study Child's father?	
Spouse / Partner died1		0 years ago <u>□</u> ₄
In the last 4 years \square_2 Longer than 4 years ago but less than 10 \square_3		vas born □₅
Longer than 4 years ago but less than 10	vve were neve	er a couple □ ₆
S46. What was the nature of your relationship w the study child? (Please tick one box only).	ith the study child's father wh	en you became pregnant with
Married and living together □₁	Going out but not living	g together □₅
Cohabiting/living as married 2	Just friends	
Separated □ ₃ Divorced □ ₄	No relationship	
<u> </u>	annon mannant na man Por es (I v. O)	onder Ohillal and state and to be
S47. Do you have a formal or informal custody a lives?	arrangement regarding the St	uay Uniia and Where ne/she
Formal □ ₁	Informal \square_2	
240 Priofly describe that arrangement		
	er/ mother make ANY financia	I contribution to your housel
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? Ir direct maintenance payment etc. No, he/she never Yes</study>	s, he/she makes a Yes, he	
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment records</study>	s, he/she makes a Yes, he egular payment paymen	support such as rent, mortgates e/she makes ts as required
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? Ir direct maintenance payment etc. No, he/she never Yes makes any payment recorded to the maintenance payment recorded to the makes any payment recorded to the maintenance of control of the maintenance payment etc. No, he/she never Yes makes any payment recorded to the maintenance of control of the maintenance of</study>	s, he/she makes a Yes, he egular payment payment payment night/ month?	e/she makes ts as required
direct maintenance payment etc. No, he/she never Yes makes any payment ro 1 S50. How much does he/she pay per week / fortr	nclude any form of financial sets, he/she makes a egular payment payment payment payment payment state of the payment payment payment payment payment payment payment payment state of the payment pa	e/she makes ts as required ut how much per year?
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident forting. S50. How much does he/she pay per week / forting. per Week</study>	nclude any form of financial sets, he/she makes a egular payment payment payment payment S51. Abo 2 Year□3 non-resident parent about the once A few times a Several	e/she makes ts as required ut how much per year? per year Study Child? times a
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident for the second of the study Child's Several times a About Every day week a week and second of the study Child's second of the s</study>	nclude any form of financial sets, he/she makes a egular payment payment payment state once A few times a Several sets of the	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father in the study Child's series. S50. How much does he/she pay per week / forting per Week</study>	nclude any form of financial sets, he/she makes a egular payment payment payment state of the payment state of th	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 6
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident for the study Child's Several times a About Every day week a we</study>	nclude any form of financial sets, he/she makes a egular payment payment payment state of the payment state of th	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father and payment resident for the study child's several times a About the</study>	nclude any form of financial sets, he/she makes a egular payment payment payment payment payment state once A few times a Several sek month ye sek month ye sek month ye sek month sex months se	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never s G s G s G s C s
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father and payment resident father father and father fath</study>	nclude any form of financial states, he/she makes a egular payment payment payment payment payment states a set of the payment parent about the once A few times a several pake month year and a set of the payment parent? Would be positive nor somewhat negative states a set of the payment parent? Would be positive nor somewhat negative states a set of the payment p	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 6 Very negative
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S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment of the study child's series. S50. How much does he/she pay per week / fortrest of the study Child's series. Several times a About series a week a week a week a week of the study child's series. Several times a About series a week a</study>	nclude any form of financial states, he/she makes a egular payment payment payment payment payment states a set of the payment parent about the once A few times a several pake month year and a set of the payment parent? Would be positive nor somewhat negative states a set of the payment parent? Would be positive nor somewhat negative states a set of the payment p	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 6 Very negative
S49. Does the Study Child's non-resident father and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment remakes any payment remak</study>	nclude any form of financial sets, he/she makes a gular payment payment payment payment payment payment payment parent about the once A few times a Several pake month year positive nor negative payment parent? Would her positive nor negative payment pay	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 d you say your relationship i Very negative 5 year
S49. Does the Study Child's non-resident fathe and the maintenance of <study child="">? In direct maintenance payment etc. No, he/she never Yes makes any payment resident father and payment resident for the study Child's several times a About the</study>	nclude any form of financial sets, he/she makes a gular payment payment payment payment payment payment payment parent about the once A few times a Several paked month year positive nor negative payment pa	e/she makes ts as required ut how much per year? per year Study Child? times a ar Never 6 d you say your relationship if Very negative 5 year

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

Secondary Caregiver Questionnaire



Time Section Ended



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 9month-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 Male □₁ A2. Int: Record gender of parent 1 Female..... A3. [Card A3] Which of the following best describes your relationship with the <baby> ? [Interviewer use codes only] A. Biological parent (mother/ father) B. Adoptive parent (mother/ father) F. Aunt/uncle H. Unrelated guardian 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

(24 hour clock)

D. BABY'S HABITS

Time Section Started			(24 hour o	elock)		
1. Were you present at t	he birth of	<baby>?</baby>				
Yes			Wanted t	o, but missed it	No	3
2. Fathers do many thir important for you, as a important) and 3 (third in Showing my child love and Taking time to play with in Taking care of my child fire Giving my child moral and Making sure my child is so Teaching my child and errother (specify)	parent, to most impore d affection by child chancially d ethical gui afe and pro	do? Pleas rtant).	se the rank them b			
D1. How much is <baby< td=""><td>•</td><td></td><td></td><td>-</td><td></td><td></td></baby<>	•			-		
A large problem	A moderate problem	•	A small problem	No problem at all	Not sure/ don't know	
1	'		· <u> </u>	4	5	
Page 1985 Page 1	-	No	roblem for you? ⊡₂ nt's Health and	Lifestyle		
Time Section Started			4 hour clock)			
I1. In general, how woul	d you say	your curre	nt health is?			
Excellent		2 3 4				
I2. Compared to one year	ar ago, hov	v would yo	u rate your health i	n general now?		
Much better now Somewhat better now About the same Somewhat worse now Much worse now	2 3 4	·	·			
I3. Do you have a longs mentally that has trouble						
	Yes		No	2		
I4. What is the nature o					le.	
I5. Since when have yo	u had this	illness or o	disability?	(mth)(year)	
I6. Are you hampered in	n your dail	y activities	by this physical or	mental health proble	em?	
Yes, severely	′ ₁	Yes, to son	ne extent	No		
I7. Do you currently or h	nave you in	the past s		-	bility which made	it
Į.	n the past		Currently	No	3	

I13. Do you smoke daily	, occasionally or never?					
Daily□ ₁	Occasionally	Never.				
I14. Have you ever smok	ced? Was it					
Daily□ ₁	Occasionally	Never.				
	RENTLY OR HAS EVER SMO s did you/do you smoke o			N		
I16. How long have you	been/were you a smoker fo	or?				
Weeks	Months	_Years				
I20. <i>[Card I20]</i> Which of	the following best describ	es how often	you usually	y drink alc	ohol?	
Never		[\neg ,			
		L L				
1-2 times a month			3,			
			<u></u> 4			
			5			
Every day		ا…ا				
	etween everyday and once o			sures of s	nirit would vo	u drink?
Pints of Beer		_	easures of S		-	
100 A I .						
-	s, how many drinks would y s at home/friends house or		_	_		
123. Do you mostry units	at nome/menus nouse or	outside iii a	pub, club oi	restauran	it f	
Always at home/friends ho	ouse □₁					
Mostly at home/friends ho	— =					
About equal						
Always at pub, club or res						
Mostly at pub, club or rest	aurant ₅					
I24. During the last year	have you failed to do what	t was normal	ly expected	from you I	because of dri	nking?
Yes] ₁ No	2				
127. About how many da (like walking briskly, rid work N	ays each week do you do a ing a bike, gardening, tenn	nt least 30min iis, swimming	s of modera g, running e	ate or vigo tc). Inclu	rous physical ude physical a	activity ctivity at
Time Section Ended		(24 hour c	lock)			
	L EAN	IILY CONT	EVT			
	J. FAIV	MILT CONT	LXI			
Time Section Started		(24 hour c	•			
how things are for you	e how much you agree or o and your child <u>now</u> . Reme					
as honest as possible.			_			
		Strongly	Agree	Not	Disagree	Strongly
A Lam happy in my rela	as a parent	Agree		sure —		disagree
B. There is little or nothing	a baieiii a I wouldn't do for	····· Ш1		3	4	5
mv child if it was nacessa	ry	\Box .	\Box_{a}		□,	\Box_{ε}
C. Caring for my child son	netimes takes		🗀 2	3	4	∟5
more time and energy tha	n I have to give	□₁	\Box_2	\Box_{\circ}		
D. Lsometimes worry whe	ther I am doing					
enough for my child		□₁	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			5
E. I feel close to my child.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\square_3	\Box_{4}	5
F. I enjoy spending time w	vith my child	🗖 1				5
G. My child is an importar	at source of affection for me.	🗖 1		3		5
H. Having a child gives m	e a more certain					
and optimistic view for the	future	🔲 1	🔲 2	3	🔲 4	5

I. The major source of stress in my				3	🔲 4	5
J. Having child leaves little time an	d flexibility in my l	ife 🔲 1				5
K. Having child has been a financia		🔲 1	2		🔲 4	5
L. It is difficult to balance different						
because of my child			2		4	5
M. The behaviour of my child is oft	en embarrassing	_		_	_	_
or stressful to me.		∐1	🗀 2	3	4	5
N. If I had it to do over again, I mig	ht decide					_
not to have child				3	🔲 4	5
O. I feel overwhelmed by the responsible parent.	onsibility of					
			2	3	4	5
P. Having child has meant having	too few choices ar	nd				_
too little control over my life		🖳 1	<u></u> 2	3	4	5
Q. I am satisfied as a parent		🖳 1	<u></u> 2	3	4	5
R. I find my child enjoyable		1	2	3	4	5
J4. Overall, how do you feel abo living elsewhere?	ut the amount of	support or he	elp you get fi	om family	or friends	
I get enough help I d	on't get enough he	elp I d	on't get any h	elp at all	I don't ne	ed any help
	2	-	3	····		4
J7. [Card J7] Below is a list of so have felt this way during the pas	st week: (tick one				e indicate ho	w often you Most or all
		one of the time	little of		ne moderate	of the time
	(10	ess than 1 day)	(1-2 day	,	nount of the ne (3-4 days)	(5-7 days)
I felt I could not shake off the blues	s even with			 -	(6)	
help from my family or friends		□₁	\square_2		3	\square_{4}
I felt depressed						
I thought my life had been a failure)	🗖 1			3	
I felt fearful					3	
My sleep was restless		🔲 1	🗆 2		3	
I felt lonely		🔲 1			3	🗖4
I felt lonelyI had crying spells		🔲 1			3	4
I felt sad		🔲 1	2		3	🔲 4
J8. Have you ever been treated b	ov a modical prof	ossional for o	linical denre	ecion anv	iety or 'nerve	se'?
30. Have you ever been treateur	by a illedical proi	essional for c	illilicai depre	SSIOII, alix	iety or Tierve	: 5 :
	Yes	🔲 1	No	\square_2		
J21. Did you take, or are you cur	rently on unpaid	parental leav	e with <baby< td=""><td>/>?</td><td></td><td></td></baby<>	/> ?		
Г						
Currently	. □₁ In t	he past		No		2
J22a. If yes, how many weeks?			week	<u> </u>		
J22a. II yes, now many weeks?		-	weer	.5		
J22b. Taking as a day per week	Yes		, D			
022b. Taking as a day per week	103		J			
Time Section Ended		/24 hours	(ام ماد)			
Time Section Ended		(24 hour	сіоск)			
	K: SOCI	O-DEMOGR	APHICS			
	11. 0001	O-DEIMOON	Airiioo			
Time Continue Classical		/0.4 lb	.11.			
Time Section Started		(24 hour	clock)			
K10. [Show Card K10] Which of	these descriptio	ns <i>BEST</i> desc	cribes your u	sual situat	ion in regard	to work?
			-		_	
Employee (incl. apprenticeship	<u>,</u>	_	عصاغ الناه فصما			
or Community Employmen	y				C. Foilte Ireland	
Self employed outside farming					S, Failte Ireland for a job	
ι αιιιι σι	·····					
	I I		a_tarm aiakaa			1 1 1-7 1
			g-term sickne			
		Hom	ne duties / loo	king after h	ome or family	
		Hom Reti	ne duties / loo red	king after h		8 9

K12. What is your occupation in this job? (What do	I
describe as fully as possible [Int. Make sure to describe	
K13. Do you supervise or manage any personnel in	your job?
Yes	
K15. How many employees (if any) do you have?	employees N A \square_{99}
K16. Do you ever work after 6pm or overnight?	Yes No
K17. How often? Permanent night shift	
K18. Do you ever work on Saturdays or Sundays?	
Every week Every 2 or 3 weeks About once a month Less often Don't know K20. If you were completely free to choose, how mawork overall? hours per week	
	an had a iah 2 Vaa
K21. Apart for holiday or casual work, have you even K22. In what year did you last work?	
K23. When you last worked were you?	
Employee (incl. apprenticeship	mployed outside farming∟ ₂ Farmer∟
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare There are no suitable jobs available for me My family would lose Social Welfare or medical benefits if I was earning
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare
I prefer be at home to look after my children myself 4 I cannot earn enough to pay for childcare5 K26. Do you plan to start or return to paid work?	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare
Employee (incl. apprenticeship or Community Employment)	did you mainly do in your job?) Please describe as condent does as fully as possible] his card could you tell me which is the single most outside the home? [Int. tick one only] I cannot find suitable childcare There are no suitable jobs available for me My family would lose Social Welfare or medical benefits if I was earning

Primary or less Intermediate/ junior/ Group Certificate or equivalent	\square
Intermediate/ junior/ Group Certificate or equivalent	
	\bigsqcup_2
Leaving Certificate or equivalent	
Diploma/ Certificate	<u></u>
Primary degree Postgraduate/ Higher degree	<u></u>
Refusal	
	——
[Int. Tick all that apply]	ur partner speak with <baby> most often at home?</baby>
English	Irish \square_2
Arabic	French
Polish	Russian
Czech	Latvian □ ₈
Portuguese 🗍 9	Spanish
Chinese	Lithuanian 12
Romanian 13	Other (specify) \square_{14}
K42. As you may know, many people have proble child from a children's storybook?	ems with reading. Can I just check, can you read aloud to a
Yes □.	No 🗀²
	110 mmmm L2
K43. Can you usually read and fill out forms you	might have to deal with in your own language?
Yes□ ₁	No
 -	an Irish or English is usually spoken at home see K41 above]
K44. You mentioned that you spoke <language> aloud to a child from a children's storybook write</language>	[Int See L40 above] at home, can I just check, can you read
•	
Yes□ ₁	No
K45. Can you usually read and fill out forms you	might have to deal with in English?
Yes∏ ₁	No
	_ -
K46. When you buy things in shops with a five o change?	r ten euro note, can you usually tell if you have the right
change?	
change? Yes□1	No
change? Yes□1	
change? Yes□1	No
change? Yes□₁ K47. Are you a citizen of Ireland? Yes	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold?	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold?	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born?	No
Change? Yes K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? K51. How long ago did you first come to live in In Within the last 1-5 years ago 6-10	No
K47. Are you a citizen of Ireland? K48. What citizenship do you hold? K49. Were you born in Ireland? K50. In which country were you born? K51. How long ago did you first come to live in Ireland year year year	No
Change? Yes K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? K51. How long ago did you first come to live in In Within the last 1-5 years ago 6-10	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? Within the last 1-5 years ago 6-10 year □1 □1	No
Change? Yes□1 K47. Are you a citizen of Ireland? Yes K48. What citizenship do you hold? K49. Were you born in Ireland? Yes K50. In which country were you born? K51. How long ago did you first come to live in Ir Within the last 1-5 years ago 6-10 year □1 □2 K56. [Card K56] What is your ethnic or cultural be	No
Change? Yes	No
K47. Are you a citizen of Ireland? K48. What citizenship do you hold? K49. Were you born in Ireland? K50. In which country were you born? K51. How long ago did you first come to live in In Within the last 1-5 years ago 6-10 year 2 1	No
Change? Yes	No

K57. What reli	gion are you, if any? _				
•	ve any family living in tour date of birth?			_	year
L7. Int: Is res	pondent male or femal	e? Male		nale	
Time Section	Ended	(24 hc	our clock)		
M. FOR THE INT	TERVIEWER ete the following quest	ions as soon after you	have left the ho	ousehold as possik	ole.
M2. Did the	e respondent ask for cl	arification on any que	stions?		
Never \square_1 M3. How e	Almost Never \square_2 ngaged with the survey	Now and then 3 y did you feel that the i			Don't Know☐ ₆
Very e	engaged… □ 1 Quite	engaged 2 Not v	ery engaged] ₃ Not at all enga	ged…□₄
M4 Did yo	u feel that the respond	ent was reluctant to ar	nswer any ques	tions?	
Never \square_1	Almost Never \square_2	Now and then \square_3	Often 4	Very Often □ 5	Don't Know
M5 Did yo	u feel that the responder	nt tried to answer the que	estions to the be	st of his or her ability	/?
Never \square_1	Almost Never 2	Now and then \square_3	Often 4	Very Often…	Don't Know
M6 Overa	II, did you feel that the	respondent understoo	d the questions	?	
Never…□ ₁	Almost Never 2	Now and then 3	Often 4	Very Often…	Don't Know…☐ ₆
M7. Was anyo	ne else present at the i	nterview?	Yes □₁	No	\square_2
5	Spouse/Partner…□₁	M8. Who? Tick all Study Child □2	that apply. Other Child] ₃ OtherAdult	4

$\label{eq:Appendix B-Instrumentation used in the pilot phase} Appendix \ B-Instrumentation used in the pilot phase$

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 no 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)

She on Brown

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 Growing Up in Ireland	decided not to participate in
Reason for not participating:	
If you do not wish to take part in the study please return this form in the enclosed pro	e-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.

GROWING UP IN IRELAND

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 Siochána.

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)	

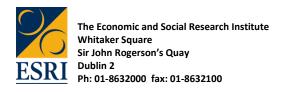
- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the Growing Up in Ireland study.
- I understand that the main aim 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.

me of Parent/Guardian: OCK CAPITALS PLEASE)
dress of Parent/Guardian:
OCK CAPITALS PLEASE)
nature of Parent / Guardian:Date:
ntact telephone:
elevant: me of parent/guardian not resident in your household: OCK CAPITALS PLEASE)
dress of parent/guardian not resident in your household:
OCK CAPITALS PLEASE)
nature of parent/guardian not resident in your household:
te: Contact telephone:

Work Assignment Sheet

NLSCI MAIN 9 Month INFANTS NTERVIEWER 99999 Mr Interviewer Group Seq				Outo	comes	1 Completed 2 Cannot locate address 3 Refused to interviewer -PHONE 4 Refused to interviewer - FACE to FACE				
Child's Name: Sensitive Type:					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 numb	pers							PS readings A	Household C (from list abo	
Section A Lives in household	ΥN	If yes, interview completed Y N	Sensitives completed	If No, why not?	Mother's	form signed PPS number PPS number	- 1	Yes 🗆	Troi wood E	8
Mother/Lone Father Father/Partner Twin of Study Infant	00 00	00	OO			on to access l		Yes □	Refused □	
Address Phone Permission to contac	and phone	e number of nor	n-resident pa	arent:	Name of Address of Phone Permiss i	lome based, carer/centre of carer/centre ion to contact	□₁ Cent	R CHILD MINDE re based □2 N	lone. □3	
Mother/lone fathe Father/partner	. 28	IEIGHT in cms	WEI	GHT in Kgs	Infant Date mean	Length In cms	Weight In Kgs	Head circu in cms		

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 RESPONDENT
INTERVIEWER NAME INTERVIEWER NO:
Time Section Started (24 hour clock) DATE:ddmmyy
Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about <i>Growing Up in Ireland - the National Longitudinal Study of Children</i> . 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 9-month-old="" child="" of="" study="">. The interview with the parents / guardians will take about 90 minutes to complete.</name>
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.</baby>
Yes□ ₁ No□ ₂
A2. Int: Record gender of respondent] Male
A2a. Record <baby's> name:</baby's>
A2b. Record <baby's> gender Male</baby's>
A2c. Record <baby's> date of birthddmmyyyy</baby's>
A3. [Card A3] Which of the following best describes your relationship with the <baby>? [Interviewer use codes only]</baby>
A. Biological parent (mother/ father) 1 B. Adoptive parent (mother/ father) 2 C. Step-parent (mother/ father) 3 D. Foster parent (mother/ father) 4 E. Grand parent 5 F. Aunt/uncle 6 G. Other relative/ in law 7 H. Unrelated guardian 8
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>?

		(A)	(B)	(C)		(D)			((E) Sh	ow Ca	rd A5E	-	
No.	First name/Initial	Sex	Date of Birth	If DOB not available	and child. l	ip of each mem Jse Relationshi v card. Show C	p Codes from	ŀ	ıtion	ning	pa		SS	
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	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1			1	yrs	1	////		\square_1	\square_2	Пз	<u>4</u>	□ 5	\Box_6	□ 7
2			1	yrs	2		////	\square_1	\square_2	Пз	□ 4	□ 5	\Box_6	□ 7
3			<u> </u>	yrs	3			\square_1	\square_2	Пз	<u></u> 4	<u></u>	\Box_6	□ 7
4			<u> </u>	yrs	4			\square_1	\square_2	Пз	<u>4</u>	<u></u>	□ 6	□ 7
5			<u> </u>	yrs	5			\square_1	\square_2	Шз	<u>4</u>	<u></u>	□ 6	□ 7
6			<u> </u>	yrs	6			\square_1	\square_2	\square_3	\Box_4	\square_5	\Box_6	□ ₇
7			<u> </u>	yrs	7			\square_1	\square_2	\square_3	\Box_4	□ ₅	\Box_6	П 7
8			l	yrs	8			\square_1	\square_2	Пз	<u></u> 4	<u></u>	□ 6	7
9			l	yrs	9			\square_1	\square_2	Пз	<u></u> 4	□ 5	\Box_6	П 7
Intervi	ewer: Mothe	r or lone	father shoul	d be on lin	e 1. Stu	idy Child sh	ould be or	line	2					
	you have any		ological chil			•								

A6b. For each biological child living outside the household can you please indicate their gender and date of birth. Date of Birth Male Female 1. \square_2 ___ __ / ___ __ / ___ __ __ __ Male Female Date of Birth 2. __ __/ ___ / ___ ___ ___ \square_2 Female Date of Birth Male 3.

B4. [Card B4] And when	ı you return, havi	ng left <baby> with s</baby>	omeone else, how doe	s he or she usually act?
With delight				
With a mixture of delight a Hard to tell, no particular				
Seems to be annoyed/an	gry with me for lea	ving him/her	4	
B5. When you talk to <b< th=""><th>oaby>, do you feel</th><th>that he/she is maint</th><th>aining eye contact with</th><th>ı you?</th></b<>	oaby>, do you feel	that he/she is maint	aining eye contact with	ı you?
Most or all of the time	Sc	ometimes	Hardly ever or never	
<u> </u>		2	3	
B6.				
	Sc	ale on attachment	removed	
B7				
<i>5.</i>	Questions on k	nowledge of child	development remove	d
B8				
D0	Infant Cha	racteristics Questi	onnaire removed	
	C	C. BABY'S DEVELO	PMENI	
Time Section Started		(24 hou	r clock)	
			·	
	Scale on infant	development remo	oved (ASQ/PEDS: DN	1)
		•		,
CX1. Do you talk to you			•	
Never	Rarely	Sometimes	Often ∏₄	Always □₅
				b
CX2.	ltems .	on infant developm	nent removed	
	itomo (on mant developm	ione romovod	
CX3. And do you have	any other concer	ns about any aspects	s of baby's behaviour o	r development?
[Int.: If yes, please specify	y]		-	-
		D. BABY'S HAB	BITS	
Time Coeffee Ctouted		(24 have	n alaak)	
Time Section Started		(24 nou	r clock)	
D1. How many hours sle	eep do you get or	າ an average night, at	t the present time?	N
D2. In general, what tim	e in the evening o	does your baby usua	lly go to sleep?	(24 hour clock)
,	J			,
D3. Approximately how	-			
(a) the day?	hours (b) th	ne night ?	hours	
D4. On a normal day wh	at time does you	r baby usually got ur	at in the morning?	(24 hour clock)
D4. On a normal day wi	iat time does you	baby usually get up	at in the morning?	(24 Hour Gock)
D5. Is your baby ever di	-	o bed?		
Most of the time	Often 2	At times	Rarely 4	Never 5
	_	—	4	
D6. How often does you	•	_	-	Marrath
Never Occas	sionally	Most nights	Every night	More than once per night
1		3	4	
D7. How many times pe	r night on averag	e?		

De. How does your baby normally sleep? On his/her stomach	D8. Do you ever wak	e <baby> for a feed during</baby>	g the night?		
29. How does your baby normally sleep? 20. his/her stomach	Yes, usually	·		·	
On his/her stomach On his/her side On his/her back	_	_			
2010. Does -cbaby> usually sleep: na room on his/her own	-		On his/her hack	•	
In a room on his/her own				`	
na room with other children	D10. Does <baby> u</baby>	sually sleep:			
2011. Where does 			<u> </u>	•	
In his/her own bed/cot In bed/cot with other children			<u> </u>	LIGOWIIOIO	4
Differ (specify)		•			
Dither (specify)			<u></u>		
D13 Do you feel that No No No No No No No No					
No.			k would <baby< td=""><td>> spend at least some p</td><td>part of the night in you</td></baby<>	> spend at least some p	part of the night in you
A large	D13 Do you feel that	<baby's> crying is a pro</baby's>	blem for you?		
A large	Yes	\[\]_1 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqquad \qqquad \qqqqq \qqqqqqqqqqqqqqqqqqqqqqqqqqqqq	2		
Discription Discription			-	•	
D15 Have you ever taken your child to a doctor or bought over the counter drugs for his / her sleeping problems. No					
E. CHILDCARE ARRANGEMENTS E. CHILDCARE ARRANGEMENTS	<u> </u>		3		
E1. Is back week? (24 hour clock) E1. Is back week? (25. Can you indicate (26.	problems.	-	_	er the counter drugs fo	r his / her sleeping
E1. Is baby> currently being minded by someone else, other than you or your partner, on a regular basis each week? Section Started	103				
E1. Is <baby> currently being minded by someone else, other than you or your partner, on a regular basis each week? (es</baby>		E. CHILD	CARE ARRA	NGEMENTS	
A relative in your home	Time Section Start	ed	(24 hou	r clock)	
(a) who else minds <baby> on a regular basis,</baby>	E1. Is <baby> curren each week?</baby>	tly being minded by some	eone else, othe	r than you or your partr	ner, 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	Yes		2		
A relative in your home	E2. Can you indicate	(b) number of hours pe (c) how much you pay	er week spent in for this childca	each type of childcare re per week	,
Someone else in your home		[Tick all that	apply] Number	of hours Cost per week	Main type of care
Someone else in your home				N €	<u></u> 4
Someone else in their home	Someone else in your	home			□4 □ .
Day nursery)	Someone else in their	home			□14 □14
Other (please specify)					\Box .
E3. What age was <baby> when you started to use the <u>main</u> childcare arrangement?months</baby>					
=ು. wnat age was <baby> when you started to use the <u>main</u> childcare arrangement?months</baby>	F0 14/1 - 4	-1			
	E3. What age was k	paby> when you started to	use the <u>main</u> o	childcare arrangement?	months

It was convenient It was linked to my I thought it would Other (please for	y job	\Box_2		
It was linked to my I thought it would Other (please for	y job			
I thought it would Other (please for	he hanaficial for my obj			
	describe)	ild5		
ED. DOW SAUSHE	d are you with these a			
Very satisfied	Fairly satisfied	Neither satisfied	Fairly dissatisfied	Very dissatisfie
-		nor dissatisfied		_
E6.What are you	r future intentions for	childcare? [Tick all that a	lylaar	
-	ne on a full-time basis.	<u>-</u>	.p.,11	
Baby minded by n	ny partner on a full-time	e basis 🔲₂		
Shared by my par	tner and mere			
Full-time child-car E7. Which type o	e f childcare?	∐5		
	home			
	your home			
A relative in their Ì	home			
	their home	—· I		
	regiver (e.g crèche/day			
Other (please spe	cify)			
e. restricted the horself. prevented you for	ours you could work or rom engaging in social	studyactivities		
		F. SIBLINGS AND T	WINS	
Int: ask only if sibl	ings recorded on house	ehold grid		
Time Section St	tarted	(24 hour o	clock)	
F1. Have any of t	he other children in v	our household been parti	cularly jealous/unhapp	v about the baby
hitting etc.)?		•	and y jourous annupp	, and at the buby
	<u> </u>	<u> </u>]
r∠a. was <study< th=""><th>child> a single birth</th><th>, twin, triplet etc. Single ch</th><th>nild Twin 2</th><th>Triplet□₃</th></study<>	child> a single birth	, twin, triplet etc. Single ch	nild Twin 2	Triplet□ ₃
F2b. Does his/he	r twin live here in this	s household?		
Yes	1 Lives els	sewhere	ceased 3	
100	hild> and <twin> iden</twin>	tical twins or fraternal (no	on-identical) twins? :	
		e. non-identical twins)		
F3. Are <study cludentical="" td="" twins<=""><td> Fraternal (i.e</td><td>· · · · · · · · · · · · · · · · · · ·</td><td>_</td><td></td></study>	Fraternal (i.e	· · · · · · · · · · · · · · · · · · ·	_	

5. Just let me check. Are your twins: wo boys□1 Two girls□2 Bo	by and Girl∏₃	
Int. ask if no at F4.]		
6. Would you say they are alike in looks		
es		
7 Would you gov they are clike		
7. Would you say they are alike ı) In behaviour		
o) in Personality/character	 =	
8. How do you dress them?		
n matching clothes each day		
n matching clothes sometimes		
9. How does this twin react to the other?		
	es, most Yes, some No, hardly f the time ever	
n) he/ she likes to be with his / her twin		
he/she doesn't seem to notice his / her twin he/she is upset if she is parted from his/her twin	1 2 3 3 3 3	
G. PR	RENATAL CARE	
Fime Section Started	(24 hour clock)	
Time Section Started	(24 Hour Clock)	
G1. Did you intend to become pregnant before <	:baby> was conceived?	
es, at that time	□₂ Unsure/Didn't mind□₃	
32. Did you intend never to become pregnant be	 efore <baby> was conceived, or just at a different t</baby>	ime?
es, but much later		
∕es, but somewhat later ∕es, but earlier		
No intention of becoming pregnant		
Other		
No que	estion G3 and G4	
65. How was your Ante-natal care provided?		
Shared care (between GP and other professional'.)		
Private consultant alone	<u> </u>	
·		
Aidwives clinic alone		
ndependent midwife alone		
ndependent midwife alonelone	$\overline{}_{6}$	
ndependent midwife alone None Other [Please specify]	6 7	
ndependent midwife alone None Other [Please specify] 67. At how many weeks did you first become aw 68. How many weeks into your pregnancy did yo	6 7	with
ndependent midwife alone None Other [Please specify] 67. At how many weeks did you first become aw 68. How many weeks into your pregnancy did yo 6P or hospital?weeks	☐ ₆ ☐ ₇ vare that you were pregnant? weeks	with
ndependent midwife alone None Other [Please specify] 67. At how many weeks did you first become aw 68. How many weeks into your pregnancy did yo 6P or hospital?weeks 69. And who was this appointment with?	6 7 vare that you were pregnant? weeks ou have your first ante-natal booking appointment	
ndependent midwife alone None Other [Please specify] 67. At how many weeks did you first become aw 68. How many weeks into your pregnancy did yo 6P or hospital?weeks	6 7 vare that you were pregnant? weeks ou have your first ante-natal booking appointment Midwives clinic alone	[
ndependent midwife alone	6 7 vare that you were pregnant? weeks ou have your first ante-natal booking appointment	

G12. How much weight did you gain during the course of your pregnancy?stonelbs ORkgs
G13. [Card G13] Were there any of the following complications with the pregnancy? [Tick all that apply
a. Raised blood pressure (in isolation)

n. Other [please specify]
G14. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?
Yes
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 Iron</baby>
Folic acid/Folate before pregnancy
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)</baby>
Home birth [planned] 1 In hospital
H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.</baby>
a. Name: b. Address
H3. Did you have any form of pain relief in labour? ALSPAC
Yes Did not have any labour
H4. What was the mode of delivery? GUIA (Adapted
Normal delivery
H5a. After how many weeks of pregnancy was <baby> born? Wks Don't Know</baby>
H5b. Was <baby> born late, on time or early? GUIA</baby>
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?lbsounces <u>OR</u>kgs GUIA</baby>
H7. What was <baby's> length at birth?inches <u>OR</u>cms GUIA</baby's>
H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]</baby's>
A. No complications
H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?</baby>
Yes
H10. Did the <baby> need any help with his/her breathing from a ventilator?</baby>
Yes ☐ ₁ No
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</baby>

H14a. Was <baby> ever exclusively breastfeed? [Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink Yes</baby>	_] ₁		Go to H16	
Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink Yes	14a Was Jhahus	ever evelusively	hreaetfood?		
No				s only breast-milk without any additional	I food or drinkl
H14b. How old was <baby> when he/she stopped being exclusively breastfed? Days</baby>		\neg			rioda di airing
Days Weeks Months ABaby> still being exclusively breastfed	es	J₁No	2	Go to H15a	
Days Weeks Months ABaby> still being exclusively breastfed	14b. How old was	<baby> when he</baby>	e/she stopped l	peing exclusively breastfed?	
H15a. Are you currently breastfeeding					

a. Not offered/Didn't know due to have	
H23. [Card H23] Has a medical professional ever told you that <baby> has any of the following co [Tick all that apply]</baby>	nditions?
a. Respiratory disease [including asthma]	
H24. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Wo 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, INST</baby>	-
RESPONDENT TO CONSIDER [CHILD]'S MOST SEVERE CONDITION. Minor	NOCI ITE

H25. [Card H25] We would like to know about any health problems or illnesses for which <baby> has taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these prob</baby>	
[TICK ALL THAT APPLY]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a. Snuffles/common cold	П.,
b. Chest infections	
c. Ear infections	
d. Feeding problems	
e. Sleeping problems	
f. Dental problems (e.g. teething)	
g. Wheezing or asthma \square_7 q. Fits or convulsions	
h. Skin problems	
i. Persistent nappy rash	
j. Undescended testicle	
u. None of the above	
d. Hone of the above	[]21
H26 Since <baby> was born, how many times have you seen, or talked on the telephone with any following about the <baby's> physical health? (exclude time of birth)</baby's></baby>	of the
A general practitioner (GP), or family physicianN	
A paediatricianN	
A public health nurse or practice nurseN	
Another medical doctor (such as a hearing specialist)	
Accident and Emergency or OutpatientN	
H27 Has <baby> ever been admitted to a hospital ward because of an illness or health problem?</baby>	
Yes	
LICO Not in chudin nuch on hotels and a name of motels have many nights have below as out	
H28. Not including when he/she was born, approximately how many nights has <babby> spent in hospital? NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS Nights</babby>	
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?</baby>	
Yes ☐ ₁ No ☐ ₂ Don't know ☐ ₃ Refused ☐ ₄	
H30. Why did <baby> not get the medical care or treatment? Was this because:</baby>	
[TICK YES OR NO TO EACH]	
Yes No	
You couldn't afford to pay	
The necessary medical care wasn't available or accessible to you	
You could not take time off work to visit the doctor	
Wanted to wait and see if the problem got better	
Still on the waiting list	
Other (specify)	
H31. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?	
Yes, full card	
H32. Does the family have private medical insurance?	
Yes	
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 swalls something that required a visit to the doctor, health centre or hospital?</baby>	owed
Yes□ ₁ No□ ₂	
H35. How many separate accidents/injuries has he/she had that required a visit to the doctor, health c or hospital?N	entre
H36. Has <baby> stayed in hospital for at least one night because of any (of these) injuries or acciden</baby>	ts?
Yes	

J. PARENT'S HEALTH	
Time Section Started (24 hour clock)	
J1. In general, how would you say your current health is	
Excellent	
Very Good2 Good	
Fair	
Poor	
J2. Do you have any on-going chronic physical or mental health problem, illness or disability?	
Yes 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	
J6. [Card J6] Since <baby> was born have you suffered from any chronic illness or disability which made difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor communicating with baby)</baby></baby>	
Some difficulty	
No Difficulty	i
J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects Yes	
Parent \square_1 Brother / Sister \square_2 Other relative \square_3 Non relative \square_4	
J9. Since <baby> was born, how many times have you seen or talked on the telephone with any of t following about your own physical, emotional or mental health? (Exclude at time of birth)</baby>	he
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 nurseN A public health nurseN A psychiatrist, psychologist or counsellorN Another medical professional [please specify]N Accident and Emergency or OutpatientN	
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.</baby>	
Yes	
J11. About how many nights did you spend in hospital since the <baby's> birth? Nights</baby's>	
The state of the s	
J12. Do you currently smoke daily, occasionally or not at all?	
Daily	
J13. About how many cigarettes or cigars do/did you smoke on average each day?	

Never			 '			
Less than once a month		[2			
1-2 times a month			\square_3			
1-2 times a week		<mark></mark>	4			
3-4 times a week						
5-6 times a week						
Every day						
If currently drink alcohol betwee J16. And in an average week				sures of sp	irit would yo	u drink?
Pints of Beer	Glasses of Wine	M	easures of Sp	oirits	_	
J17. And when you drink, ho	w many drinks would yo	ou have on	an average r	night?	_N	
	K. FAMIL	Y CONTE	XT			
Time Section Started		(24 hour c	lock)			
K1. [Card K1] Please rate ho	ow much vou agree or d	isagree wit	h each of the	e followina	statements	in relation
to how things are for you an						
as honest as possible.		Strongly	Agree	Not	Disagree	Strongly
A. I am happy in my role as a p	parent	🗖 1	2	🔲 з	🔲 4	5
B. There is little or nothing I wo	ouldn't do for	_	_	_	_	_
my child if it was necessary		∐1	2	3	4	5
C. Caring for my child sometim	nes takes					
more time and energy than I ha	ave to give	·· 🗀 1	2		4	5
D. I sometimes worry whether	i am doing					
enough for my child		·· 📙 1	🗀 2	<u> </u> 3		5
E. Leniov spending time with n	ny child	··	<u>2</u>			5
F. I enjoy spending time with n G. My child is an important sou	rce of affection for me			⊔3 ∏a		
H. Having a child dives me a n	nore certain					
and optimistic view for the futu	re	🔲 1	2	Пз		5
I. The major source of stress ir J. Having a child leaves little ti	n my life is my child	🗖 1	2	3	4	5
J. Having a child leaves little ti	me and flexibility in my life	€. □1	2	🔲 з	4	🔲 5
K. Having a child has been a fi	nancial burden	🔲 1	2	🔲 з	4	5
 It is difficult to balance differ 	ent responsibilities					
because of my child		🔲 1	2	3	4	🔲 5
M. The behaviour of my child is	s often embarrassing					
or stressful to me.		·· 🗀 1	2	3	4	5
N. If I had it to do over again, I	mignt decide					
not to have child	ocnoncibility of	·· 🗀 1	2		4	5
being a parent	esponsibility of	□.	П-	П ₋	□.	□₋
P. Having child has meant hav	ing too few choices and					
too little control over my life Q. I am satisfied as a parent R. I find my child enjoyable	ing too low onloces and	🗖 1	\Box_2	\Box_{\circ}	\Box_4	
Q. I am satisfied as a parent						
R. I find my child enjoyable		🗖 1		3	\Box_4	
, , ,						
Int.: Ask only if respondent live	s with a spouse/partner (s	see househo	old grid)			
K2. The next few questions you agree or disagree with e			support you	might get.	Please say l	how much
	Strongly agree	Agree	Neither agree nor	Disagree	Strongly disagree	
A. I have no-one to share my f			disagree	4	5	
B. There are other parents I ca		-		_	_	
b. There are office parents rea	in talk to about			_		
my experiences						
my experiences						

I get enough help			elp I do				
K4. How often do you feel	that you need	d support	t or help but car	n't get it from a	anyone?		
Very often Oft	t en] ₂		Sometimes	Never		I don	't need it \Box_5
K5. Are you in regular cont							
Yes1	No[<u></u>			Grandparen	nts are dece	ased
K6. Here are some questio	ns about how	v much s	upport you rece	eive from <bab< td=""><td>y's> grand</td><td>lparents</td><td>_</td></bab<>	y's> grand	lparents	_
		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 d or almo every d
w often do <baby's> grandpa bysit?</baby's>	arents	1	_2	3	<u></u> 4	5	<u>6</u>
w often do <baby's> grandpa aby> to stay over night?</baby's>		1	_2	З	<u></u> 4	5	□ ₆
ow often do <baby's> grandpa aby> out?</baby's>	arents take	□ 1	\square_2	3	<u></u> 4	<u></u>	□6
w often do <baby's> grandpars or clothes for <baby>?</baby></baby's>	arents buy	<u></u> 1	<u></u>	3	<u></u> 4	5	□ ₆
w often do <baby's> grandpa u around the house?</baby's>	arents help	<u></u> 1	_2	З	<u>4</u>	5	□ ₆
w often do <baby's> grandpa</baby's>	arents help	<u></u> 1		3	<u></u> 4	<u></u> 5	<u>6</u>
K8. Did you work full-time, Full-time	Part – time you working	per wee	 k?hoເ	Not at a	ull[•
Full-time	Part – time you working gave birth did	[per wee d you sto	k?houp working?	Not at a	ull[•
K8. Did you work full-time, Full-time	Part – time you working gave birth did work outside t	[per wee d you sto	k?houp working?	Not at a	gular hours		Go to K1
K8. Did you work full-time, Full-time	Part – time you working gave birth did vork outside t	per weed you stothe home	k?houp working? _	Not at a	gular hours		Go to K1
K8. Did you work full-time, Full-time	Part – time you working gave birth did work outside t o when you re ne following ty	per weed you stothe home Part –	k?hou p working? _ e? time b work? eave? If yes, ho	Not at a lirre, weeks weeks wonths	gular hours OR		Go to K1
K8. Did you work full-time, Full-time	Part – time e you working gave birth did vork outside to when you re ne following to leave? .Yes	per weed you stothe home Part –	k?hou p working? _ time work? eave? If yes, how How many wo	Not at a lirre, weeks weeks wheeks wheeks wheeks wheeks wheeks wheeks weeks we were well as well a	gular hours OR s did you t		Go to K1
K8. Did you work full-time, Full-time	Part – time e you working gave birth did work outside to he work outside to he following to leave? .Yes ty leave? Yes Yes	per weed you stothe home Part – eturned to	k?hou p working? _ time work? eave? If yes, how How many woods How many woods	Not at a lirre, weeks weeks wonths	gular hours OR s did you t s No		Go to K1
K8. Did you work full-time, Full-time	Part – time e you working gave birth did work outside to he work outside to he following to leave? .Yes ty leave? Yes Yes	per weed you stothe home Part – eturned to	k?hou p working? _ e? time b work? eave? If yes, hou How many would have been so that how	Not at a lirre, weeks weeks wheeks weeks we weeks we were well as	gular hours OR s did you to s No		Go to K1
K8. Did you work full-time, Full-time	Part – time e you working gave birth did work outside to when you re ne following to leave? .Yes ty leave? Yes ernity / paternity le	per weed you sto	k?hou p working? _ time work? eave? If yes, hou How many would have been so how the how many would have been so how have have been so how have been so how have been so how have been	Not at a lire weeks	gular hours OR s did you to s No		Go to K1
K8. Did you work full-time, Full-time	Part – time e you working gave birth did work outside to he following to leave? .Yes ty leave? Yes ernity / paternity le Yes eason for goin	per weed you stothe home Part – eturned to	k?hou p working? _ time work? eave? If yes, hou How many would have been so how the how many would have been so how have have been so how have been so how have been so how have been	Not at a lirred weeks wheeks which whi	gular hours OR s did you t s No s No ks No		Go to K1
K8. Did you work full-time, Full-time	Part – time you working gave birth did work outside to he following ty leave? Yes Yes ernity / paternity le Yes eason for goin he, car,	per weed you stoom the home Part — eturned to ypes of loave)	k?hou p working? _ time work? eave? If yes, hou How many we How many we How many we How many we O work? Need an outlet of Other [please sp	Not at a lirred weeks wheeks which whi	gular hours OR s did you t s No s No ks No		Go to K1
K8. Did you work full-time, Full-time	Part – time e you working gave birth did work outside to he following to leave? Yes ty leave? Yes ernity / paternity le Yes eason for goin h, car,	per weed you stoom the home Part — eturned to ypes of leave)———————————————————————————————————	k?hou p working? _ time	Not at a lirred weeks wheeks which whi	gular hours OR s did you t s No s No ks No		Go to K1
K8. Did you work full-time, Full-time	Part – time e you working gave birth did work outside to he following to leave? Yes ty leave? Yes ernity / paternity le Yes eason for goin h, car,	per weed you stoom the home Part — eturned to ypes of leave)	k?hou p working? _ time	Not at a lirred weeks wheeks which whi	gular hours OR s did you t s No s No ks No		Go to

A. I have missed out on home or family activitie That I would have liked to have taken part in B. My family time is less enjoyable and more pressured Because of my family responsibilities: C. I have to turn down work activities or Opportunities that I would prefer to take on D. The time I spend working is less enjoyable and more pressured.	1	□2□2□2□2□2□2□2.□0GRAPHIC4 hour clock)		4	5 5 5	if I
A. I have missed out on home or family activitie That I would have liked to have taken part in B. My family time is less enjoyable and more pressured Because of my family responsibilities: C. I have to turn down work activities or Opportunities that I would prefer to take on D. The time I spend working is less enjoyable and more pressured.					5 5	
A. I have missed out on home or family activitie That I would have liked to have taken part in B. My family time is less enjoyable and more pressured Because of my family responsibilities: C. I have to turn down work activities or Opportunities that I would prefer to take on D. The time I spend working is less enjoyable and more pressured.		2			5 5	
A. I have missed out on home or family activitied. That I would have liked to have taken part in B. My family time is less enjoyable and more pressured			З	4	5 5	
		_			5	
A. I have missed out on home or family activitied. That I would have liked to have taken part in		2	3	4		
K24. If you have returned to work after the worked outside the home, can I ask you statements?			ou agree or o	disagree v e Agree		llc
	Go to	K24				Į.
Job related benefits (pension, car, health insurance etc)	001 [}	Taco opoon,	,1			
K23. What is your main reason for going bath Financial	Need ar	outlet outsid	le the home			
K22. What age will baby> be when you return to make the way will see the way will be wil			nths			
Yes, definitely	ably[N	lo <u></u>	—→ Go	to K24	
K20. When were you last in paid employment K21. Do you intend to return to work?	nt outside th	e nome? Mo	ontn Yeai	ſ <u></u>		
K19. Did you ever work? Yes		2 → G				
	Go to K24					
K18. What is your main reason for going bate Financial	Need ar	outlet outsic	le the home y]			
V10 What is your main resoon for asing b		·	inswns	· NO2		
u. Sick leave:	∐₁ Ho	w many wee w many wee	kswks kswks kswks	No □ ₂ No □ ₂		
 a. Paid maternity / paternity leave? Yes b. Unpaid maternity /paternity leave? Yes c. Annual leave? Yes d. Sick leave? Yes 		w many wee				

Does the household repla	ace any worn out fu	ırniture?		🔲 1	<u>]</u> 2 <u>]</u> 3
Does the household keep	the home adequa	itely warm?	4.0	🔲 1	2
Does the household have	e family or friends f	or a drink or meal once	e a month?	1	2 3
Does the household buy	presents for family	or menus at least one	e a year?		J23
L2. A household may contribute to it. Concer difficulty is the household	ning your household able to make e	nold's total monthly on ends meet?	or weekly income,	with which deg	gree of ease or
vvitn great difficulty		With some difficulty ☐₃	•	Easily	Very easily □ ₆
<u>1</u>	<u>2</u>	<u>3</u>	<u></u> 14	L_15	<u></u>
L3. Have you ever had to you had to go without a coal/fuel?)		y, or go to bed to kee	p warm or light the	e fire late becau	
		res⊔ ₁	No	2	
L4. Did you have a morthat cost money)?		-		ur entertainme	nt (something
	Yes	1 No	2 <u></u>		
	s that? oocial life in other wa			e the children	
Couldn't affo	rd to	3	Other		_
L6. Thinking back to w was your household ab With great difficulty	le to make ends n With difficulty	neet? With some difficulty	Fairly easily	Easily	Very easily
		3			
L7a. I would now like to	•	•		this accommo	dation a:
House			<u> </u>		
Apartment / Flat/ Bedsit . Other (specify)					
L7b. Does your house or shared)?			<u> </u>	mmon space (either private
•		□₁ No	2		
L8. [Card L8] From this accommodation?	card, please tell r	ne which best descri	bes your (and you	partner's) occ	upancy of the
Owner occupied					
Being purchased from a Rented from a Local Auth					
Rented from a Voluntary					
Rented from a Private La					
Living with and paying re Occupied free of rent with	<u>nt</u> to your (or your	partner′s) parent(s) ner's) parent(s)			· <u> 6 </u>
Occupied free of rent from					
L9. How many separate	bedrooms are in	the accommodation	?	bedrooms	
L10. [Show Card L10] [Int. Note that if resp is as 'at work'].					
Employee (incl. apprentic	eship				
or Community Em	ployment)		dent full-time		
Self employed outside Farmer			State training schem employed, actively lo		
. a		Lon	g-term sickness or d	isability	
		Hon	ne duties / looking at	ter home or fam	nily 🔲 ₈
			red r (specify)		
			(550011)/		
L11. How many hours of the lifty ou work at more that				ertime work?	
				110010	

	our job?	
Yes		
L14. How many?		
L15. How many employees (if any) do you have?	employees NA	
L16. If you were completely free to choose, how many work overall?hours per week	y hours a week (paid work) would you like t	:0
L16x. [Ask only if Farmer at L10.] What is the acreage o	of the farm? acres	
L17. Apart from holiday or casual work, have you eve		Go to I
L19. When you last worked in that full-time job were y	•	
Employee (incl. apprenticeship		
or Community Employment) 1 Self-employment	· · · · · · · · · · · · · · · · · · ·	
L20. What was your occupation in that full-time job? (describe as fully as possible. [Int. Make sure to describe		se
L21a. Do you currently have a part time job outside th	ne home? Yes1 No2 Go	to L21
L21a. Do you currently have a part time job outside th		
<u> </u>	work in that part-time job? ho	ours
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? I importance, where 1 is the most important reason, up	work in that part-time job? ho (What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importa f more than one reason, please rank them i to to a maximum of 3.	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? I importance, where 1 is the most important reason, up I can't find a job	work in that part-time job? ho [What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate f more than one reason, please rank them is to a maximum of 3. I cannot find suitable childcare	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the sure to describe or you not working in a paid job outside the home? In the sure week do you	work in that part-time job? ho (What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importa f more than one reason, please rank them i to to a maximum of 3.	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? I importance, where 1 is the most important reason, up I can't find a job	work in that part-time job? ho (What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate f more than one reason, please rank them it to to a maximum of 3. I cannot find suitable childcare There are no suitable jobs available for me	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? It importance, where 1 is the most important reason, up I can't find a job	work in that part-time job? ho [What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate f more than one reason, please rank them is to a maximum of 3. I cannot find suitable childcare There are no suitable jobs available for me My family would lose Social Welfare or medical benefits if I was earning	ours o?) Ple
L21b. On average, how many hours per week do you L21c. What is your occupation in that part-time job? (describe as fully as possible [Int. Make sure to describe L21d. [Show Card L21d] From the reasons listed on the for you not working in a paid job outside the home? It importance, where 1 is the most important reason, up I can't find a job	work in that part-time job?ho [What do you mainly do in that part-time job e what respondent does as fully as possible] his card could you tell me the most importate from than one reason, please rank them in the total maximum of 3. I cannot find suitable childcare	ours o?) Ple

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] Receive? Largest Source C. Income from Farming \square_1 \square_2 \square_3 F. Other Income (incl. income from maintenance payments, **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. Week......... □₁ Dont.Know...... ___ per Month ☐₂ Year \square_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 €231 to under €350...... €1,001 to under €1,500 €12,001 to under €18,000 B□→ Section B, Card L27 €351 to under €460...... €1,501 to under €2,000 €18,001 to under €24,000 C□, → Section C, Card L27 €461 to under €575...... €2,001 to under €2,500 €24,001 to under €30,000 D → Section D, Card L27 €801 to under €925...... €3,501 to under €4,000 €42,001 to under €48,000 F \(\bar{\text{\chi}} \rightarrow \) Section F, Card L27 €926 to under €1,150............ €4,001 to under €5,000 €48,001 to under €60,000G → Section G, Card L27 €1,151 to under €1,500....... €5,001 to under €6,500 €60,001 to under €78,000 H□, → Section H, Card L27 €1,501 to under €1,850...... €6,501 to under €8,000 €78,001 to under €96,000I → Section I, Card L27 €1,851 or moreJ₁₀→ Section J, Card L27 Refused Don't' Know 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] under €75..... □1 €151 to €230...... A Per week €0 to €300...... **Per Month** €4,001 to €8,00<u>0..... □2</u> Per Year B Per week Per Month €1,001 to €1,150...... €12,001 to €14,000..... □₁ €14,001 to €16,000..... □₂ €16,001 to €18,000....... Per Year C Per week **Per Month** €1,501 to €1,700...... □₁ €1,701 to €1,800....... Per Year €18,001 to €20,000..... □1 €20,001 to €22,000...... □₂ €22,001 to €24,000....... D Per week €461 to €500...... **Per Month** €2,001 to €2,150...... Per Year €24,001 to €26,000..... □₁ €26,001 to €28,000...... □₂ €28,001 to €30,000....... E Per week €651 to €750...... €576 to €650...... €2,501 to €2,800...... €2,801 to €3,250...... Per Month €38,001 to €42,000....... €30,001 to €34,000..... □₁ €34,001 to €38,0<u>00......</u> □₂ Per Year Per week €3,501 to €3,650....... €3,651 to €3,800...... □₂ Per Month

Per Year

Per week

€42,001 to €44,000..... □₁

€44,001 to €46,000..... □₂

€46,001 to €48,000.......

Per Month €4,001 to €4,300		01 to €4,600	_
Per Year €48,001 to €52,000 □1		001 to €56,000 □ ₂ €56,001 to €60,00	
H Per week €1,151 to €1,250		51 to €1,375 □ ₂ €1,376 to €1,500.	
Per Month €5,001 to €5,500		01 to €6,000	
I Per week €1,501 to €1,600		01 to €1,750	
Per Month €6,501 to €7,000		01 to €7,500 $□_2$ €7,501 to €8,000.	
Per Year €78,001 to €84,000 □1		001 to €90,000 □2 €90,001 to €96,00	
J Per week €1,851 to €2,100		01 to €2,400 □ ₂ €2,401 or more	
Per Month €8,001 to €9,250		51 to €10,500	
Per Year €96,000 to €110,000 □1	€110	0,001 to €125,000 □ ₂ €125,001 or more	·
28. Does anyone in your household currently rec 29. Does anyone in your household currently rec Yes	eive aı ₁ → Go t	Yes□ ₁ Iny other Social Welfare payments? to L30a No□ ₂ →Go to L31	
yone in the household. Looking at Card K30a, irrently receives any of these Social Welfare ember]	could	you tell me whether or not anyone in the ents? [Int Tick payments received by a	ne house
Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit		Jobseeker's Allowance or Unemployment Assistance	<u></u>
EMPLOYMENT SUPPORTS			
Family Income Supplement	□ 3	Back to Work Enterprise Allowance	\Box_6
Farm Assist	□ 4	Part-time Job Incentive Scheme	\square_7
Back to Work Allowance (Employees)		Back to Education Allowance	
Supplementary Welfare Allowance (SWA)			
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension		Deserted Wife's Allowance	14
Deserted Wife's Benefit		Prisoner's Wife's Allowance	
Widowed Parent Grant	11	One-Parent Family Payment	15
	12	One i dienti dinny i dyment	16
Widow's or Widower's (Non-Contrib) Pension	13		
CHILD RELATED PAYMENTS		Lloolth 9 Cofoty Donofit	+
Maternity Benefit	17	Health & Safety Benefit	19
Adoptive Benefit	18	Guardian's Payment (Contributory)	20
		Guardian's Payment (Non-Contributory)	21
DISABILITY AND CARING PAYMENTS			
Illness Benefit	22	Injury Benefit	□28
Invalidity Pension		Incapacity Supplement	29
Disability Allowance		Disablement Benefit	30
Blind Pension		Medical Care Scheme	31
Carer's Benefit		Constant Attendance Allowance	31
Carer's Allowance		Death Benefits (Survivor's Benefits)	
RETIREMENT PAYMENTS	27		33
State Pension (Transition)		State Pension Non-Contributory	+
State Pension (Contributory)	34	Pre-Retirement Allowance	36
30b. Do you receive early child care supplemen providing childcare?			<u> </u> <u> </u> 37 and / or
31a. Does anyone in your household currently re			No
31b.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 %	5% to less 20%	20% to less 50%	50% to less 75% □5	75% to less than 100%	100% □ ₇
COUPLE/L	ONE PARENT	INCOME – incom	e of family unit of <	study child>		
sort – from		Social Welfare, a	pension etc.	your spouse / par	tner have an income o	f any
Primary or le Intermediate Leaving Cert Diploma/ Ce Primary degr Postgraduate Refusal	/ junior/ Group tificate or equivatificate reee/ Higher degrates 35] What lang	Certificate or equivalent	3 4 5 6 88		date? vith <baby> most often</baby>	at
Arabic Polish Czech Portuguese Chinese Romanian		3 5 	French Russian . Latvian Spanish Lithuaniar	ecify)	□-4 - □-6 □-8 □-10 □-12	
[Int: Ask L39	and L40 only eople have p torybook in y	if any language others with reaction	her than Irish or En ling. Can I just che ? Yes□₁ s you might have	glish is usually spo eck, can you read No	ken at home see L38 at aloud to a child from a	-
children's s	tory book wri	tten in English?		S1	_	
L39. Can yo	u usually lead	u anu illi out ioilli			No □ ₂	
L40. When y change?	ou buy thing	s in shops with a	five or ten euro no		lly tell if you have the i	right
L41. Are you	u a citizen of		 Yes□ ₁] ₂ Don't know[8
L42. What c	itizenship do	you hold?	Don't kno	ow	[
L43. Were y	ou born in Ire	land?	Yes□ ₁	No] ₂ Don't know]8
L44. In whic	h country we	re you born?			Don't know	
L45. How lo	ng ago did yo Within the I year	ou first come to livast 1-5 years ago		year	chan 20 Don't s ago Know	
L46. And wh	nat about <ba< th=""><th>by>. Is he / she a</th><th>citizen of Ireland?</th><th>Yes</th><th>]₁ NoD₂ DK</th><th></th></ba<>	by>. Is he / she a	citizen of Ireland?	Yes] ₁ NoD ₂ DK	
L47. What c	itizenship do	es he / she hold?			Don't know]8



L48. Was <baby> born</baby>	in Ireland?	`	Yes	1 No	_2
L49. In which country	was he/she born? _				Don't know \square_8
L50. How long ago did	<baby> first come to</baby>	o live in li	reland?		
Within last 3 months	3-6 month	s		More than 6 mon	ths
<u></u> 1	\square_2			3	
L51. [<i>Card L51]</i> What is	vour ethnic or culti	ıral back	around?		
Irish	-		_	Black background	
rish Traveller			•		 -
Any other white backgro		□2 □ □3 □		Asian background	
African			-	ecify)	
		<u> </u>	(-1		
L52a. Do you belong to	any religion?			Yes □ ₁ ·	No 🗀 2
	L52b. [Card L52b] WI	hich relig	ion		
ı	Christian – no denom				
	Roman Catholic				
	Anglican/Church of Ire Other Protestant				
	Jewish			— :	
	Muslim				
	Other (specify)			₇	
L53a. And what about <	<pre><baby> does he/she</baby></pre>	belong to	o any religi	on?	
	•	J	, ,		
				Yes	No 🔲 2
	L53b. [Card L53b] WI	hich relig	ion		
	Christian – no denom	ination		□₁	
	Roman Catholic				
	Anglican/Church of Ire				
	Other Protestant				
	Jewish Muslim			=°	
L54. We would like to see Child. We would be headle to provide us with Yes	appy to show you t contact details for t r carer to be interview	he conte he perso [ved	nt of this q n or centre	uestionnaire before which provides this	we send it. Would yo care to the Study Chi s of regular carer on the
	M. Ne	eighbour	hood / Co	mmunity	
Time Section Started			(24 hour c	clock)	
			(
Finally, we would like to	o ask you some que	stions ab	out your lo	cal area.	
M1. How long have you	ulived in your local a	area?	mor	othe vear	•
	•			•	
M2. Are you involved w	ith any of the follow	ing grou	ps or organ	isations in your loc	al area?
	Yes	-	No		
Voluntary / charitable org	ganisation	1	2		
School groups		1	2		
Church groups Community groups		1	2		
Ethnic groups		1 1	2		
Sporting groups					
porting groups		1	2		

M3. How common would you say that each of the things list please say whether or not you think it is very common; to common.				
	Very	Fairly	Not very	Not at all
	Common	,	common	common
Rubbish and litter lying about				
Homes and gardens in bad condition				
Vandalism and deliberate damage to property				<u></u> 4
People being drunk or taking drugs in public				
r copic being drank or taking drags in public	1	2	□3	4
M4. To what extent do you agree or disagree with these state box on each line.	-		area? Plea	
	Strong		- .	Strongly
	Agree			Disagree
It is safe to walk alone in this area after dark	∐₁	2	3	
It is safe for children to play outside during the day in this area				
There are safe parks, playgrounds and play spaces in this area				
We as a family intend to continue living in this area		2	3 .	
2. GP or health clinic	are Office edit Union ocery shopping -care, mother a	nd toddler	groups	Available in or Available? Yes No 1 2 1 2 1 2
		_		
M7. Would you describe the place where the household is si	`			
	ord city			
	city			
In a town (1,500-2,999)	k city			□9
In a town $(3,000-4,999)$	y			
	city (incl. Dun La			
	county (outside			
	county (outside			
	• •	,		
Time Section Ended (24 hou	ır clock)			

Primary Caregiver Sensitive Questionnaire



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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 <u>ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTES</u> <u>CONFIDENCE</u> .
S1. Are you the biological parent of the Study Child?
Yes \square_1 \longrightarrow Go to S12 No \square_2 \longrightarrow Go to S2
S2. Are you the adoptive parent of the Study Child?
Yes
S3. Was that a domestic or an inter-country adoption?
Domestic
S4. Was this a within family adoption? S5. From which country?
Yes
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
S8. How long has the Study Child been with your family? monthsweeks
S9. Do you anticipate that this will be a long-term foster placement? Yes
S10. How many <u>previous</u> 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 Own family
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

S14. Since when have you been liv				
	ing apart / spou	se deceased?	(yea	r)
S15. May I just check whether you	are currently liv	ving with some	one in the housel	nold as a couple?
Yes1	=	_		
S16. Since when have you and you	ur spouse or pa	rtner been livin	a together?	(mth)(ye
S17. Most people have disagreem	•			
agreement or disagreement betwe				
	Always	Almost	Occasionally Fr	requently Almost Alw
	Agree	Always	· ·	isagree Always Disag Disagree
Philosophy of life Aims, goals and things believed impo Amount of time spent together	\Box	Agree		□4 □5 [
Aims, goals and things believed imp	ortant			\square_4 \square_5 \square
Amount of time spent together				
S18. How often would you say the				
order from order would you day the	Never	Less than		nce or Once a Mo
		once a month		
Have a stimulating exchange of idea	s∐ ₁	2	3	4
Calmly discuss something together		🗀 2	3	
Vork together on a project		2	3	
S19. Many couples argue from tim	e to time Roug	hly how often w	ould you and yo	ur engues / nartner argu
	_	-	ould you alld you	ui spouse i partilei argt
Most days				
At least once a week				
Less than once a week				
Hardly ever Never				
	°			
S20. How often would you argue a	bout the child(r	en)?		
Most days	□₁			
At least once a week				
Less than once a week	\square_3			
Hardly ever	4			
Never	5			
S21. When you and your partner a	rgue, how often	do vou		
		-		Don't kn
		Not very	atimos Ofton	Almost always/ Don't kno
	never	Not very often Som	etimes Often	always
Shout or yell at each other	never	Not very often Som		always
Shout or yell at each other	never	Not very often Som		always
Shout or yell at each other Throw something at each other Push, hit or slap each other	never1111	Not very often Som		always666
Shout or yell at each other Throw something at each other Push, hit or slap each other	never111	Not very often Som 2 2 2 2		always always 5
Shout or yell at each other Throw something at each other Push, hit or slap each other S22. And to end an argument, how	never11 often would you have for the sever for	Not very often Som 2 2 2 Du Not very often		always always 5
Shout or yell at each other	never1	Not very often Som222 Du Not very often	3	always always 5
Shout or yell at each other	never1	Not very often Som	3	always always 5
Shout or yell at each other	never1	Not very often Som 2 2 2 0 1 2 Not very often Not very often 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Sometimes Ofter 3	Almost always always
Shout or yell at each other	never	Not very often Som 2 2 2 0 1 2 Not very often Not very often 2 2 2 2 2 2 2 2 2 2 2	Sometimes Ofter 3	Almost always always
Shout or yell at each other	never1	Not very often Som	Sometimes Ofter 3	Almost always always
Shout or yell at each other	never	Not very often Som	Sometimes Ofter 3	Almost always always 5
Shout or yell at each other	never	Not very often Som	Sometimes Ofter 3	Almost always always 5
Shout or yell at each other	never1	Not very often Som	Sometimes Ofter 3	Almost always
Shout or yell at each other	never	Not very often Som	Sometimes Ofter 3	Almost always always 5
Shout or yell at each other	never	Not very often Som 2 2 2 0u Not very often 2 2 2 2 2 2 2 2 2 2 2 2 2	Sometimes Ofter 3 4 3 4 Sometimes Ofter 3 4 4 3 4 4 3 4 3 4 3 4 4 4 4 4 4 4 4 4 5 5 5 6 6 6 7 7 8 8 8 8 8 8 9 9 9 9 9 9 9	Almost always
Shout or yell at each other	never	Not very often Som 2 2 2 0u Not very often 2 2 2 2 2 2 2 2 2 2 2 4 Bees of happines nost relationshi sidered, of you 3 4	Sometimes Ofter 3	always always 5 6 Don't know always always 5 6 Don't know best
Shout or yell at each other	never	Not very often Som 2 2 2 0 Not very often 2 2 2 2 2 2 2 2 2 2 2 2 2	Sometimes Ofter 3 4 3 4 Sometimes Ofter 3 4 4 3 4 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4	always always 5 6 Don't know always always 5 6 Don't know best
Shout or yell at each other	never	Not very often Som 2 2 2 0u Not very often 2 2 2 2 2 2 2 2 2 2 2 4 ees of happines nost relationshi sidered, of you 3 4 Ver	Sometimes Ofter 3 4 3 4 Sometimes Ofter 3 4 4 3 4 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4	always always 5 6 Don't know always always 5 6 Almost always 5 6 5 6 5 6 5 6 6 6 6 6 Con't know know know know know know know know
Shout or yell at each other	never	Not very often Som 2 2 2 2 0u Not very often 2 2 2 2 2 2 2 2 2 2 4 ees of happines nost relationshi sidered, of you 3 4 Veriappy Hap	Sometimes Ofter 3 4 3 4 Sometimes Ofter 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4	always always 5 6 Don't Almost always/ always Almost always/ always 5 6 Don't know always 5 6 5 6 5 6 6 5 6 6 7 Ship. The middle point, the number which best 6 y Perfect
Shout or yell at each other	never	Not very often Som 2 2 2 2 0u Not very often 2 2 2 2 2 2 2 2 2 2 4 2 4 4 Very Happy Made	Sometimes Ofter 3 4 3 4 Sometimes Ofter 3 4 4 3 4 4 4 3 4 4 4 4 4 4 4 5 5 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8	always always 5 6 Don't know always always 5 6 Almost always 5 6 5 6 5 6 5 6 6 6 6 6 Con't know know know know know know know know
Shout or yell at each other	never	Not very often Som 2 2 2 2 0u Not very often 2 2 2 2 2 2 2 2 2 2 4 2 4 4 Very Happy Made	Sometimes Ofter 3 4 3 4 Sometimes Ofter 3 4 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4	always always 5 6 Don't Almost always/ always Almost always/ always 5 6 Don't know always 5 6 5 6 5 6 6 5 6 6 7 Ship. The middle point, the number which best 6 y Perfect

	udy Child?		
Yes	2→	Go to S27	
S26. How many?			
One \square_1 Two \square_2 Three or more	3		
nly answer questions S27 to S31 if you are the BIOL <u>If not please skip to</u>		OTHER of the S	Study Child
S27a.Did you have any medical fertility treatment for this preg	gnancy?		
Yes	_		
S27b. What treatment did you receive?			
Clomiphene citrate alone	nich did not go I g. Currently prother the first time?	ofull term. d. Stillbirths egnantN	_times N N ears
pregnancy that represents a personal crisis or emotional traubegan as a crisis but over time the crisis was resolved. It car a crisis before the birth due to a change in circumstances.	ma. This can	include a pregna	ncy which
Yes № No			
S30. Of the following supports, can you indicate which ones and separately which supports you received? [Tick all that app		eeded during this	
			s pregnancy,
Supports	Supports		s pregnancy,
Supports S Needed I Medical help/check-up	Supports Received		s pregnancy,
Supports S Needed F Medical help/check-up	Supports Received 1		s pregnancy,
Supports S Needed F Medical help/check-up	Supports Received123		s pregnancy,
Supports S Needed F Medical help/check-up	Supports Received123		s pregnancy,
Supports Needed Medical help/check-up	Supports Received12345		s pregnancy,
Supports	Supports Received123456		s pregnancy,
Supports Needed Medical help/check-up	Supports Received		cy and (b)
Supports Needed Medical help/check-up	Supports Received	ng your pregnan ng pregnancy	cy and (b)
Supports Needed Medical help/check-up	Supports Received		cy and (b)
Supports Needed Medical help/check-up	Supports Received		cy and (b)
Supports Needed Medical help/check-up	Supports Received		cy and (b)
Supports Needed Medical help/check-up	Supports Received		cy and (b)
Supports Needed Medical help/check-up	Supports Received		cy and (b)
Supports Needed Medical help/check-up	Supports Received		cy and (b)
Supports Needed Medical help/check-up	Supports Received		

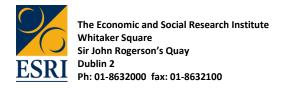
	S32. Have you ever been treated by a medical professiona	I for clinical	depression	, anxiety or 'ne	rves'?
S33. Was this: [Tick all that apply] Before being pregnant with -babys	Yes1 _	No	$\square_2 \rightarrow 0$	Go to S34	
Before being pregnant with ±aby>	[Ask S33 if biological mother, otherwise ask S33a.]				
indicate how often you have felt this way during the past week. Rarely or Rarely or Some or a Occasionally or a moderate ittle of the ittle of the ittle of the time (5-time (less time (1-2) and the time (5-time (1-2) and the time (1-2) and the time (5-time (1-2) and the time (1-2) and the tim	Before being pregnant with <baby></baby>	ore <baby> v en <baby> w en <baby> w</baby></baby></baby>	vas born as 0-2 month as 2-6 month	ns of age	
Rarely or Some or an Occasionally or all moderate time (less time (1+2) a moderate amount of the time (less time (1+2) a moderate amount of the time (3-4 days). 1. I felt I could not shake off the blues even with help from my family or friends. 2. I felt depressed			may have fo	elt or behaved.	Please
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 S5 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 1 Before child was six	1. I felt I could not shake off the blues even with help from my family or friends	Rarely or none of the time (less than 1 day)	little of the time (1-2 days) 2 2 2 2 2 2 2 5 contact a first and the time (1-2 days)	a moderate amount of the time (3-4 days) 3 3 3 3 3 3 3 3 3 3 3 3 5 3 5 Since the Stud	4 4 4 4 4
S39. When did you separate or split up with the Study Child's father / mother? Before child was born		Study Chile	d's father / r	nother?	
Before child was born	Yes, married to 1 Yes, lived with 2 No 3	Go to S40	Adoptive / F	oster parent] ₄ Go to S5
pregnant with the study child? (Please tick one box only). Married and living together	Before child was born	d's father / ı	nother?		
Cohabiting / living as married		dy Child's fa	ather / moth	ner when you be	ecame
Formal Informal	Cohabiting / living as married2 Just friends Separated3 No relation Divorced4	ship			
	lives?		_		e he / she
——————————————————————————————————————				□3	

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	S43. Do you and the Study Child's father / mot basis?	ther have shared parenting of the Study Child on a regular
S45. How far does the Study Child's father / mother live from here? Within ½ hour's drive from here	Yes	
Within ½ hour's drive from here	S44. Please describe the nature of this shared	parenting
Within ½ hour's drive from here		
Within ½ hour's drive from here	S45. How far does the Study Child's father / mo	other live from here?
S46. How often does the Study Child have contact with his / her father / mother? Daily	Within ½ hour's drive from here□ ₁	More than 1 hour's drive from here
Daily	Between ½ and 1 hour's drive from here □2	Outside the country
Once or twice a week	S46. How often does the Study Child have con	tact with his / her father / mother?
Several times a Several ti		
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 payment		
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		NO contact
Week/fortnight/month? Yes, he/she makes a regular payment	maintenance of the Study Child? Include	
Yes, he/she makes a regular payment		S48. How much does he/she pay per
Yes, he/she makes payments as required		€ per Week □₁ Fortnight□₂ Month □₃
Several times a About once A few times a Several times a Every day week a week month year Never		
Every day week a week month year Never	S50. How often do you talk to the Study Child's	s father/ mother about the Study Child?
S51. How well do you get on with the Study Child's father/ mother? Would you say your relationship is? Very		once A few times a Several times a
S51. How well do you get on with the Study Child's father/ mother? Would you say your relationship is? Very	<u> </u>	
Very positive Positive negative negativ		
positive Positive negative negative negative negative state of 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	, <u> </u>	
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	positive Positive	negative negative negative
No, I do not wish other parent to be contacted	S52. We would like to send a short questionnal show you the content of this questionnaire be	aire to the Study Child's father/ mother. We would be happy to
No, I do not have contact details for other parent	Yes	D ₁ Please give contact details
S53. What is your date of birth? daymonthyear S54. Int: Is respondent male or female? Male	·	\square_2 to interviewer
S54. Int: Is respondent male or female? Male	No, I do not have contact details for other parent.	
	S53. What is your date of birth?	daymonthyear
Time Section Ended (24 hour clock)	S54. Int: Is respondent male or female?	Male \square_1 Female \square_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





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:ddmmyy
Growing Up in Ireland - the National Longitor government study about children in Ireland. It Research Institute and Trinity College Dublin.	rch Institute in Dublin. I am contacting you about udinal Study of Children. This is a major new is being undertaken by the Economic and Social I have an information leaflet here about the study. ct. The study itself will involve interviewing 10,000
We are seeking to interview the parents / guardinterview with the parents / guardians will take a	dians of <name 9-month-old="" child="" of="" study="">. The bout 90 minutes to complete.</name>
	will be treated in the strictest confidence and will be information you provide to be identified with you
A. INTRODUCTION AND H	HOUSEHOLD COMPOSITION
A1. Int: Record gender of respondent] Male	1 Female
A2. [Card A2] Which of the following best describes yonly]	your relationship with the <baby>? [Interviewer use codes</baby>
A. Biological parent (mother/ father) 1 B. Adoptive parent (mother/ father) 2 C. Step-parent (mother/ father) 3 D. Foster parent (mother/ father) 4	E. Grand parent
B. PARENTING, CHILD'S FUNC	CTIONING AND RELATIONSHIPS
	(24 hour clock)
Now I'd like to ask you some questions about your re B1. Scale on parent's views	elationship with <baby>.</baby>
C. BABY'S D	EVELOPMENT
Time Section Started	(24 hour clock)
Now I'd like to ask you some questions about <baby'< th=""><th>s> habits and routines.</th></baby'<>	s> habits and routines.
C1. Were you present at the birth of <baby>?</baby>	
Yes Wanted to, but mis	sed it

C2. Fathers do many things for to important for you, as a father to important) and 3 (third most important) and 3 (third most important) and 3 (third most important) and child love and affection Taking time to play with my child Taking care of my child financially Giving my child moral and ethical good Making sure my child is safe and portain Teaching my child and encouraging Other (specify)	do? Please ortant). n uidance rotected	e the rank					
C3. Who generally does the follo	wing with yo	our 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		$ \begin{array}{c} $. 3 3 3 3 3 3 3	4 4 4	5 5 5 5 5 5	6 6 6 6 6	
Taking her for walks, outings, visiting relatives or friends etc. Reading stories to her		$ \begin{array}{c} $	□3 □3 □3 □3 □3	4 4 4 4	□5 □5 □5 □5 □5	□6 □6 □6 □6	□7 □7 □7 □7 □7
C4. When you talk to <baby>, do</baby>	you feel tha	t he/she is	s maintainin	g eye conta	act with yo	u?	
Most or all of the time	Some		Har	dly ever or r	never		
C5. How much is <baby's> sleep A large A modera problem problem</baby's>	te	or habits a A small problen	- 	r you? No prob at all	lem		
<u> </u>		3		4			
C6. Do you feel that <baby's> cr Yes</baby's>	No D. PAREN	[Γ'S HEAL	□₂ TH AND LI				
Time Section Started		(2	24 hour cloc	k)			
D1. In general, how would you sa							
Very GoodGood	□2				=:		
D2. Do you have any on-going	chronic phy	7	ental health		llness or di	sability?	
D3. What is the nature of the [Int. Please record diagnos					cribe as fu	lly as pos	ssible.

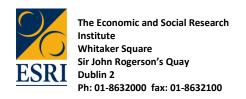
D4 Since when	nave vou nau i	ilis probleili, il	illiess of also			h) (voc	\r\
D4. Since when D5. Are you han	·	daily aativitiaa	by this prob	•	•	,	ar)
•		•					
res, sever	ely□₁	Yes, to	some extent	2 2	No	3	
D6. <i>[Card D6]</i> Since < difficult for you to communicating with l	look after baby)	oaby>? (E.g.	feeding, ch				
No Difficulty	Just a little	Some difficulty	<i>r</i> oderate level	A lot a	of difficulty	Connot	do at all
		e Amo		A lot 0		Cannot	35
7. Do you currently	smoke daily, oc	casionally or	not at all?				
aily		asionally		□ ₂ No	t at all	🗆 3	
8. About how many	_	<u> </u>	<u> </u>				
o. About now many	cigarettes or cit	-	enter '0' if less	_	-		
9. <i>[Card D9]</i> Which	of the following	<u> </u>			<u> </u>	——⊢ hol?	
ever	_	•		,, o a aoaa, □.	,		
ess than once a mont				1 			
-2 times a month			1 5	$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$			
-2 times a week			<u>-</u> -	<u></u> 4			
-4 times a week			1 5	5			
6 times a week			1 5	6			
very day				7			
currently drink alcoho							
10. And in an avera	je week, how m	any pints of b	eer, glasses	of wine, me	asures of s	pirit would yo	ou drink?
ints of Beer	Glasse	s of Wine	M	easures of S	Spirits		
012. And when you d	rink, how many	drinks would	you have on	an average	night?	N	
		E. FAM	IILY CONTE	XT			
Time Continue Stant			/24 h a	I-A			
Time Section Start	ed		(24 hour cl	lock)			
low I'd like to ask yo	u some general	questions abo	out your fam	ily as a who	ole.		
14			-li	h aaab af 41	ha fallawina		
11. [Card E1] Please be how things are for			disagree wit		ne ronowind		in rolatio
e as honest as poss	ible.			e are no rigi		ig answers, ji	
			nember, there	_	ht and wror		ust try an
			nember, there Strongly	e are no rigi Agree	ht and wron	ig answers, ji Disagree	ust try an Strongl
. I am happy in my rol	e as a parent		Strongly Agree	Agree	ht and wron Not sure	Disagree	ust try an Strongl
. There is little or noth	ina I wouldn't do	for	Strongly Agree	Agree	ht and wron Not sure	Disagree	ust try an Strongl Disagre
. There is little or noth y child if it was neces	ning I wouldn't do sary	for	Strongly Agree	Agree	ht and wron Not sure	Disagree	ust try an Strongl Disagre
. There is little or noth y child if it was neces . Caring for my child s	ning I wouldn't do sarysometimes takes	for	Strongly Agree	Agree	Not sure	Disagree	Strongl Disagre
. There is little or noth by child if it was neces . Caring for my child store time and energy	ning I wouldn't do sarysometimes takes than I have to giv	for /e	Strongly Agree	Agree	Not sure	Disagree	Strongl Disagre
. There is little or noth by child if it was neces c. Caring for my child so nore time and energy to the Leometimes works.	ning I wouldn't do sarysometimes takes than I have to giv	/e	Strongly Agree	Agree	Not sure	Disagree 44	Strongl Disagre
. There is little or noth by child if it was neces c. Caring for my child so nore time and energy to the Leometimes works.	ning I wouldn't do sarysometimes takes than I have to giv	/e	Strongly Agree	Agree	Not sure	Disagree 44	Strongl Disagre
There is little or nothy child if it was necestally child if it was necestally child state or time and energy to be a sometimes work.	ning I wouldn't do sarysometimes takes than I have to giv	/e	Strongly Agree	Agree	Not sure	Disagree 44	Strongl Disagre
. There is little or noth by child if it was neces . Caring for my child so here time and energy to L sometimes work.	ning I wouldn't do sarysometimes takes than I have to giv	/e	Strongly Agree	Agree	Not sure	Disagree 44	Strongl Disagre
There is little or nothing child if it was necest. Caring for my child shore time and energy to a sometimes worry whough for my child I feel close to my child it enjoy spending times. My child is an important the child gives.	aing I wouldn't do sarysometimes takes than I have to give whether I am doine with my childtant source of after me a more certa	fection for me	Strongly	Agree	Not sure 3	Disagree 44	Strongl Disagre
There is little or nothly child if it was necestance in Caring for my child store time and energy to a sometimes worry whough for my child I feel close to my child if enjoy spending time. My child is an importance. Having a child gives	aing I wouldn't do sarysometimes takes than I have to give whether I am doine with my childtant source of after me a more certa	fection for me	Strongly	Agree	Not sure	Disagree444444444444444	Strongl Disagre
There is little or nothing child if it was necestal. Caring for my child state and energy was a sometimes worry was a little or my child I feel close to my child I enjoy spending times. My child is an imporation. Having a child gives and optimistic view for The major source of second control of the major source of the control of the contro	aing I wouldn't do sarysometimes takes than I have to give whether I am doin	for /e ng fection for me ain	Strongly Agree	Agree	Not sure	Disagree444444444444444	Strongl Disagre
a. There is little or nothing child if it was necests. Caring for my child start or time and energy to be compared to the comp	aing I wouldn't do asarysometimes takes than I have to give whether I am doin	for /e ng fection for me ain s my child	Strongly Agree	Agree	Not sure	Disagree	Strongl Disagre 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 6 7 7 8
There is little or nothing child if it was necest. Caring for my child is nore time and energy in a sometimes worry whough for my child I feel close to my child is I enjoy spending time. Having a child gives and optimistic view for The major source of a Having a child leaves. Having a child has be	sing I wouldn't do sarysometimes takes than I have to give whether I am doin	fection for me s my childexibility in my li	Strongly Agree	Agree	Not sure	Disagree	Strongl Disagre 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 6 7 7 8
There is little or nothing child if it was necest. Caring for my child shore time and energy the country was a sometimes worry was a sometimes worry was a sometimes worry was a sometimes worry was a sometimes word and country was a child gives and optimistic view for the major source of a source of a source of a source and country was a child leaves. Having a child has built is difficult to balance.	sing I wouldn't do sarysometimes takes than I have to give whether I am doin	fection for me exibility in my librarden	Strongly Agree	Agree	Not sure 3	Disagree	Strongl Disagre Strongl Disagre Strongl Dis
There is little or nothing child if it was necest. Caring for my child is nore time and energy in a sometimes worry whough for my child I feel close to my child is an important in a child gives and optimistic view for the major source of a Having a child leaves in the Having a child leaves in the major a child has build it is difficult to balance ecause of my child	sing I wouldn't do sary	fection for me exibility in my liburden	Strongly Agree	Agree	Not sure 3	Disagree	Strongl Disagre
A. I am happy in my role. There is little or nothing child if it was necestable. Caring for my child some time and energy to a sometimes worry we enough for my child E. I feel close to my child E. I feel close to my child E. I feel close to my child G. My child is an importation of the major source of some child leaves. A. Having a child leaves. A. Having a child has been a child leaves. A. The behaviour of my constressful to me	sing I wouldn't do sary	fection for me exibility in my liburden mbarrassing	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagre 5

N. If I had it to do over again, I not to have child	might decide					
O. I feel overwhelmed by the r	esponsibility of					
being a parent		<u> </u>	2	3	4	5
too little control over my life		<u> </u>	2	3	4	5
Q. I am satisfied as a parent.R. I find my child enjoyable		□1 □.	2	3	4	5
E2. Overall, how do you feel living outside your househo	about the amount of supp				riends	5
	I don't get enough help					
E3. If you are currently work with the following statement						
		Strongly Disagree	_	Neither Agree nor disagree	_	Strongly Agree NA
A. You have missed out on ho you would have liked to have to	me or family activities that					5
B. Your family time is less enjo			2	3	🔲 4	5
Because of your family resp C. You have to turn down worl you would prefer to take on	cactivities or opportunities	_	2	3		5
D. The time you spend working more pressured	g is less enjoyable and			3	🔲 4	5
6						
E4a. Are you currently taking	g, or intend to take, unpaid	d parental l	eave with	<baby>? —</baby>		
Currently		st	2	No	[2
E4b. How many days or wee	ks will you take?	days <u>C</u>	<u>)R</u> weeks	l S□1		
E4c. Were these / will these	be taken as a block or spr	ead over a	period of t	time?		
Taking as a block	Spread over a period o	of time]2			
	F: SOCIO-DE	MOGRAPI	HICS			
Now some questions about	the circumstances of vou	r household	d.			
Time Section Started		24 hour clo				
F1. [Show Card F1] Looking a			-	escribes vour	usual s	ituation in
regard to work?				,		
Employee (incl. apprenticeship or Community Employm Self employed outside farmin	ent)			:heme (FAS, Failt		
Farmer	·	Unemplo	yed, active	ly looking for a or disability	job	
		Home du Retired	uties / looki	ng after home	or family	8
	·	Other ((specify)			
F2. How many hours do you If you work at more than one				overtime wor		
F3. What is your occupation		_			Juis	
describe as fully as possible					ssible]	
F4. Do you supervise or mar	nage any personnel in you	- ır job?				

Yes □₁ No □₂	
F5. How many?	
F6. How many employees (if any) do you have?	-I 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 ev	rer had a full-time job? Yes No 2Go to F11a
F8. In what year did you last work in that full-time jo	ob? year
F9. When you last worked in that full-time job were	you?
Employee (incl. apprenticeship or Community Employment)	employed outside farming \square_2 Farmer \square_3
F10. What was your occupation in that full-time job describe as fully as possible [Int. Make sure to describe as fully as full	? (What did you mainly do in your job?) Please
F11a. Do you currently have a part time job outside	e the home? Yes
F11b. On average, how many hours per week do yo	ou work in that part-time job? hours
F11c. What is your occupation in that part-time job describe as fully as possible [Int. Make sure to describe	? (What do you mainly do in that part-time job?) Please be what respondent does as fully as possible]
	Card F11d, could you tell me which is the single most basis in a paid job outside the home? [Int tick one only]
I can't find a job	
I choose not to work	
I am caring for an elderly or ill relative or friend	—·
I prefer be at home to look after my children myself \square_4	· —
F12. Do you plan to start or return to paid work?	medical benefits if I was carriing
Yes, in the next 3 months	
Yes, in 3 to 12 months time Yes, in more than 1 year's time	
Have no plans to return to paid work	—-
Other reason (specify)	
F13. [Card F13] What is the highest level of educat	ion you have completed to date?
Primary or less	1 Primary degree
Intermediate/ junior/ Group Certificate or equivalent] ₂ Postgraduate/ Higher degree
Leaving Certificate or equivalent Diploma/ Certificate]₃ Refusal]₄
F14.[Card F14] What language or languages do you home? [Int. Tick all that apply]	and your partner speak with <baby> most often at</baby>
	Irish
= *	French
	Russian ∐ ₆ Latvian ∏ ₈
Portuguese	Spanish
	Lithuanian \square_{12} Other (specify) \square_{14}
F15. Is English your native language? Yes	
[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 problem child from a children's storybook in your own langu	s with reading. Can I just check, can you read aloud to a

F17. Can you usually rea		s you migh	No[t have to dea No[al with in your o	own language?
F18. As you may know m child from a children's st F19. Can you usually rea	tory book written	in English?	Yes⊡₁ t have to dea	No \square_2	k can you read aloud to a sh? No□₂
F20. When you buy thing change? Yes	ys in shops with a □₁ No□	five or ten e			<u></u>
F21. Are you a citizen of	Ireland?	Yes	□1	No	Don't know☐ ₈
F22. What citizenship do	you hold?	Do	on't know		8
F23. Were you born in Ir	eland?	Yes	□1	No2	Don't know ☐8
F24. In which country we	ere you born?				Don't know 8
F25. How long ago did yo Within the year	Du first come to live last 1-5 years ago	ve in Ireland 6-10 years ago	? 11-20 years a	ngo More than years ag	
F26. [Card F26] What is y Irish	d		Any other Bla Chinese Any other As	ian background y)	8
F27. Do you belong to ar	y religion			Yes	· No 🗀 2
C R A O Je M	Page 15 Show Card F28 Aristian – no denome the common Catholic Inglican/Church of Institute Protestant Page 15 Aristian Laboratory (Specify)	reland/Episco	opalian		
F29. Do you have any fai	mily living in this a	area?	∕es □₁	No \square_2	
F30. What is your date of	f birth?	day _	mon	thyea	ar
F31. Int: Is respondent Time Section Ended	male or female?		 24 hour cloc	-	2

Secondary Caregiver Sensitive Questionnaire





GROWING UP IN IRELAND – the national longitudinal study of children STRICTLY CONFIDENTIAL 15/01/08 FATHER /PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP	SEQ NO.			RESPONI	DENT	
Interviewer Name		Interviewer	. Numbon			
		interviewer	Number			
Time Section Started	(24 h	our clock)	I	Date		
slightly sensitive we have complete this section and Once again, we would like <u>CONFIDENCE</u> .	ions which we would like to included them in a section return it to the interviewer to assure you that ALL The	o for you to con HE INFORMATIO	nplete by y	ome of thes ourself. W	e would	ask you to
	I parent of the Study Child?					
	s ☐₁ → Go to S	12 No	2	Go to S2		
	parent of the Study Child?	NI.	\neg \rightarrow	. 0 - 1 - 0	_	
	s ₁		2	Go to S/		
S3. Was that a domestic of	or an inter-country adoption			\neg		
	Domestic 1	Inter-country]2		
S4. Was this a within famil	ly adoption?	S5. From w	vhich coun	try?		
Yes □ ₁ N	No	·				
S6. What age was the Stud	dy Child when you adopted NOW PLE	him/ her? ASE GO TO S12		years		
S7. Are you the foster par	ent of the Study Child?					
Ye	s1	No	2 →	Go to S1	2	
S8. How long has the Stud	dy Child been with your fam	i ly? n	nonths	weeks		
S9. Do you anticipate that	t this will be a long-term fos	ster placement?	? Yes	□1	No	2
S10. How many <u>previous</u>	foster placements has the S	Study Child bee	en in?	previous	placements	DK
his/her family or in i		-				ster family,
Another foster fami	,		Institution	al care	3	
Because the issue of fam and marital history.	nily life is so important we	would now like	e to ask so	ome questi	ons abou	ut your family
S12. Can you tell me which	ch of these best describes y	our current ma	arital status	s?		
Married and separated from	and / wifehusband / wife	$\overline{\square}_2$ Go to S	S13 S13			

Never married...... ☐₅ Go to S15

S14. Since when have y S15. May I just check w Yes	you been living	anart / enous	decesed?	_		
• •	_	αμαιτ <i>ι</i> ομυμοι	e ueceaseu :		year)	
	vhether vou are	currently livi	na with some	one in the hou	sehold as a d	couple?
			_			очр. с.
	1	·····				
S16. Since when have y	vou and vour s	nouse or part	ner been livin	a together?	(mth)(yea
S17. Most people have	-	•			•	,
agreement or disagree						
		Always		Occasionally	Frequently	Almost Alwa
		Agree	Always	Disagree	Disagree	Always Disagi
Philosophy of life			Agree			Disagree
Philosophy of lifeAims, goals and things b	alieved importa	······		3		
Amount of time spent tog	nether	"	2			<u> </u>
						🗀 5 ட
S18. How often would y	you say the foil	owing events Never	Less than	en you and you Once or		Once a More
			once a month	twice a month	twice a week	week ofte
Have a stimulating excha	ange of ideas		\square_2			
Calmly discuss somethin	ng together					5
Have a stimulating excha Calmly discuss somethin Work together on a proje	ect					<u> </u>
S19. Many couples arg	ue from time to	time. Rough	ly how often w	vould you and	your spouse	/ partner argu
Most days]₁→Go to S20)			
At least once a week						
ess than once a week]₃→Go to S20)			
Hardly ever] ₄ →Go to S20)			
lever]₅→Go to S23	}			
320. How often would y	vou arque abou	ıt the child(re	n)?			
		1	,.			
Most days]1 1				
At least once a week	_]2]				
ess than once a week						
Hardly ever						
Never		_				
		- b	da			
S21. When you and you					Almost alv	ways/ Don't kno
S21. When you and you			Not very	netimes Ofter	Almost alv	ways/
Shout or yell at each oth	Alm ner	nost never/ I never 	Not very often Sor	🗆 3		ways/
Shout or yell at each oth	Alm ner	nost never/ I never 	Not very often Sor	🗆 3	n alway	s \Box
S21. When you and you Shout or yell at each oth Throw something at each Push, hit or slap each oth	Alm nerh other	nost never/ I never 	Not very often Sor	3	n alway	s n
Shout or yell at each oth Throw something at eacl Push, hit or slap each ot	Alm erh otherh	nost never/ I never 	Not very often Sor 22	3	n alway	S6
Shout or yell at each oth Throw something at eacl	Alm erh otherh	nost never/ I never 	Not very often Sor 22	3	n alway 45 455 455 Almost	s
Shout or yell at each oth Throw something at each Push, hit or slap each oth S22. And to end an arg	Alm h otherh her jument, how oft	nost never/ never	Not very often Sor 2 2 2 1 Not very often	3	n alway 45 455 455 Almost	Balance State Stat
Shout or yell at each other form something at each other something at each other something at each other something. See the something at each other something at each other something at each other something.	Alm erh otherh her jument, how oft	nost never/ I never	Not very often Sor 2 2 1 Not very often 2 2 1 2 1 1 1 1 1 1 1 1 1	3	n alway 45 455 455 Almost	s
Shout or yell at each other throw something at each other shapes and to end an argument of the compromise	Alm erh otherh her jument, how off	nost never/ I never	Not very often Sor 2 2 1 Not very often 2 1 2 2 2 1 2 2 2 2 2 2 2	3	n alway 45 455 455 Almost	Balance State Stat
Shout or yell at each oth. Throw something at each oth. Push, hit or slap each oth. S22. And to end an arg. Compromise	Alm herh otherh her jument, how oft	nost never/ never	Not very often Sor 2 2 2 I Not very often 2 —————————————————————————————————	Sometimes 3	n alway 45 455 455 Almost	Balance State Stat
Shout or yell at each oth Throw something at each oth Push, hit or slap each oth S22. And to end an arg Compromise	Alm herh otherh her jument, how oft	nost never/	Not very often Sor	Sometimes 3	n alway 45 455 455 Almost	Balance State Stat
Shout or yell at each oth hrow something at each oth leach, hit or slap each oth leach, hit or slap each oth leach	Alm herh otherher hument, how off	nost never/	Not very often Sor	Sometimes 3	n alway 45 455 455 Almost	Balance State Stat
Shout or yell at each other form something at each other shape as the same of	Alm herh other jument, how oft ue later ake a joke abour	nost never/	Not very often Sor	Sometimes 3	n alway 45 455 455 Almost	Balance State Stat
Shout or yell at each oth Throw something at each oth Push, hit or slap each oth S22. And to end an arg Compromise	Alm herhother hument, how oft ue later ake a joke about k any more, walk	nost never/ I never	Not very often Sor	Sometimes 3	n alway 45 455 455 Almost	Balance State Stat

born who had a close relationship with or influence on the Study Chile	d?	
Yes1 No		
S26. How many? One	.□3	
Only answer questions S27 to S31 if you are the BIOLOGICA		Study Child
If not please skip to S32	AL MOTHER OF THE S	Study Child,
S27a.Did you have any medical fertility treatment for this pregnancy?		
Vac No D		
Yes		
Clomiphene citrate alone		
IVF: In Vitro Fertilisation		
ICSI: IVF with intra cytoplasmic sperm injection		
Frozen embryo transfer		
Surgery involving the womb, tubes or ovaries		
Donor egg		
Other (please specify)		
S28a. Excluding the pregnancy, which resulted in the birth of <baby> have you been pregnant? Please include any pregnancies, which did</baby>		
	not go run term.	unico
And how many of these pregnancies were: b. Live births N	d Stillbirthe	N
e. Terminations N f. Ectopic N g. Currer		
e. reminations N 1. Ectopic N 9. Currer	itiy pregnant N	
S28h. And what age were you when you became pregnant for the first	time? Age in ye	ars
S29. Would you describe the pregnancy of the study child as a crisis	orognopov2 By this wa	maan a
pregnancy that represents a personal crisis or emotional trauma. Thi	s can include a pregnar	ncv which began
as a crisis but over time the crisis was resolved. It can also include a		
before the birth due to a change in circumstances.		
Yes No		
S30. Of the following supports, can you indicate which ones you felt and separately which supports you received? [Tick all that apply]	you needed during this	pregnancy,
Supports Supports Needed Received		
Medical help/check-up		
Counselling or advice		
Information on rights and entitlements		
Information on rights and entitlements		
Don't know 6 6 Other (specify) 7		
Cutor (specify)		
S31 [Show Card S36] Did you take any of the following (a) at any stage	e during your pregnand	ey and (h)
S31. [Show Card S36] Did you take any of the following (a) at any stage currently?	e during your pregnand	cy and (b)
S31. [Show Card S36] Did you take any of the following (a) at any stage currently?	e during your pregnand	cy and (b)
currently? A. Sleeping pills		
Currently? A. Sleeping pills B. Tranquillisers		
Currently? A. Sleeping pills B. Tranquillisers C. Pills for depression		
Currently? A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana		
Currently? A. Sleeping pills B. Tranquillisers C. Pills for depression		
A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants G. Heroin, methadone, crack, cocaine		
Currently? A. Sleeping pills B. Tranquillisers C. Pills for depression D. Cannabis /marijuana E. Painkillers (aspirin, paracetamol, etc.) F. Amphetamines or other stimulants		

S25. Apart from your current partner (if relevant) have you had any other partners since the Study Child was

S32. Have you ever been treated by a medic	cal professional	for clinical de	pression,	anxiety or 'nerv	res'?
	Yes	No	□₂ → G	o to \$34	
[Ask S33 if biological mother, otherwise	e ask S33a.]				
S33. Was this: [Tick all that apply] Before being pregnant with <baby> In the 1st trimester of the pregnancy In the 2nd trimester of the pregnancy In the 3rd trimester of the pregnancy When <baby> was 0-2 months of age When <baby> was 2-6 months of age Since <baby> was 6 months of age</baby></baby></baby></baby>	Befor Where Since 6	n <baby> was (n <baby> was 2</baby></baby>	born 0-2 months 2-6 months	t apply] of age of age f age	
S34. Listed on this card are 8 statements all indicate how often you have felt this way d			y have fel	t or behaved. F	Please
I felt I could not shake off the blues even with the blue even with the blues eve	th help from my	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 o the time (5-7 days)
family or friends		🔲 1	2	3	4 4
4. I felt fearful 5. My sleep was restless				3	
6. I felt lonely		🔲 1		3 3	4
S36. Have you ever been to prison? S37. Can we check, does the Study Child's Lives here	mother / father li →Go to S53 → Go to S53	No	_!	ewhere?	
Yes, married to ☐ 1 Yes, lived with		Study Child's Go to S40 Ad			Go to S53
S39. When did you separate or split up with Before child was born		l's mother/fath	ner?		
S40. What was the nature of your relationsl pregnant with the study child? (Please tick		y Child's mot	her/ father	when you beca	ame
Married and living together1 Cohabiting / living as married2 Separated3 Divorced4	Just friends	ut not living tog		6	
S41. Do you have a formal or informal cust lives? Formal	_	t regarding the custody arrang			he / she
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
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
S46. How often does the Study Child have contact with his / her mother / father ?
Daily
S47. Does the Study Child's mother/father make ANY financial contribution to your household and t maintenance of the Study Child? Include any form of financial support such as rent, mortgage, dire maintenance payment etc.
No, he/she never makes any payment
Yes, he/she makes payments as required S49. About how much per year? € per year
Several times a About once A few times a Several times a Every day week a week month year Never 1
S51. How well do you get on with the Study Child's mother/ father? Would you say your relationship is?
Very Neither positive nor Somewhat Very positive Positive negative negative negative \square_1 \square_2 \square_3 \square_4 \square_5
S52. We would like to send a short questionnaire to the Study Child's mother/father. We would be happy show you the content of this questionnaire before we send it. Would you be able to provide us with contadetails for the Study Child's mother/father?
Yes
S53. What is your date of hirth?
S53. What is your date of birth? daymonthyear S54. Int: Is respondent male or female? Male
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





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 RESPONDENT
INTERVIEWER NAME INTERVIEWER NO:
Time Section Started (24 hour clock) DATE:ddmmyy
Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about <i>Growing Up in Ireland - the National Longitudinal Study of Children</i> . 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 9-month-old="" child="" of="" study="">. The interview with the parents / guardians will take about 90 minutes to complete.</name>
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
A4. [Card B4] When you leave <baby> in someone else's care (not you or your partner), how does he/she usually react?</baby>
Is happy and settled by the time you leave

A5. [Card B5] And whe	-	•		ne or she usually act?
With a rejection of delicate				
With a mixture of delight Hard to tell, no particular	=			
Seems to be annoyed/ar				
A6. When you talk to <	baby>, do you feel	that he/she is main	taining eye contact w	ith you?
Most or all of the time	So	ometimes	Hardly ever or never	-
		2		
A7.	Scale	on parenting anx	ciety removed	
A8		J		
A.	Infant Cha	racteristics Ques	tionnaire removed	
	В.	BABY'S DEVEL	OPMENT	
Time Section Started		(24 hou	ır clock)	
			,	
	Scale on infant	t development rer	noved (ASQ/PEDS D	OM)
5 44.5		10/		
BX1. Do you talk to you			•	
Never	Rarely	Sometimes	Often □ ₄	Always □-
_	_			b
BX2. Does your baby s	pend time with oth	ner children (other t	han brothers or sister	s)?
Yes everyday	Yes 2-6 times a wee		eek Less than o	
<u> </u>	2			4
BX3.				
BX4. And do you have [Int.: If yes, please specif	any other concern	on infant develop		or development?
		C. BABY'S HA	RITS	
Time Section Started		(24 hou	ır clock)	
C1. How many hours sl	leep do you get on	an average night, a	at the present time? _	N
C2. In general, what tim	ne in the evening d	loes your baby usua	ally go to sleep?	(24 hour clock)
C3. Approximately how (a) the day?	-	-	_	
C4. On a normal day w	hat time does your	baby usually get u	p at in the morning? _	(24 hour clock)
C5. Is your baby ever d	lifficult when put to	b bed?		
Most of the time	Often	At times	Rarely	Never
	2	3	4	5
				
C6. How often does you	ur baby wake at ni	_		
C6. How often does you		ght? Most nights	Every night	More than once per night
C6. How often does you	ur baby wake at nig sionally	Most nights	Every night	per night

Yes, usually	Yes, sometimes		No, not at all
			·
C9. How does your l	paby normally sleep?		
	On his/her side		
C10. Does <baby> u</baby>	sually sleep:		
n a room on his/her o	own		In your bedroom
n a room with other o	hildren	2	Elsewhere
C11. Does <baby> s</baby>	leep in his/her own bed o	r cot most nights	s or does he/she share a bed or cot?
	t		
	children	<u></u>	
C12. Approximately ped?		ek would <baby></baby>	spend at least some part of the night in yo
C13 Do you feel that	<pre>< <baby's> crying is a pro</baby's></pre>	oblem for you?	
-	1 No	-	
	_ .	<u> </u>	lom for you?
	baby's> sleeping pattern A moderate	A small	•
A large problem	problem		No problem at all
<u> </u>	2	3	<u> </u> 4
'es	No	∏₂	
	D. CHILI	DCARE ARRA	NGEMENTS
Гime Section Start		DCARE ARRA	
D1. Is <baby> currer</baby>	eed	(24 hou	
each week?	ntly being minded by som	(24 hour	r clock) than you or your partner, on a regular bas
D1. Is <baby> currereach week?</baby>	ntly being minded by som No (a) who else minds (b) number of hours pour (c) how much you pay	(24 hour leone else, other leone else else else else else else else el	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week
D1. Is <baby> currereach week?</baby>	ntly being minded by som No e (a) who else minds (b) number of hours pe	(24 hour neone else, other	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week nildcare
D1. Is <baby> currereach week? Yes D2. Can you indicate</baby>	ntly being minded by som No e (a) who else minds (b) number of hours per (c) how much you pay (d) whether this is you [Tick all tha	(24 hour neone else, other	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week nildcare
O1. Is <baby> currereach week? Yes O2. Can you indicate</baby>	ntly being minded by som No e (a) who else minds <bar (b)="" (c)="" (d)="" [tick="" all="" compa<="" company="" he="" hours="" how="" is="" much="" number="" of="" pay="" per="" td="" that="" the="" this="" to="" whether="" you=""><td>(24 hour neone else, other neone neo</td><td>r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week hildcare of hours Cost per week Main type of care</td></bar>	(24 hour neone else, other neone neo	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week hildcare of hours Cost per week Main type of care
O1. Is <baby> currereach week? Yes O2. Can you indicate A relative in your hom Someone else in your</baby>	ntly being minded by som No e (a) who else minds (b) number of hours per (c) how much you pay (d) whether this is you [Tick all tha	(24 hour neone else, other neone neo	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week nildcare of hours Cost per week Main type of care
O1. Is <baby> currereach week? Yes O2. Can you indicate A relative in your homeone else in your homeone else in their homeomeone else in their homeone else in their homeone else in their</baby>	ntly being minded by som No (a) who else minds <bar> (b) number of hours po (c) how much you pay (d) whether this is you [Tick all that he home</bar>	(24 hour neone else, other neone neo	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week nildcare of hours Cost per week Main type of care
O1. Is <baby> currereach week? Yes O2. Can you indicate A relative in your homeone else in your homeone else in their homeone else else else else else else else el</baby>	ntly being minded by som No	(24 hour neone else, other neone else, other neone else, other neone else, other neone neo	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week hildcare of hours Cost per week Main type of care
O1. Is <baby> currer cach week? Yes O2. Can you indicate A relative in your homeone else in your formeone else in their homeone else else else else else else else el</baby>	ntly being minded by som No (a) who else minds <bar> (b) number of hours po (c) how much you pay (d) whether this is you [Tick all that he home</bar>	(24 hour neone else, other neone else, other neone else, other neone else, other neone neo	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week nildcare of hours Cost per week Main type of care
A relative in your homeomeone else in your homeomeone else in their hom	ntly being minded by som No	(24 hour neone else, other neo	r clock) than you or your partner, on a regular base r basis, each type of childcare, e per week hildcare if hours Cost per week Main type of care N
A relative in your homeomeone else in your homeomeone else in your homeomeone else in their home	ntly being minded by som No	(24 hour neone else, other neo	r clock) than you or your partner, on a regular base r basis, each type of childcare, e per week nildcare of hours Cost per week Main type of care N
O1. Is <baby> currereach week? Yes O2. Can you indicate A relative in your homeone else in your A relative in their homeone else in their A professional careginal pay nursery) Other (please specify) O3. What age was O4. What was the sin</baby>	ntly being minded by som No	(24 hour neone else, other neone else, other neone else, other neone else, other neone neo	r clock) than you or your partner, on a regular base r basis, each type of childcare, e per week nildcare of hours Cost per week Main type of care N
A relative in your homeone else in your homeone else in their home	ntly being minded by som No	(24 hour neone else, other man regula er week spent in for this childcar regula neone else, other main type of chat apply] Number of the main confor you choose main type of chat apply]	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week hildcare of hours Cost per week Main type of care N
A relative in your homeomeone else in your homeomeone else in their hom	ntly being minded by som No	aby> on a regular week spent in for this childcar main type of chat apply] Number of the main con for you choos	r clock) than you or your partner, on a regular bas r basis, each type of childcare, e per week hildcare of hours Cost per week Main type of care N
A relative in your homeomeone else in your homeomeone else in your homeomeone else in their home	ntly being minded by som No	aby> on a regulaer week spent in for this childcar rain type of chat apply] Number of the main confor you choose	r clock) than you or your partner, on a regular base r basis, each type of childcare, e per week nildcare of hours Cost per week Main type of care N

D6.What are your future intentions for childcare? [Tick all that apply] Baby minded by me on a full-time basis	Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
Baby minded by me on a full-time basis	<u> </u>	2	3	4	5
Baby minded by me on a full-time basis					
Baby minded by my partner on a full-time basis	D6.What are you	ur future intentions for	childcare? [Tick all that a	ipply]	
Shared by my partner and me			<u> </u>		
Part-time child-care	Baby minded by	my partner on a full-time	e basis2		
Full-time child-care	Part-time child-ca	irther and me			
D7. Which type of childcare? A relative in your home			<u>—</u> . I		
Someone else in your home	D7. Which type	of childcare?			
A relative in their home					
Someone else in their home					
A professional caregiver (e.g crèche/day nursery)			—· I		
Other (please specify)			·		
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</baby>					
a. prevented you looking for a job	Other (piedae ap	oon y /			
a. prevented you looking for a job					
b. made you furn down or leave a job stopped you from taking on some study or training	D8. [Card E8] Si	nce <baby> was born</baby>	has difficulty in arranging	child care ever [Tick	call that apply]
c. stopped you from taking on some study or training					
d. made you leave a study or training course					
e. restricted the hours you could work or study					
f. prevented you from engaging in social activities					
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 hitting etc.)? Yes	e. restricted the r	iouis you could work or	Stuuv	15	
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 hitting etc.)? Yes	f. prevented you				
F. INFANT'S HEALTH AND PHYSICAL DEVELOPMENT Time Section Started (24 hour clock) F1. How much did <baby> weigh at birth?lbsounces _ORkgs F2. What was <baby's> length at birth?inches _ORcms F3. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply] A. No complications</baby's></baby's></baby>	g. Other please s	from engaging in social specify	E. SIBLINGS AND T	 	
Time Section Started (24 hour clock) F1. How much did <baby> weigh at birth?lbsounces _ORkgs F2. What was <baby's> length at birth?inches _ORcms F3. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply] A. No complications</baby's></baby's></baby>	g. Other please s Int: ask only if sik	from engaging in social specify Dlings recorded on house	E. SIBLINGS AND Tehold grid	☐ 6	y about the baby (e.
F2. What was <baby's> length at birth?inches ORcms F3. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply] A. No complications</baby's></baby's>	g. Other please s Int: ask only if sik E1. Have any of hitting etc.)?	from engaging in social specify blings recorded on house the other children in y	E. SIBLINGS AND Tehold grid	☐ 6	y about the baby (e.
F2. What was <baby's> length at birth?inches ORcms F3. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply] A. No complications</baby's></baby's>	g. Other please s Int: ask only if sik E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFANT	E. SIBLINGS AND Tehold grid your household been parti	WINS cularly jealous/unhapp	
F3. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply] A. No complications</baby's>	g. Other please s Int: ask only if sik E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFANT	E. SIBLINGS AND Tehold grid your household been parti	WINS cularly jealous/unhapp	
A. No complications	g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes	from engaging in social specify plings recorded on house the other children in y F. INFAN arted	E. SIBLINGS AND Tehold grid your household been parti	WINS cularly jealous/unhapp /SICAL DEVELOPM	
B. Very long labour (more than 12 hours)	g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes Time Section St	from engaging in social specify plings recorded on house the other children in y F. INFANT arted	E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour country	WINS Cularly jealous/unhapp SICAL DEVELOPM Slock) ORkgs	
Yes	g. Other please s Int: ask only if sik E1. Have any of hitting etc.)? Yes Time Section St. F1. How much of the section st. F2. What was <	from engaging in social specify blings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth baby's> length at birth</baby>	E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour of the counces) rth?lbsounces ?inches OR	WINS Cularly jealous/unhapp (SICAL DEVELOPM clock) ORkgs cms	ENT
F5. Did the <baby> need any help with his/her breathing from a ventilator?</baby>	g. Other please s Int: ask only if sik E1. Have any of hitting etc.)? Yes Time Section St. F1. How much of F2. What was <i [card="" a.="" b.="" c.="" complication="" f3.="" h8]="" laboon.="" laboon.<="" long="" no="" rapid="" td="" very="" w=""><td>from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth baby's> length at birth ere there any complications</baby></td><td>E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour of the light of the light of the light) rth?lbsounces ?inches _OR ations during the <baby's:< td=""><td>WINS Cularly jealous/unhapp (SICAL DEVELOPM clock) ORkgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in Is injury – nerve injury / frace</td><td>ENT oly] other sign</td></baby's:<></td></i>	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth baby's> length at birth ere there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particularly T'S HEALTH AND PHY (24 hour of the light of the light of the light) rth?lbsounces ?inches _OR ations during the <baby's:< td=""><td>WINS Cularly jealous/unhapp (SICAL DEVELOPM clock) ORkgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in Is injury – nerve injury / frace</td><td>ENT oly] other sign</td></baby's:<>	WINS Cularly jealous/unhapp (SICAL DEVELOPM clock) ORkgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in Is injury – nerve injury / frace	ENT oly] other sign
	g. Other please s Int: ask only if six E1. Have any of hitting etc.)? Yes Time Section St F1. How much of F2. What was <i [card="" a.="" b.="" c.="" complication="" d.="" distress<="" f3.="" foetal="" h8]="" lab="" labor="" long="" no="" rapid="" td="" very="" w=""><td>from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth baby's> length at birth ere there any complications</baby></td><td>E. SIBLINGS AND Tehold grid your household been particular to the second secon</td><td>WINS Cularly jealous/unhapp (SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury – nerve injury / fractic complication [please specimes]</td><td>ecify]</td></i>	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth baby's> length at birth ere there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particular to the second secon	WINS Cularly jealous/unhapp (SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in late injury – nerve injury / fractic complication [please specimes]	ecify]
Yes ☐ ₁ No	g. Other please s Int: ask only if sit E1. Have any of hitting etc.)? Yes Time Section St F1. How much of F2. What was <i <baby="" [card="" a.="" b.="" c.="" complication="" d.="" did="" distress="" f3.="" f4.="" foetal="" h8]="" lab="" labor="" long="" no="" rapid="" very="" w=""> h</i>	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth baby's> length at birth ere there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particular and the second seco	WINS Cularly jealous/unhapp (SICAL DEVELOPM clock) ORkgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in la injury – nerve injury / fract complication [please special Care Nursery after he	ecify]
\mathbf{I}	g. Other please s Int: ask only if six E1. Have any of hitting etc.)? Yes Time Section St F1. How much of F2. What was <i <baseling="" [card="" a.="" b.="" c.="" complication="" d.="" did="" distress="" f3.="" f4.="" foetal="" h8]="" lab="" labor="" long="" no="" rapid="" td="" very="" w="" yes<=""><td>from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth ere there any complications</baby></td><td>E. SIBLINGS AND Tehold grid your household been particular countries and countries are considered at least 10 miles. The coun</td><td>WINS Cularly jealous/unhapp (SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in la injury – nerve injury / fract complication [please special Care Nursery after he now 3</td><td>ecify]</td></i>	from engaging in social specify plings recorded on house the other children in y F. INFAN arted did <baby> weigh at birth ere there any complications</baby>	E. SIBLINGS AND Tehold grid your household been particular countries and countries are considered at least 10 miles. The coun	WINS Cularly jealous/unhapp (SICAL DEVELOPM Clock) OR kgs cms birth? [Tick all that app I distress - Meconium or I blood sample taken in la injury – nerve injury / fract complication [please special Care Nursery after he now 3	ecify]

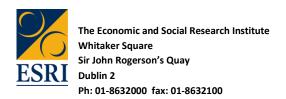
F8. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH</baby>
Yes Go to H16
F9a. Was <baby> ever exclusively breastfeed?</baby>
[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]
Yes
F9b. How old was <baby> when he/she stopped being <u>exclusively</u> breastfed?</baby>
DaysWeeksMonths <baby> still being exclusively breastfed \$\int_{55} \int \text{G}\$ to F1</baby>
F10a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?</baby>
Yes
F10b. How old was <baby> when he/she completely stopped being breastfed?</baby>
Days Weeks Months
F10c. What were the main reason(s) you stopped breastfeeding baby> [Tick all that apply]
Not enough milk/hungry baby
Inconvenienced/fatigue Returned to work Returned to work
Difficulty with breast feeding techniques
Sore nipples/engorged breast
Mother's illness
Planned to stop at this time
Baby weaned himself/herself
Formula milk, such as Cow & Gate or SMA?DaysWeeksMonths4Hasn't Had Cow's milk?DaysWeeksMonths4 Hasn't Had
Any other type of milk, such as soya milk?DaysWeeksMonths4 Hasn't Had
F12. What else does <baby> drink apart from milk or formula? [Tick all that apply]</baby>
Water□ ₁ Herbal drinks□ ₅
Baby Juice
Fruit juices/Cordial/Squash
Fizzy or soft drinks (e.g. lemonade, coke)
F13. Can I check, has <baby> had any solid food on a regular basis?</baby>
REGULARLY = MORE THAN TWICE A WEEK FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS
Yes
Yes
F14. How old was <baby> when he/she first had solid food regularly?</baby>
F14. How old was <baby> when he/she first had solid food regularly? DaysWeeksMonths Hasn't yet1</baby>
F14. How old was <baby> when he/she first had solid food regularly? DaysWeeksMonths Hasn't yet1 F15. In general, how would you describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth)</baby's></baby>
F14. How old was <baby> when he/she first had solid food regularly? DaysWeeksMonths Hasn't yet1</baby>
F14. How old was <baby> when he/she first had solid food regularly? DaysWeeksMonths Hasn't yet1 F15. In general, how would you describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth) (b) <baby's> Current Health (a) Health at birth (b) Current health</baby's></baby's></baby>
F14. How old was <baby> when he/she first had solid food regularly? DaysWeeksMonths Hasn't yet1 F15. In general, how would you describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth) (b) <baby's> Current Health (a) Health at birth (b) Current health Very healthy, no problems</baby's></baby's></baby>
F14. How old was <baby> when he/she first had solid food regularly? DaysWeeksMonths Hasn't yet1 F15. In general, how would you describe (a) <baby's> Health at Birth (i.e. the first two weeks after birth) (b) <baby's> Current Health (a) Health at birth (b) Current health</baby's></baby's></baby>

F16. Can you tell me whether <baby> has received</baby>	: [Tick all that apply]
Their six-week checkup	t 6 months
F17. [Card H22] Why has <baby> not had all of his</baby>	or her immunisations? [Tick all that apply]
a. Not offered/Didn't know due to have	
[Tick all that apply] a. Chronic respiratory disease [including asthma]	Id you that <baby> has any of the following conditions? \Box_1</baby>
b. Heart abnormalities	
c. Digestive allergies (e.g. lactose intolerant)d. Eczema or any kind of skin allergy	
e. Difficulty hearing or deafness (Do not include a temp	
to a cold or congestion)	
f. Difficulty seeing	
g. A problem with mobility or using his/her arms legs toh. A problem with using his/her hands or arms	
i. Cerebral palsy	
j. Chronic kidney disease	
k. Diabetes	
I. Any developmental delay	
m. Down syndrome	
n. Cleft lip and/or palate o. Other long-term condition [please specify]	
p. None of the above	
describe his/her health condition(s) as minor, mode	ONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE
Minor Moderate2	Severe \square_3
	nealth problems or illnesses for which <baby> has been to Accident and Emergency. What were these problems?</baby>
	k. Tight foreskin
b. Chest infections 3	I. Hernia
c. Ear infections $\overline{\square}_3$	m. Sight or eye problems $\overline{\square}_{13}$
d. Feeding problems	n. Failure to gain weight or to grow
e. Sleeping problems $_5$ f. Dental problems (e.g. teething) $_6$	o. Persistent or severe vomiting
g. Wheezing or asthma	q. Fits or convulsions
	r. Meningitis
i. Persistent nappy rash	s. Colic
	t. Other health problems [please specify]
	u. None of the above \square_{21}

F21. Since <baby> was born, how many times hat following about the <baby's> physical health? (excl</baby's></baby>			on the te	icprioric with	any or the
A general practitioner (GP), or family physician		N			
A paediatrician		N			
A public health nurse or practice nurse					
Another medical doctor (such as a hearing specialist)					
Accident and Emergency or Outpatient		N			
F22. Has <baby> ever been admitted to a hospital we're summer of the sum</baby>		e of an illne		n problem?	
F23. Not including when he/she was born, approxin in hospital? NOT HOSPITAL OUTPATIENT OR EMERGE				> spent ights	
F24. Since <baby> was born, was there any time, in or treatment but did not receive it?</baby>	your opinic	n, when he	she neede	d a medical ex	camination
Yes ☐ ₁ No ☐ ₂ Don't know	3	Refused	4		
F25. Why did <baby> not get the medical care or tre</baby>	eatment? W	as this beca	ause:[TICK \	ES OR NO TO	EACH]
		Yes	No		
You couldn't afford to pay					
The necessary medical care wasn't available or access You could not take time off work to visit the doctor					
Wanted to wait and see if the problem got better					
Still on the waiting list					
Other (specify)					
F26. Many babies have accidents at some time. Has			<u>n accident,</u>	<u>injury, or swa</u>	allowed
something that required a visit to the doctor, health	centre or h	ospital?			
Yes	2				
F27. How many separate accidents/injuries has he/s	she had that	required a	visit to the	doctor, health	n centre or
F28. Has <baby> stayed in hospital for at least one yes</baby>	_			uries or accid	ents?
G. FAM	IILY CONTI	EXT			1
Time Section Started	(24 hour c	ock)			
G1. [Card K1] Please rate how much you agree or do how things are for you and <baby> now. Remember honest as possible.</baby>	er, there are		_	swers, just tr	
	Strongly	Agree	Not	Disagree	Strongly
A. I am happy in my role as a parent	Agree —	П.	sure ∃₃	П.	Disagree □_
B. There is little or nothing I wouldn't do for			3	4	5
my child if it was necessary	\square_{4}	\Box_{\circ}	\Box_2	\Box_4	
C. Caring for my child sometimes takes		🗀 2	<u></u> 3		□⊃
more time and energy than I have to give					
D. I sometimes worry whether I am doing	1 14	\Box_{\circ}		\Box ₄	\Box_{ϵ}
enough for my child		2	3	🔲 4	5
Chough for the office manner.			_		□5
F I feel close to my child			3		5 5
E. I feel close to my child	····		3 3		
E. I feel close to my childF. I enjoy spending time with my child	····	2 	33 33		
E. I feel close to my child F. I enjoy spending time with my child G. My child is an important source of affection for me	····	2 	33 33		5 5 5 5 5
E. I feel close to my child		2 2 2	33 33	4 4 4	
E. I feel close to my child F. I enjoy spending time with my child G. My child is an important source of affection for me H. Having a child gives me a more certain and optimistic view for the future		2 2 	33 33 33	4 4 4 4	5 5 5 5 5
E. I feel close to my child			33 33 33	44 44 44	5 5 5 5 5 5 5 5
E. I feel close to my child			33 3 3 3 3	4444444	5 5 5 5 5
E. I feel close to my child			33 3 3 3 3	4444444	5 5 5 5 5
E. I feel close to my child			33 33 33 33 33	4	55555

M. The behaviour of my child is often embarrassing				
or stressful to me.	🔲 1		3	 5
N. If I had it to do over again, I might decide				
not to have child	🔲 1	. 🔲 2	3	 5
O. I feel overwhelmed by the responsibility of				
being a parent	🔲 1	. 🔲 2	3	 5
P. Having child has meant having too few choices and				
too little control over my life	🔲 1	. 🔲 2	3	 5
Q. I am satisfied as a parent.	🔲 1	. 🔲 2	3	 5
R. I find my child enjoyable	🔲 1	. 🔲 2	🔲 з	 5

Secondary Caregiver Twin Questionnaire





NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE PILOT 15/01/08 STRICTLY CONFIDENTIAL FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE

GROUP	SEQ 1	NO.			RESPO	NDENT			
INTERVIEWER NAME		_	INTERVIEWER	NO:					
Time Section Started			(24 hour clock)	DATE:	_ddmn	nyy			
Hello, I'm from the Eco Growing Up in Irelan government study abo Research Institute and are currently doing pil month-old infants and	d - the National out children in Irela Trinity College Du ot work for this p	<i>Lon</i> g and. blin.	<i>itudinal Study</i> It is being und I have an inforn	<i>of Chil</i> dertaken nation le	dren. by the aflet her	This is Econom e about	a maj nic and the stu	or n I Soc udy.	nev cia We
We are seeking to inte interview with the pare	•	_				ld Study	/ Child	>. 1	Γhe
All the information you not be released in any or your family.	way which would	allow	the information	you pr	ovide to	be ident			
A. PAR	ENTING, CHILD'	S FUI	NCTIONING A	ND REI	LATION	SHIPS			
Time Section Started			(24 hour clock	<u>.</u>)					
Now I'd like to ask you so A1. [me questions about Scale on parent	-		-	oved				
A2.		-	t's reactions re						
Time Section Started]	(24 hour clock						
Now I'd like to ask you so	me questions about	_ . ∠hahı	v'e> habite and re	outings					
Now I'd like to ask you so B1. When you leave <bab Is happy and settled by the Is unhappy at first but quick Remains unsettled and unh</bab 	y> in someone else's time you leave	s care	(not you or your	partner), □ ₁ □ ₂	how doe	s he/she	usually	reac	ct?
B2. And when you collec	t <baby> from some</baby>	one el	se's care, how do	oes he or	she usua	ally act?			
With delightWith a mixture of delight an				_					

Hard to tell, no particular emotion3Seems to be annoyed/angry with me for leaving him/her4

B3. When you talk to	<baby>, do you feel that h</baby>	e/she is mainta	aining eye co	ontact with y	ou?	
Most or all of the time	Sometime		Hardly ever	or never		
	B4. How much is <baby's> sleeping pattern or habits a problem for</baby's>					
		-	•			
A large problem	A moderate problem	A small probler	n Nop	roblem at all		
<u> </u>		3		🔲 4		
B5. Do you feel that	baby's> crying is a proble	em for you?	Yes	1	No	2
	C. F	AMILY CON	ГЕХТ			
Now I'd like to ask yo	u some general questions	about your fai	mily as a who	ole.		
	rate how much you agree				statements i	n relation to
how things are for yo	u and your child <u>now</u> . Rei	member, there	are no right	and wrong	answers, jus	st try and be
as honest as possible).					
		Strongly	Agree	Not	Disagree	Strongly
A I am bammi'a		Agree		sure		Disagree
	e as a parent	1	2	3		5
B. There is little or noth	ling I wouldn't do for					
	sary	·····	2			5
C. Caring for my child s						
	than I have to give	1		3		5
D. I sometimes worry w		_		_	_	
enough for my child		∐1	2		🗀 4	5
	ild				🗀 4	5
	e with my child					5
	tant source of affection for n	ne □ ₁	2	3	🔲 4	5
H. Having a child gives						
	the future					5
I. The major source of	stress in my life is my child		2	3	🔲 4	5
J. Having a child leaves	s little time and flexibility in n	ny life. □₁	2	3	🔲 4	5
K. Having a child has b	een a financial burden	1	2	3	🔲 4	5
L. It is difficult to balance	ce different responsibilities					
because of my child			П2		П4	5
	y child is often embarrassing		_		_	
			\square_2	\square_3	\square_4	\square_5
N. If I had it to do over						 _
			\Box_2	\square_3	\square_4	\Box_{5}
O. I feel overwhelmed I		·······				
• .	ant having too few choices a				4	□0
	y life		□-		□.	□-
	arent					5
D I find my shild anion	able	········		3		5
ix. i ililu iliy cililu enjoya	anie	1	2	3	4	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 Datedaymonth								
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 <u>amount</u> 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 \square_1 \square_2 \square_3 \square_4 \square_5								
Q6. If you feel that you do <u>not</u> 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								
Q7. When you are spending time with the study child, where do you like to bring him or her? A list of place is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most him.								
used location and so on. If there are any locations that you do not visit, just leave them blank.								
Rank								
At you home								
At another relative's home (e.g. child's grandparents)								
Pagragional/amonity area (o.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								

impor	tant f	for you, as	•	to do? P				•	•	think are the most at), 2 (second most
Showii	ng my	child love	and affection	n						
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										
	_	•	s safe and pr encouraging		ouri	ocity				
Other	_	-	encouraging	y fils of fier	Curr	Osity				
			•	-				-	ou spend with th is "very poor".	e study child.
Excelle	ent	1	2	3		4	5 V	ery Poor		
	_	-	ften involve u would no	-	_			ne child. I	Please tick one b	ox on each line to
We						Every day		t least e a week	At least once a month	Rarely or never
	Pre	pare food fo	or the child a	at home		□ 1		<u></u>	Пз	<u>4</u>
	Put	the child to	bed			□ 1		\square_2	\square_3	<u></u> 4
	Cha	ange nappie	es/bathe chil	d		□1		\square_2	\square_3	<u></u> 4
	Tak	e the child	to doctor /de	entist etc		□ 1		<u></u>	<u></u> 3	<u></u> 4
	Tak	e the child	to or from cr	eche		□ 1		<u>2</u>	_3	<u></u> 4
would	l like to	o record som	ne information	about the ki	ind o	f financial sup	oport you	u provide fo	r the study child and	I his or her household.
			hing directl child reside						e child's home (i. ome)?	e. the house or
Yes, I	pay th	ne full amou	ınt due	[□ 1	No, I don't	pay tov	vards the r	ent or mortgage d	irectly□₃
Yes, I	pay a	contributio	n	[<u></u> 2	There is no	rent o	r mortgage	owing on the hor	ne□ ₄
Q13. If	f you	pay all or p	part of the r	nortgage o	or re	nt, how mu	ch do y	you pay p	er month? €	per month
Q14. E	Oo yo	u provide f	financial su	pport to th	e ch	nild's mothe	er (othe	er than a d	lirect rent or mor	tgage payment)?
Never		1								
Yes		₂ a regular	payment to	the value	of 4	€ per ı	month (excluding	direct rent/mortga	ge payment)
Yes		3 on an as-	-required ba	asis (e.g. b	ack	to school)	to the v	/alue of €	per year	
Q15. If	-	-	ular paymer	nt as in Q1	4 ab	ove, how d	id you	decide on	the amount/sch	edule? (Please tick
Mutua	l agre	ement with	mother		🗖]2				
	-	-	any supporteeded, etc?		n fin	ancial, e.g.	home	repairs, m	ninding the family	/ pet, generally
	Nev	⁄er]1	Yes, occ	casic	nally	2	Yes, f	requently	□3

Q17. What was the status of the study child? (Please tick	-	p with the study	child's mother wher	n she became pregnant	with	
Married and living together Cohabiting/living as married Separated Divorced	[$\left. ight]_2$ Just $\left. ight]_3$ No r	friends	gether □5 □6 □7		
Q18. What age was the stud	y child when you	separated from	the child's mother f	or the first time?		
AGE	months OR	weeks				
		OR				
Had separated before birth	□1	OR Never li	ved with mother	2		
Q19. Are you named on the	study child's birt	th certificate?				
Yes	l No		⊡₂ Not sure	3		
Q20. If you have never been	married to the S	tudy Child's mot	her have you applie	d for guardianship?		
No□ ₁ Yes,	through mother o	nly Yes	s, through court]3		
Q21. If yes, was this applica	tion successful?	Yes□₁	No□ ₂ Ongo	oing□ ₃		
Q22. How often do you talk about your child with the child's mother? Every day						
Q23. How well do you get or	n with the child's	mother? Would	you say your relation	onship is?		
Very positive	Somewhat positive	Neutral	Somewhat negative	Very negative		
	\square_2	\square_3	<u></u> 4	<u></u> 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		
	□ ₁	\square_2	\square_3	□ 4		
Q25. Do you want to be involved in raising your child in the coming years?						
Yes □ ₁	No	<u></u>	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 Some of the time the time Rarely Never a. You talk a lot about your child to your friends and family \square_1 \square_2 \square_3 \square_3 b. You carry pictures of your child with you wherever you go \square_1 \square_2 \square_3 \square_4 c. You often find yourself thinking about your child \square_1 \square_2 \square_3 \square_4 d. You think holding and cuddling your child is fun...... \square_1 \square_2 \square_3 \square_4 e. You think it's more fun to get your child something new than to get yourself something new \square_1 Finally, we just have a few questions about you. _____(day) _____ (mth) ____(yr) Q27. What is your date of birth? (DD/MM/YYYY) 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 \square_1 Retired from employment \square_6 Looking for first regular job□₂ Unable to work due to permanent sickness or disability Student or pupil Other (please specify) Looking after home/family......_____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 Certificate Primary Junior Cert. or equivalent Leaving Cert. or equivalent Postgraduate Degree Q32. Which of the following best describes your current marital status? Widowed □₆ Remarried (or cohabitating) following Remarried (or cohabitating) following Divorce □₃ Q33. Are you currently living with a partner? Yes 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?

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

Fair

 \square_4

____ by same parent as Study Child's

Q37. If you are NOT Irish, how long have you been living in Ireland? _____ years OR _____ months

Good

 \square_3

____ by a different partner(s)

Poor

 \square_5

None..... □₁

Q36. What nationality are you?

Excellent

 \Box_1

Q38. How would you describe your general state of health?

Very good

 \square_2

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-RASED CARE Infant Pilot

	St	rictly Confide	ntial – HOM	E-BASED	CARE I	nfant Pilot	
Group Code		Sequence Code		Date	· (day	month
out the questionna	aire. If you have	mpanied by an ir	lease ring 01-8	k. It is impo 3632000 and NAIRE WITH	rtant that yo d ask for the AN INTERVI	e Growing Up	
First of all, we w	ould like to ask	you some ques	tions about o	aring for th	e study ch	ild in particu	ılar.
Q1. Which of the	e following best	describes your	relationship	to the study	/ child?		
Grandmother Grandfather Other relative Friend of paren	t		Neighbour Nanny/au pai Registered ch Jnregistered	r nildminder . childminde	er	6 7 8	
Q2. Do you live	in the home of t	he study child (include granr	y flat or gu	est accomi	modation as	part of the child's home)?
Yes] ₁ No	2					
Q3. Do you care	for the study cl	hild in his / her o	own home; in	your home	or somew	here else?	
Study Child's hor Somewhere else			-	ome		🔲 2	
Q4. How long ha	ave you been ca	ring for the stud	ly child?	years	_ months	weeks	
Q5. How many <u>h</u>	ours per week	do you care for	the study chi	d?	h	ours	
Q6. How many o	<u>lays</u> per week d	o you care for th	ne study child	l?	d	ays	
Q7. Please think	about your rela Very easy	ationship with the Somewhat eas	sy Neither	. How easy easy nor ficult		-	d getting on with the child Very difficult
	\square_1	\square_2	[<u></u>		4	<u></u> 5
We would also	like some gen	eral information	on on the en	vironment	in which	you look af	ter the study child
	day, how many _ children	children are in	your care (ex	cluding the	study chile	d, but includ	ling your own children)?
Q9. What ages a Study Child)	re these childre	en? (Please indi	cate the numb	per of child	ren in these	e age catego	ries, again excludingt the
0 – 11 months 1- 3 years 4-6 years			7-9 years 0 - 12 years . 2 years and o			5	
Q10. How many	of the following	types of toys a	re there avail	able to the	child while	in your care	?
a. Cuddly toys or	dolls	_ (Enter number	of toys) b	. Activity typ	e toys	_ (number)	

Q13. On a typical day, how often would you get the chance to talk to the child on a one-to-one basis?

Q11. On average, how many hours per day does the child spend watching TV or DVD's while in your care?_____ hrs

Almost	never	\Box_{\star}	

Sometimes		2
-----------	--	---

Q12. In a typical day, how long would the child spend asleep while in your care? ____hours



Always□₄

Q14. Do you look after the study child when he or she is sick?	
Never	
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	
Q17. What nationality are you?	
Q18. Which of the following best describes your current employment status?	
Working for payment or profit	
Q19. Is caring for children your main occupation?	
Yes	
Q20. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher'	:r').
Q21. What is the highest level of education that you have completed?	
No formal education	
Primary	
Junior Cert. or equivalent	
Leaving Cert. or equivalent	
Q22. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding you experience of raising your own children?	ur
No	
Yes, certificate level of less than one year's duration	
Yes, certificate level or above of greater than one year's duration	
Q23. Have you undertaken any other training relevant to caring for children? Tick all that apply	
Child psychology	
Q24.How long have you regularly worked 10 or more hours per week in a childcare situation? years months	

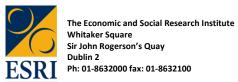
THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.

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
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 Somewhat difficult Very difficult difficult
\square_1 \square_2 \square_3 \square_4 \square_5
We would also like some general information about the care centre.
Q6. Are you registered with the Health Service Executive?
Yes
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
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
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 never1 Sometimes2 Often3 Always4

Q16. How many staff (water administrative or mainted)	hole-time equivalents) are on enance staff, etc)?	employed in the c no. c		the children (do	not include
Q17. How many of these	e staff has a formal childca	re qualification?		no. of staff	
Never	ed to leave sick children int Rarely	Frequently		Always	4
			(dov)	(mth)	(vg)
Q19. What is your date	e of birth? (DD/MM/YYYY		(day)	(mun)	(yi)
Q20. Are you?	Male □ ₁ F	emale			
Q21. What is your nation	nality?				
Q22. Which of the follow	wing best describes the ty	pe of care your c	entre provides?		
After-school supervision .	П1	Youth centre			
Study group		Other			
Q23. What is your highe	est level of qualification in c	childcare or relate	d discipline (e.g. te	eaching, nursing	, Montessori etc.)?
No formal qualification	🔲 1	Degree			
Certificate	2	Postgraduate D	egree	5	
Diploma					
Q24. Please indicate the	subject area in which the	qualification was	obtained:		
Childcare	🔲 1	Special needs a	ssistance	5	
National school teaching	2	Speech and lan	guage therapy	🔲 6	
Other education		_			
Child psychology/develop	oment	Other		🔲8	
Q25.When did you recei	ive this qualification?	Year:			
Q26. Have you undertake Child psychology	en any other training relevant	•	en? Tick all that app	·	
Sign language First aid	<u> </u>	Other		5	
Q27. Is caring for childre	en your main occupation?	Yes [□ ₁ No □	$]_2$	
Q28. If no, please descri	ibe your main occupation a	as fully as possibl	е		
Q29.How long have you	regularly worked 10 or mo	re hours per weel	c in a childcare situ	uation? yea	arsmths
Q30. How long have you	u worked in this particular o	care centre?	years	months	
Q31. Overall, are you ha	appy working in childcare?				
Strongly Agree	Agree	Neutral	Disagree	Strongly Disag	ree
	\square_2	□ ₃	□ ₄		

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 you 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.









 $\label{lem:condition} \textbf{Appendix} \ C-\textbf{Instrumentation} \ used \ in \ the \ dress \ rehearsal \ phase$

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

PERSONAL PUBLIC SERVICE NUMBER (PPSN)

MUM				
R1	As you know, we hope to intervitracing you at that time if we we your child. Your number and yowe used for selecting the sampl these by the Department of Socioto (a) your number and (b) your tracking or tracing of responder	ere able to use your P our child's number ar le used for Growing U ial and Family Affairs child's number from	ersonal Public Service no e available from the Child Jp in Ireland. We have no be Would you be willing to the Child Benefit Registe	umber (PPSN) or that of d Benefit Register which of been provided with of allow us to have access
	(a) Your own number	Yes □1	No2	
	(b) Your child's number	Yes □1	No	
R2.	In the future it might be possible great assistance in the sort of spossible to use the PPS number (a) on your own behalf and (but purposes. No government depart	statistical analysis w r to link to other data o) on behalf of your	hich we carry out as par sources would you be w child. This would be	of this survey. If it were villing to allow us to do so used only for statistical
	Would you be willing to allow ulinking to other data sources for		•	PS number to assist us in
	(a) Your own number	Yes	No2	
	(b) Your child's number	Yes □1	No □2	
	(Signed)			-
DAD	(as relevant)			
R3	As you know, we hope to intervent tracing you at that time if we we you be willing to allow us to moving between our interviews?	ere able to record you	ur Personal Public Servic	e number (PPSN). Would
	Yes	No	2	
	PPS Number:			
R4	In the future it might be possible great assistance in the sort of future if it were possible to use us to do so. This would be use department or similar body would be used.	statistical analysis y your PPSN to link to ed only for statistica	which we carry out as p o other data sources wou I purposes or statistical	art of this survey. In the ild you be willing to allow
	Would you be willing to allow udata sources for statistical purp		your PPS number to as	sist us in linking to other
	Yes	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





I	ESRI Ph: 01-8632000 fax: 01-8632100		0 6 6 10
	GROUP	Hhold	
INT	ERVIEWER NO		INTERVIEWER NAME
	<u>GR</u>	OWING U	IP IN IRELAND
	FOLLO	OW UP / TRA	ACING INFORMATION
R.1	Thank you very much for your participa	ation in the G	Frowing Up in Ireland survey.
	As we said at the outset, we will be con is 3 years old. We will also be sending		again with a view to interviewing you when your child on our progress from time to time.
		• •	ne number) of some relative, friend, neighbour or any nelp us in contacting you, should you move between
	[Int: Record name of contact person and a Please note that contacts should be differe		r phone number below for Mum AND Dad (where relevant) tact person for Mum and another for Dad].
	IUM Oma		DAD (if relevant)
	ame:		Name:
A:	ddress :		Address:
_			
Pl	hone: ()	_	Phone: ()
R	elationship to respondent:		Relationship to respondent:
		Qualitative	Study
w le th th	hat we describe as a qualitative study. These structured way to the one which we haw is qualitative sample in about 2-3 months	nis involves a ave just comp stime. Would qualitative st	re randomly selecting 120 households for inclusion in further interview of your family, though in a slightly eleted. We will be selecting the 120 households for the to K if we were to include your family among tudy? Please note that there is no guarantee that
	OK to include family in qualitative students of the control of the	_	
		Noctod Ct	

Nested Study

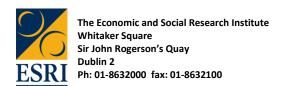
R4 Finally, as part of the Growing up in Ireland project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called 'nested studies' arose we would write to relevant households and ask whether or not we could approach 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 study	1

Work Assignment Sheet

NLSCI INFANT DRESS REHEARSAL 2008 INTERVIEWER 9999 Mr Joe Bloggs Group 8 Hhold 520	Outcomes 1 Completed 2 Cannot locate address 3 Vacant/demolished/derelict 4 No contact despite repeated call backs 5 Refused to interviewer - PHONE
Please interview between 7/05/2008 and 6/ 06/ 2008 Child's Name: Peter Smith Date of Birth	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
other's name: Mary Smith ddress: 4 Burlington Road, Dublin 4 arent phone numbers	GPS readings (from list above) A B
SECTION A If yes, interview completed Sensitives why not? Lives in household y N Y N Y N y N Y N Why not? y N Y N Y N y N Y N Mother/Lone Father y D D D D D D D D D D D D D D D D D D D	SECTION B Y N SECTION C Y N Consent form signed □ □ PPS Child - Tracing □ □ NPRS Permission □ □ PPS Child - Linkage □ □ Qualitative permission □ □ PPS Mother - Tracing □ □ Nested permission □ □ PPS Mother - Linkage □ □ Observation sheet □ □ PPS Father - Tracing □ □ Followup Aracing sheet □ □ PPS Father - Linkage □ □
SECTION D Is there a NON RESIDENT PARENT? If so, name, address and phone number of non-resident parent: Name Address Phone Permission to contact Yes D No	SECTION E 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 □
SECTION F - ASQ Re-test Paper Length (cms) Head Circumference (cms) Date measurements taken	Please complete <u>ALL</u> sections A to F Work Assignment sheets <u>MUST</u> be returned to ESRI before payments for household can be processed

Primary Caregiver Questionnaire







NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE – Dress Rehearsal STRICTLY CONFIDENTIAL MOTHER or LONE FATHER QUESTIONNAIRE

GROUP	HHOLD		RESPONDEN	TI TI
INTERVIEWER NAME		INTERVIEWER NO:		
Time Section Started		(24 hour clock) DATE	:ddmmyy	,
We are seeking to interview parents/guardians and child will for you in the field]. All the inform and will not be released in any war your family. If however, we a person is at risk we may have to a	take about 90 min ation you and you ay which would a re told somethin	nutes to complete [IN] ur family provide will b llow the information yo	ERVIEWER: Adjus e treated in the stric ou provide to be ide	t as appropriate ctest confidence entified with you
The Department of Health and Ch (OMC), in association with the De Department of Education and Sc group of researchers led by the E Centre at Trinity College Dublin is	partment of Socia ience is represen conomic and Soc	al and Family Affairs and ted on the Steering G ial Research Institute (nd the Central Statis roup which overse	stics Office. The es the Study. A
A. INT	RODUCTION ANI	O HOUSEHOLD COMPO	SITION	
A1. Are you the parent / guardian	of <baby> who u</baby>	sually provides the mo	st care to him / her.	
Yes	🔲 1	No		
A2. [Int: Record gender of respond	dent] Male	Female		
A2a. Record <baby's> name:</baby's>				
A2b. Record <baby's> gender</baby's>	Male[2	
A2c. Record <baby's> date of birth</baby's>	nddm	myyyy		
A3. [Card A3] Looking at Card A3, <baby>? [Interviewer use codes onl</baby>		vhich of the following b	est describes your	relationship to
A. Biological parent (mother/ father) B. Adoptive parent (mother/ father) C. Step-parent (mother/ father) D. Foster parent (mother/ father)		E. Grand parent F. Aunt/uncle G. Other relative/ in la H. Unrelated guardia		
A4. How many people in total (inc of this household?	luding yourself a	nd all children of all aç	jes) live here regula	arly as members

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

		(A)	(B)	(C)		(D)				(E) Sh	ow Ca	rd A5E	-	
No.	First name/Initial	Sex	Date of Birth	If DOB not available	and child. l	ip of each mem Jse Relationshi v card. Show C	ip Codes from	_	ation	ning	p		Se	
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	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	011111111111111111111111111111111111111			yrs	1	////				Пз	<u>4</u>	5	<u></u> 6	F
2				yrs	2		////		l					I
3				yrs	3			\Box_1	l					
4				yrs	4			\square_1	\square_2	Шз	<u>4</u>	<u></u>	<u></u> 6	
5				yrs	5			\square_1	\square_2	Пз	□ 4	<u></u>	<u></u> 6	
6				yrs	6			\square_1	\square_2	Пз	<u>4</u>	<u></u>	<u></u> 6	
7				yrs	7			\square_1	\square_2	\square_3	\Box_4	\square_5	\Box_6	
8				yrs	8			\square_1	\square_2	Пз	\Box_4	\square_5	\Box_6	
9				yrs	9			\square_1	\square_2	Пз	<u>4</u>	□ 5	<u></u> 6	
Intervie relevar	ewer: Mother or l nt).	one father	should be on	line 1. St	udy Child	should be or	n line 2. Fat	her /	Parti	ner oi	n line	3 (if		
A6. Do	o yo <u>u hav</u> e any	other bio	logical child	Iren who	live outs	ide the ho	usehold?							
Yes	₁ No.		2											
A6a. H	How many child	ren	n											
	For each biologi ate of birth.	ical child	living outsi	de the ho	usehold	can you pl	ease indic	cate	their	gen	der			
1.	Male Female □ ₁		te of Birth											
2.	Male Female □ ₁	Da	te of Birth											
	Male Female	Da	te of Birth											
3.	<u>1</u>	/	/											
	B. P.	ARENTI	NG, CHIL	D'S FUN	NCTION	NING AN	D RELAT	ГЮ	NSH	IPS				
Time	Section Starte	ed			(24 ho	ur clock)								
B1.		<u></u>		<u> </u>										
		Sca	ale on pare	ent's viev	vs on ch	nild-rearin	g remove	ed						
B2. Do	o you use a soo	ther/dum	my with <ba< td=""><td>aby>?</td><td>Υ</td><td>es 🔲 1</td><td>No</td><td>2</td><td></td><td></td><td></td><td></td><td></td><td></td></ba<>	aby>?	Υ	es 🔲 1	No	2						
B3. [C	Card B3] When y	ou leave	<baby> with</baby>	n someon	e else (n	ot you or y	our partn	er),	how	does	s he/s	she ı	usua	ally
Is unh	py and settled by appy at first but o ins unsettled and	quickly set	tles down				$$ \square_2							
B4. <i>[C</i>	Card B4] And wh	en you re	eturn, havin	g left <ba< td=""><td>by> with</td><td>someone</td><td>else, how</td><td>doe</td><td>s he</td><td>or sl</td><td>ne us</td><td>suall</td><td>y ac</td><td>t?</td></ba<>	by> with	someone	else, how	doe	s he	or sl	ne us	suall	y ac	t?
With d	lelight						□1							

B5. When you talk to <	baby>, do you fe	el that he/she	is maintain	ing eye contact witl	n you?
Most or all of the time		Sometimes		ardly ever or never	
В6.		Scale on attac			
B7					
i t	ems on narent	's knowledae	e of child d	evelopment remo	ved
	ome on parent	o mionionge	, o. o	отогоринони гонно	
B8.	Infant Cl	naractoristics	· Ouestion	naire removed	
		C. BABY'S D			
Time Section Started			(24 hour cl	lock)	
CX1. Do you talk to you	ır baby while yo	u work? (eg. \	while you do	housework).	
Never	Rarely	Some	etimes	Often	Always
CX2a. Do you have any					
		about any asp	pecis or bar	by S beliaviour or de	evelopillerit :
Yes	<u>—</u> -				
CX2b. What concerns of	-				
					
		D. BABY	'S HABIT	S	
Time Section Started			(24 hour c	lock)	
D1. How many hours s	leep do you get	on an average	night, at th	e present time?	hours
D2. In general, what tin	ne in the eveninç	g does your ba	by usually	go to sleep?	(24 hour clock)
D3. Approximately how	v many hours sle	en does vour	baby have	durina	
(a) the day?	•	the night ?	-	_	
D4. On a normal day w	hat time does yo	our baby usual	ly get up at	in the morning?	(24 hour clock)
DE la complatación de la complat	PCC It It				
D5. Is your baby ever d Most of the time	Often	t to bed? At time	e s	Rarely	Never
D6. How often does yo	•	•			
Never Occa	sionally	Most nights		Every night	More than once per night
1		3		4	
D7. How many times pe	∍r night on avera ———	ige?			
D8. Do you ever wake <	<baby> for a fee</baby>	d during the ni	ight?		
Yes, usually	Yes, some			No, not at all	
D9. How does your bak				3	
On his/her stomach	On his/her side	On his	s/her back		
D10. Does <baby> usua</baby>	ally sleep:				
In a room on his/her own In a room with other child				your bedroomsewhere	

In his/her own bed/o		of the night?		
	ot			
	r children			
	y how many nights per		> spend at least som	e part of the night in your
D13. Do you feel th	nat <baby's> crying is</baby's>	a problem for you?		
Yes	, , ,			
	□.		olom for vau?	
	<baby's> sleeping pat A moderate</baby's>	-	-	
A large problem	problem	A small problem	No problem at all	
_ 1	_ 2	3		
D15. Have you eve problems.	r taken your child to a	doctor or bought ov	ver the counter drugs	for his / her sleeping
Yes		2		
D46. The next gue	otiona hava ta da with	whon vour child ma	v hava baan abla ta a	do certain things. If you d
	t age, your best estima		y nave been able to t	do certain things. Il you d
	<baby> first sit him/hers</baby>		Months	Not yet □ ₉₉₉
` '	<pre><baby> inst sit fill fill fill <baby> start feeding him</baby></baby></pre>	·		Not yet □ 999
• •	<baby> start reeding fills <baby> take his/her first</baby></baby>			
				Not yet □ ₉₉₉
(u) At what age did	<baby> start saying his/l</baby>			Not yet □ ₉₉₉
	E. CH	ILDCARE ARRA	NGEMENTS	
Time Section Sta	rted	(24 hou	ır clock)	
E1. Is <baby> curre each week?</baby>	ently being minded by	someone else, othe	r than you or your pa	artner, on a regular basis
		someone else, othe	r than you or your pa	artner, on a regular basis
each week? Yes	No	\square_2 s <baby> on a regul</baby>	ar basis, n each type of childca re per week	
each week? Yes	No No (a) who else minds (b) number of hou (c) how much you (d) whether this is	s <baby> on a regul rs per week spent in pay for this childca</baby>	ar basis, n each type of childca re per week childcare	are,
YesE2. Can you indica	No nte (a) who else minds (b) number of hou (c) how much you (d) whether this is	s s s s > on a regul rs per week spent in pay for this childca your main type of call that apply] Number	ar basis, n each type of childca re per week shildcare of hours Cost per wee	are,
Yes E2. Can you indicate A relative in your how someone else in your	No ate (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick a	s s pay for this childca your main type of call that apply] Number	ar basis, n each type of childca re per week :hildcare of hours Cost per wee	are,
Yes E2. Can you indicate A relative in your how someone else in your how a relative in their how a relative in the relative in their how a relative in the rel	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick a	s s pay for this childca your main type of call that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee N	are,
A relative in your ho Someone else in yo A relative in their ho Someone else in the	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick and the company of the com	s s pay for this childca your main type of call that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per weeN	are,
A relative in your ho Someone else in yo A relative in their ho Someone else in the A professional care Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche /	s s s s > on a regulars per week spent in pay for this childcar your main type of call that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee N	are,
A relative in your ho Someone else in yo A relative in their ho Someone else in the A professional care Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is [Tick a bur home	s s s s > on a regulars per week spent in pay for this childcar your main type of call that apply] Number	ar basis, n each type of childca re per week childcare of hours Cost per wee N	are,
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A relative in your hor Someone else in the A professional caree Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche /	s s s s > on a regulars per week spent in pay for this childcar your main type of coall that apply] Number shall that apply] Number shall that apply] Number shall that apply] Number shall that apply] shall that apply shall that apply] shall that apply	ar basis, n each type of childca re per week childcare of hours Cost per wee	are, ek Main type of care 4
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A relative in your hor Someone else in you A relative in their hor Someone else in the A professional careed Day nursery)	No Inte (a) who else minds (b) number of hou (c) how much you (d) whether this is ITick at the series of th	s s > on a regulars per week spent in pay for this childcar your main type of call that apply] Number In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply] In the pay for this childcar your main type of call that apply]	ar basis, n each type of childcare re per week childcare of hours Cost per wee N N N N N N Cost per week N N N N T N T N T T T T T T T T T T T	are, ek Main type of care 4
A relative in your hor Someone else in you A relative in their hor Someone else in the A professional care Day nursery) Other (please specified E3. What age was E4. What was the self had no choice I could afford it It was linked to my jet I thought it would be	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche / fy) cbaby> when you start single most important i	s s s s > on a regulars per week spent in pay for this childcan your main type of child that apply] Number with the state of the state o	ar basis, n each type of childcare re per week childcare of hours Cost per wee N	are, ek Main type of care 4
A relative in your hor Someone else in you A relative in their hor Someone else in the A professional care. Day nursery)	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche / fy) <bable> cbaby> when you start single most important in ob ebeneficial for my child.</bable>	s <td>ar basis, n each type of childcare re per week childcare of hours Cost per wee N</td> <td>are, ek Main type of care 4</td>	ar basis, n each type of childcare re per week childcare of hours Cost per wee N	are, ek Main type of care 4
A relative in your hor Someone else in you A relative in their hor Someone else in the A professional care. Day nursery) Other (please specified by the could afford it	nte (a) who else minds (b) number of hou (c) how much you (d) whether this is Tick a ome our home eir home giver (e.g. Crèche / fy) <bable> cbaby> when you start single most important in ebeneficial for my child ebeneficial for my child escribe)</bable>	s s s s 	ar basis, n each type of childcare re per week childcare of hours Cost per wee N	are, ek Main type of care 4 4 4 4 4 4 4 14 14 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18

E6.What are your future intentions for childcare? [Tick all that apply]
Baby minded by me on a full-time basis
Shared by my partner and me
Full-time child-care
E7. Which type of childcare? A relative in your home
Someone else in your home
A relative in their home
A professional caregiver (e.g crèche/day nursery) \Box_5
Other (please specify)
E8. [Card E8] Since <baby> was born has difficulty in arranging child care ever [Tick all that apply] QUARTERLY NATIONAL HOUSEHOLD SURVEY (QNHS)</baby>
a. prevented you looking for a job
b. made you turn down or leave a job \square_2 c. stopped you from taking on some study or training \square_3
d. made you leave a study or training course
e. restricted the hours you could work or study
f. prevented you from engaging in social activities \square_6 g. Other please specify $\underline{\qquad}_7$
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
F2a. Was <baby> a single birth, twin, triplet etc. Single child Twin Triplet Triplet</baby>
F2b. Does his/her twin live here in this household?
Yes
F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins? :</twin></baby>
Identical twins
F4. Has this been confirmed by a medical professional? Yes
F5. Just let me check. Are your twins:
Two boys
[Int. ask if no at F4.]
F6. Would you say they are alike in looks Yes
F7. Would you say they are alike a) In behaviour
F8. How do you dress them?
in matching clothes each day
in matching clothes sometimes
never in matching clothes
F9. How does this twin react to the other? Yes, most Yes, some No, hardly
of the time of the time ever
a) he/ she likes to be with his / her twin
b) he/she doesn't seem to notice his / her twin

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 <k< td=""><td>paby> was conceived?</td></k<>	paby> was conceived?
Yes, at that time□ ₁ No	Unsure/Didn't mind
G2. Did you intend never to become pregnant bef	fore <baby> was conceived, or just at a different time?</baby>
Yes, but much later Yes, but somewhat later Yes, but earlier No intention of becoming pregnant Other	
No que	estion G3 and G4
G5. How was your Ante-natal care provided?	
Shared care (between GP and other professional'.) Private consultant alone	Hospital Clinic
G7. At how many weeks did you first become awa	are that you were pregnant? weeks
G8. How many weeks into your pregnancy did yo GP or hospital?weeks	u have your first ante-natal booking appointment with your
G9. And who was this appointment with? GP/Family physician	
	and the doctor/consultant see an image of the baby on f your pregnancy? No. of scans [If none enter '0']
G11. Did you know the sex of your baby before the	ne birth? Yes □ ₁ No□ ₂
[INT: Only Ask G12 if biological mother]	
G12. How much weight did you gain during the constant stonestonekgs	ourse of your pregnancy?
G13. [Card G13] Were there any of the following of	complications with the pregnancy? [Tick all that apply]
a. Raised blood pressure (in isolation)	i. Intrauterine Growth Restriction (small baby on scan)
d. Persistent vomiting or nausea	k. Influenza
e. Gestational diabetes (diet treated)	
	our, were you admitted to hospital for a pregnancy related
Yes No	
G15. How many separate admissions did you have	/e?No. of admissions

[INT: Only Ask G16a – G16c if biological mother]
G16a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?</baby>
Yes
G16b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?</baby>
Yes ₁ No ₂
G16c. Did you take Iron during your pregnancy with <baby>?</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?</baby>
Home birth [planned] 1 In hospital
H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.</baby>
a. Name: b. Address
[INT: Only Ask H3 if biological mother]
H3. Did you have any form of pain relief in labour?
Yes Did not have any labour□ ₃
H4. What was the mode of delivery?
Normal delivery
H5a. After how many weeks of pregnancy was <baby> born? Wks Don't Know□99</baby>
H5b. Was <baby> born late, on time or early?</baby>
Late birth (42 weeks or more)
H6. How much did <baby> weigh at birth?lbsounces <u>OR</u>kgs</baby>
H7. What was <baby's> length at birth?inches <u>OR</u>cms</baby's>
H8. [Card H8] Were there any complications during the <baby's> birth? [Tick all that apply]</baby's>
A. No complications
H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?</baby>
Yes
H10. Did <baby> need any help with his/her breathing from a ventilator?</baby>
Yes1 No
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</baby>

Vaa		Nia		Go to H16		
Yes				brought him/her h	nome from hosp	nital?
Yes	•			or ought minutes i		
H14a. Was <ba< td=""><td>ш.</td><td></td><td></td><td></td><td></td><td></td></ba<>	ш.					
				es only breast-milk	without any addi	tional food or drink]
Yes	1	No		→ Go to H15a	l	
H14b. How old	 I was <bab< td=""><td>v> when he</td><td>/she stopped</td><td>being <u>exclusively</u></td><td>breastfed?</td><td></td></bab<>	v> when he	/she stopped	being <u>exclusively</u>	breastfed?	
[Int: Accept ans		-		<u> </u>		
Days	Week	ksN	onths <bab< td=""><td>y> still being exclus</td><td>sively breastfed</td><td>□₉₉₉ Go to H2</td></bab<>	y> still being exclus	sively breastfed	□ ₉₉₉ Go to H2
		46 11				II \0
•	•			clude partial/comp	lementary brea	stfeeding)?
Yes	- G0	to H16 I	No			
		-	-	ely stopped being	breastfed?	
[Int: Accept ans	wer in Days	s <u>OR</u> Weeks	OR Months	5	107	
			_	Days	Weeks	Months
[INT: Only Ask		_	_	h	share (Tiple oll 4b)	at annivi
misc. What we	ere the mai	n reason(s)	you stopped	breastfeeding <ba< td=""><td>iby> [Tick all th</td><td>ат арріуј</td></ba<>	iby> [Tick all th	ат арріуј
Not enough mil	k/hungry ba	ıby		1 Physician told r	ne to stop	
Inconvenience				_		9
Difficulty with b		ia techniai ie	S 1.1		vanted me to sto	p ₁₀
Sore nipples/en Mother's illness	gorged bre	ast		Formula feeding Wanted to drink	g preferable alcohol	
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121. Call you tell the whether spacy has received. [Fick all that apply]	
Their six-week checkup	
Vaccines at 2 months \square_2 No vaccinations \square_5	
Vaccines at 4 months	
H22 [Card H22] Why has shahys not had all of his ar har immunications? [Tick all that apply]	
H22. [Card H22] Why has <baby> not had all of his or her immunisations? [Tick all that apply]</baby>	
a. Not offered/Didn't know due to have	
b. Due to have it in near future/soon	
c. Child was unwell/in hospital when due	
d. Child is not able to have it for health reasons	
e. Child was away/on holiday when due	
f. Lack of supplies/ran out of immunisation	
g. Concerns about the health risks to child	
h. Child had bad reaction/was unwell/had allergic reaction after previous immunisation .	
i. Medical problems or bad reactions related to immunisations in family	
j. Prefers to use homeopathy	
k. Didn't think it was of any benefit	
I. Opposed to immunizations for other reasons	
m. Other reason [please specify]	
mi. Guior reacon [preace specify]	
H23. [Card H23] Has a medical professional ever told you that <baby> has any of the following condition</baby>	167
[Tick all that apply]	13:
a. Respiratory disease [including asthma]	
b. Heart abnormalities	
c. Digestive allergies (e.g. lactose intolerant)	
d. Eczema or any kind of skin allergy	
e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due	
to a cold or congestion)	
f. Difficulty seeing	
g. A problem with mobility or using his/her arms legs to get around	
h. A problem with using his/her hands or arms	
i. Cerebral palsy	
j. Kidney disease	
k. Diabetes	
I. Any developmental delay	
m. Down syndrome	
n. Spina bifida / Hydroencephalis	
o. Cleft lip and/or palate	
p. Other long-term condition [please specify]	
q. None of the above	
H24. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you</baby>	u
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 TO	HE
RESPONDENT TO CONSIDER [CHILD]'S MOST SEVERE CONDITION.	
Minor	
H25. [Card H25] We would like to know about any health problems or illnesses for which <baby> has be</baby>	
taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these proble	ms?
TICK ALL THAT APPLY]	_
a. Snuffles/common cold □₁ k. Tight foreskin	
b. Chest infections	
c. Ear infections ☐₃ m. Sight or eye problems	
d. Feeding problems \square_4 n. Failure to gain weight or to grow	
e. Sleeping problems	
f. Dental problems (e.g. teething) \square_6 p. Persistent diarrhea or constipation[
g. Wheezing or asthma \square_7 q. Fits or convulsions	
h. Skin problems	18
i. Persistent nappy rash	<u>19</u>
j. Undescended testicle	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 o</baby>	_ of the
following about baby's> physical health? (exclude at time of birth) IF NONE THEN ENTER 0 - DO	
LEAVE BLANK	
A general practitioner (GP), or family physician	
A paediatrician	
A public health nurse or practice nurse	
Another medical doctor (such as a hearing specialist) N	
Accident and Emergency or OutpatientN	

H27 Has <baby a="" admitted="" an="" because="" been="" ever="" health="" hospital="" illness="" of="" or="" problem?<="" th="" to="" ward="" =""></baby>
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</baby>
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?</baby>
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)</baby>
You couldn't afford to pay
The necessary medical care wasn't available or accessible to you
You could not take time off work to visit the doctor
The child is still on the waiting list
H31. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card
H32. Does the family have private medical insurance?
Yes1 No
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?</baby>
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?</baby>
Yes1 No2
J. PARENT'S HEALTH
Time Section Started (24 hour clock)
J1. In general, how would you say your current health is?
Excellent
Very Good2 Good
Fair
Poor
J2. Do you have any on-going chronic physical or mental health problem, illness or disability?
Yes
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
1.50, 50 vololy

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 A moderate level Just a little A lot of difficulty Cannot do at all J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>? No □₂ Yes..... **J8. What is the relationship of that person to the Study Child?** [Tick all that apply] Brother / Sister \square_2 Other relative...... \square_3 Non relative \square_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 O – DO NOT LEAVE BLANK] A general practitioner (GP), or family physician A public health nurse or practice nurse A psychiatrist, psychologist or counsellor...... Another medical doctor.....______ Accident and Emergency or Outpatient..... 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? Not at all Occasionally J13. Have you ever smoked? Was it: Daily Occasionally ... 2 Never 3 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? J16. [Card J16] Which of the following best describes how often you usually drink alcohol Less than once a month 1-2 times a month...... 3-4 times a week...... 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? Glasses of Wine ____ Measures of Spirits _____ Bottles of alcopops _ Pints of Beer/Cider

J18. And when you drink, how many drinks would you have on an average night? ____

K. FAMILY CONTEXT

	ed		(24 hour cle	ock)			
K1. [Card K1] Please to how things are for as honest as possible	you and <baby> n</baby>						
			Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
A. I am happy in my rol				2	3	4	5
B. There is little or noth my child if it was neces	ning I wouldn't do fo	r					
C. Caring for my child s	sometimes takes						
more time and energy	than I have to give.		🔲 1	2	3	🔲 4	🔲 5
D. I sometimes worry w	vhether I am doing						
enough for my child E. I feel close to my ch F. I enjoy spending tim G. My child is an impor	ild		·······	2 П ₂	<u> </u>		<u> </u> 5
F. I enjoy spending tim	e with my child			2	3	4	5
G. My child is an impor	tant source of affec	tion for m	e 🔲 ₁	2	3	4	5
H. Having a child gives and optimistic view for	me a more certain		П.	П-	П.	Π.	□₋
I. The major source of	stress in my life is n	nv child	······· □1	⊔2 ∏₂	🗀 3		<u> </u> 5
J. Having a child leave:	s little time and flexi	ibility in m	y life. □1	2	3	🔲 4	5
K. Having a child has b			🔲 1	2	3	4	5
L. It is difficult to balance	ce different respons	ibilities					
because of my child M. The behaviour of m	v abild is aften amb	orroccina					
or stressful to me				2	3	🗀 4	🔲 5
N. If I had it to do over	again, I might decid	le					
not to have a child	h., the recommodibility		1	2	3	4	5
O. I feel overwhelmed being a parent	by the responsibility	/ OI	\Box .		\Box	\Box	\Box_{ϵ}
P. Having a child has n	neant having too fev	w choices	and				
too little control over m	v life			2	3	4	5
Q. I am satisfied as a p	arent		1	2	3	4	5
R. I find my child enjoy	able		1	2	3	4	5
K2 The next few aug	etions are about	the ners	anal haln and s	unnort vou n	night get F	Please say	how much
K2. The next few que you agree or disagree				upport you n	night get. F	Please say	how much
			statements.	upport you n Neither agree nor disagree	night get. F Disagree		how much
you agree or disagree A. I have no-one to sha	e with each of the the the state of the stat	following Stror agre	statements. ngly Agree ee	Neither agree nor disagree	Disagree	Strongly disagree	how much
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A. I have no-one to sha B. There are other pare my experiences	e with each of the fare my feelings with ents I can talk to about they could	following Stror agre	statements. Ingly Agree Insurance Insuran	Neither agree nor disagree 3 you get from 't get any help 't get it from	Disagree 4 4 family or at all anyone? G	Strongly disagree 5 friends I don't nee	ed any help □4
A. I have no-one to sha B. There are other pare my experiences	are my feelings with ents I can talk to about they could	following Stror agre	statements. agly Agree be 2 2 f support or hel elp I dor c or help but car Sometimes	Neither agree nor disagree 3 you get from 't get any help 't get it from	Disagree 4 4 family or at all anyone? G	Strongly disagree 5 friends I don't nee	ed any help □4
A. I have no-one to sha B. There are other pare my experiences	are my feelings with ents I can talk to about they could	following Stror agree out amily amount of enough he 2 d support	statements. Igly Agree Per	Neither agree nor disagree	Disagree	Strongly disagree 5 friends I don't nee	ed any help □4 t need it
A. I have no-one to sha B. There are other pare my experiences C. If I had financial prol or friends would help if K3. Overall, how do y living outside your ho I get enough help ———————————————————————————————————	are my feelings with ents I can talk to about the about the about the about the abusehold? I don't get I feel that you need Often 7 contact with <ball< td=""><td>following Stror agree out amily amount o enough he 2 by's> gra</td><td>statements. Ingly Agree Ingly</td><td>Neither agree nor disagree </td><td>Disagree 4 4 family or at all anyone? G</td><td>Strongly disagree 5 friends I don't needs I don't needs I don't needs</td><td>ed any help □4 t need it</td></ball<>	following Stror agree out amily amount o enough he 2 by's> gra	statements. Ingly Agree Ingly	Neither agree nor disagree	Disagree 4 4 family or at all anyone? G	Strongly disagree 5 friends I don't needs I don't needs I don't needs	ed any help □4 t need it
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			3	\Box_4	<u></u>	□ ₆
baby> to stay over night? low often do <baby's> grandparents take</baby's>				4	5	
baby> out? low often do <baby's> grandparents buy</baby's>			3		5	
bys or clothes for <baby>? How often do <baby's> grandparents help</baby's></baby>						
ou around the house?		<u></u>	3	4	<u></u> 5	☐ ₆
low often do <baby's> grandparents help ou out financially?</baby's>	1	2	3	4	<u></u> 5	<u>□</u> 6
		No question	K7			
K8. Did you work full-time, part-time or	not at all	I immediately be	fore you beca	ame pregna	nt with <ba< td=""><td>aby>?</td></ba<>	aby>?
Full-time	[_2	Not at	all[3 →	Go to K19
K9. How many hours were you working p	er week?	hours				
K10. How long before you gave birth di	-		weeks	OR	_months	
K11. Are you currently at work outside			_			
Full-time□₁		_		ı	No]3
K12. What age was <baby> when you r</baby>	eturned t	o work?	months			
K13. Did you take any of the following	types of I	eave? If yes, ho	w many weel	ks did you t	ake?	
a. Paid maternity / paternity leave? .Yes	1	How many we	eks w	ks No	7 ₂	
b. Unpaid maternity/ paternity leave? Yes		How many we	eeksw	⁄ks No⊑		
c. Annual leave? Yes	₁	How many we				
(Accumulated before or during maternity / paternity I	eave)					
d. Sick leave? Yes	→ □1	How many w	eeksv	vks No]2	
Financial	!	Need an outlet or Other [please spe				
		to K24				
K15. Do you intend to return to work or	Go					
<u> </u>	Go utside the	e home?			Go to K24	
K15. Do you intend to return to work or	Go utside the	e home? 2 No			Go to K24	
K15. Do you intend to return to work ou Full-time	utside the	to work? How many with the ma	_ months	yes, how m wks No[wks No[any	
K15. Do you intend to return to work ou Full-time	ou return	to work? How many work many with the many w	_ months of leave? If y weeks weeks weeks	yes, how m wks No[wks No[wks No[any	
K15. Do you intend to return to work or Full-time	ou return to the leave)	to work? How many with the ma	_ months of leave? If y weeks weeks	yes, how m wks No[wks No[wks No[any	
K15. Do you intend to return to work or Full-time	ou return to the leave) and back to the leave of the lea	to work? No following types How many y	months of leave? If y weeks weeks weeks weeks	yes, how m wks No[wks No[wks No[any	
K15. Do you intend to return to work or Full-time	ou return to the leave) and back to the leave of the lea	to work? How many with How many with How many with How many with Money work? Need an outlet or	months of leave? If y weeks weeks weeks weeks	yes, how m _wks No[_wks No[_wks No[_wks No[any	
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K15. Do you intend to return to work or Full-time	go utside the survey of the lave) and back to large lavel la	to work? How many How many How many How many Now many No	months of leave? If y weeks weeks weeks utside the homecify]	yes, how m wks No[wks No[wks No[wks No[any	
K15. Do you intend to return to work or Full-time	go utside the survey of the lave) and back to large lavel la	to work? How many How many How many How many Now many No	months of leave? If y weeks weeks weeks utside the homecify]	yes, how m wks No[wks No[wks No[wks No[any	
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K15. Do you intend to return to work or Full-time	ou return to the leave) Ing back to go yment ou	to work? How many How many How many How many Now many No	months of leave? If yweeks weeks weeks weeks utside the homecify]	yes, how m wks No[wks No[wks No[wks No[any	

K23. What will be your main reason for g			do the home			
Financial□1 Maintain a Career□2			de the home y]			
Job related benefits (pension, car,	Other []	Jiease specii	у]	5		
health insurance etc) \square_3						
	Go to	K24				
K24. If you have returned to work after th worked outside the home, can I ask you statements?			ou agree or di	sagree v		
	Disagree	Disagree	nor disagree	Agree	Agree	
Because of your work responsibilities:					3	
 You have missed out on home or family a 	ctivities					
Γhat you would have liked to have taken par	t in □ ₁	2		4	5	
	6					
B. Your family time is less enjoyable and mo	ore	_	_	_		
pressured	1	2	3	🔲 4	5	
D	6					
Because of your family responsibilities:						
C. You have to turn down work activities or	n					
Opportunities that you would prefer to take o)N ☐¹	2	3	4	5	
D. The time you spend working is less enjoy	6 ahle					
and more pressured		\Box		\Box .	\Box -	
and more precoding			3	4	5	
pecause you couldn't afford it or for anot	ner reason?				No,	No,
					Cannot	othe
_			Yes	5	Afford	F000
Does your household eat meals with meat, o			quivalent)			reasi
				7		
at icast every seculiu udy!	te oquivalent) at	t loagt open s	Г]1	2	reaso
Does your household have a roast joint (or it	ts equivalent) at	t least once a		□ 1	🔲 2	🔲 3
Does your household have a roast joint (or it Do household members buy new rather thar Does each household member possess a w	ts equivalent) at n second-hand (arm waterproof	t least once a clothes? coat?	week?	1 1 1		
Does your household have a roast joint (or it Do household members buy new rather thar Does each household member possess a w	ts equivalent) at n second-hand (arm waterproof	t least once a clothes? coat?	week?	1 1 1		
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<u></u>	ts equivalent) at second-hand of arm waterproof pairs of strong trniture? Itely warm? Itely warm. Itely warm of the warm of th	t least once a clothes? coat? shoes? all once a moast once a year come and renthly or weekficulty F	n week?	1 1 1 1 1 1 1 1 househ h which Easily	2	er maease
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With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very eas
∟ 1	2	3	4	5	

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:
House
Apartment / Flat/ Bedsit
Other (specify)
L7b. Does your house or Apartment / Flat / Bedsit have access to a garden or common space (either private or shared)?
, Yes
L8. [Card L8] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?
Owner occupied
Being purchased from a Local Authority under a Tenant Purchase Scheme
Rented from a Voluntary Body
Rented from a Private Landlord
Living with and paying rent to your (or your partner's) parent(s)
Occupied free of rent with your (or your partner's) parent(s)
Occupied free of rent from your or your partner's job
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) Student full-time
Self employed outside farming
Farmer
Long-term sickness or disability
Home duties / looking after home or family
Retired
Other (specify)
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
L14. How many?
L15. How many employees (if any) do you have? employees N A \square_{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 No 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)
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]

LOAD Be and a support to the state of the st	. I
L21a. Do you currently have a part time job outside the	<u> </u>
L21b. On average, how many hours per week do you w	vork in that part-time job? hours
L21c. What is your occupation in that part-time job? (W describe as fully as possible [Int. Make sure to describe	
L21d. [Show Card L21d] From the reasons listed on thi for you not working in a paid job outside the home? If importance, where 1 is the most important reason, up to the contract of the contr	more than one reason, please rank them in order of to a maximum of 3.
I can't find a job	I cannot find suitable childcare
I am caring for an elderly or ill relative or friend 3 I prefer be at home to look after my children myself 4	My family would lose Social Welfare or medical benefits if I was earning
I cannot earn enough to pay for childcare	Other reason (specify)
L21e. Do you plan to start or return to paid work?	
Yes, in the next 3 months Yes, in 3 to 12 months time Yes, in more than 1 year's time Have no plans to return to paid work	
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]	
HOUSEHOL	LD INCOME
Now I would like you ask you a few questions about he you that all information will be treated in the strictest c	
	g sources of income does the HOUSEHOLD receive? ers, not just your own, your spouse/partner's income.
L24. And of these sources of income which is the large Col. B] [Card L23 / L24]	est source of income at present?[Int Tick one box only in
	<u>A</u> <u>B</u> <u>Receive?</u> Largest
A Wagaa ar Salariaa	Yes No <u>Source</u>
B. Income from Self-Employment	
B. Income from Self-Employment	
C. Income from Farming D. Children's Allowance/ Child Benefit	
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments F. Other Income (incl. income from maintenance payments	
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments	
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments F. Other Income (incl. income from maintenance payments investments, savings, dividends, private pensions, prop	
C. Income from Farming	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
C. Income from Farming D. Children's Allowance/ Child Benefit E. Other Social Welfare Payments F. Other Income (incl. income from maintenance payments investments, savings, dividends, private pensions, prop HOUSEHOLD INCOME FROM L25. If you added up all the income sources from HOUSEHOLD NET income, i.e. after deductions for tax	and PRSI only? Include income from all sources and

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								
	Veek	Per Month	Per Year	Category					
		Under €1,000		A Section A, Card L27					
		€1,001 to under €1,500							
		€1,501 to under €2,000							
		€2,001 to under €2,500							
		€2,501 to under €3,500							
		€3,501 to under €4,000							
		€4,001 to under €5,000							
		00 €5,001 to under €6,500							
		50€6,501 to under €8,000							
£1,851 or more									
Refused □ ₇₇ Don't' Know□ ₈₈									
		Int: Show Card L27 and tick 1, 2	or 3 in appropriate section ur	nder per wk; per mth or per yr]					
Α	Per week	under €75 ₁	€75 to €150	€151 to €230 □ ₃					
	Per Month	€0 to €300⊔ ₁	€301 to €650						
	Per Year	€0 to €4,000	€4,001 to €8,000	€8,001 to €12,000 □ ₃					
В	Per week	€231 to €270	€271 to €310	€311 to €350 □ ₃					
	Per Month	€1,001 to €1,150	€1,151 to €1,350						
	Per Year	€12,001 to €14,000 ₁	€14,001 to €16,000□ ₂						
C	Per week	€351 to €390	€391 to €420□ ₂						
	Per Month	€1,501 to €1,700	€1,701 to €1,800						
	Per Year	€18,001 to €20,000 _{□1}	€20,001 to €22,000□ ₂	€22,001 to €24,000 □ ₃					
D	Per week	€461 to €500	€501 to €535						
	Per Month	€2,001 to €2,150	€2,151 to €2,300						
	Per Year	€24,001 to €26,000 ₁	€26,001 to €28,000□ ₂						
E	Per week	€576 to €650	€651 to €750						
	Per Month	€2,501 to €2,800	€2,801 to €3,250						
	Per Year	€30,001 to €34,000 _{□1}	€34,001 to €38,000□ ₂						
F	Per week	€801 to €850	€851 to €880						
	Per Month	€3,501 to €3,650	€3,651 to €3,800						
	Per Year	€42,001 to €44,000 ₁	€44,001 to €46,000□2						
G	Per week	€926 to €1,000	€1,001 to €1,050	——————————————————————————————————————					
	Per Month	€4,001 to €4,300	€4,301 to €4,600						
	Per Year	€48,001 to €52,000□ ₁	€52,001 to €56,000□ ₂						
Н	Per week	€1,151 to €1,250	€1,251 to €1,375						
	Per Month	€5,001 to €5,500	€5,501 to €6,000						
_	Per Year	€60,001 to €66,000 ₁	€66,001 to €72,000□ ₂						
I	Per week	€1,501 to €1,600	€1,601 to €1,750						
	Per Month	€6,501 to €7,000 ₁	€7,001 to €7,500						
L_	Per Year	€78,001 to €84,000□ ₁	€84,001 to €90,000□ ₂						
J	Per week	€1,851 to €2,100	€2,101 to €2,400						
	Per Month	€8,001 to €9,250	€9,251 to €10,500□ ₂						
	Per Year	€96,000 to €110,000 ₁	€110,001 to €125,000 □2	€125,001 or more □ ₃					
.28.	Does anvone in	your household currently rece	eive Children's Allowance/	Child Benefit?					
		,							
	_			Yes□ ₁ No□ ₂					
.29.	Does anyone in	your household currently rece	eive any other Social Welfa	re 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		Jobseeker's Allowance or Unemployment Assistance	2
EMPLOYMENT SUPPORTS			
Family Income Supplement	\square_3	Back to Work Enterprise Allowance	\Box_6
Farm Assist		Part-time Job Incentive Scheme	\square_7
Back to Work Allowance (Employees)	□ ₅	Back to Education Allowance	□ 8
Supplementary Welfare Allowance (SWA)			
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	□ ₁₀	Deserted Wife's Allowance	
Deserted Wife's Benefit		Prisoner's Wife's Allowance	
Widowed Parent Grant		One-Parent Family Payment	
Widow's or Widower's (Non-Contrib) Pension	13		
CHILD RELATED PAYMENTS	113		
Maternity Benefit		Health & Safety Benefit	
Adoptive Benefit		Guardian's Payment (Contributory)	20
	110	Guardian's Payment (Non-Contributory)	
DISABILITY AND CARING PAYMENTS		, , , , , , , , , , , , , , , , , , , ,	
Illness Benefit		Injury Benefit	
Invalidity Pension		Incapacity Supplement	29
Disability Allowance	24	Disablement Benefit	30
Blind Pension		Medical Care Scheme	31
Carer's Benefit		Constant Attendance Allowance	31
Carer's Allowance	27	Death Benefits (Survivor's Benefits)	33
RETIREMENT PAYMENTS	2/		33
State Pension (Transition)	34	State Pension Non-Contributory	36
State Pension (Contributory)	35	Pre-Retirement Allowance	37
b. Do you receive early child care supplemen providing childcare? Yes a. Does anyone in your household currently re]1	No □ ₂	
b.How much does the household receive PER	WEEK	in rent or mortgage supplement? €	
. <i>[Card L32]</i> Looking at Card L32 and thinking sehold members, approximately what propor n social welfare payments of any kind – includ	tion of	your total household income would yo	
	% to less an 50%	5 50% to less 75% to less than 75% than 100%	1009
□ ₁ □ ₂ □ ₃	<u></u> 4	□5 □6	
Does anyone in the household other than you om employment, Social Welfare, a pension etc		and your spouse / partner have an incom	e of any
Yes			

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
L35.[Card L35] What language or languages do you and your partner speak with <baby> most often at home?</baby>
[Int. Tick all that apply] English 1 Irish 2 Arabic 3 French 4 Polish 5 Russian 6 Czech 7 Latvian 8 Portuguese 9 Spanish 10 Chinese 11 Lithuanian 12 Romanian 13 Other (specify) 14
L35a. Is English your native language? Yes
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
Yes ☐₁ No☐₂ L39. Can you usually read and fill out forms you might have to deal with in English?
Yes \(\bigcup_1 \) No\(\bigcup_2 \) 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\(\bigcup_1 \) No\(\bigcup_2 \)
L41. Are you a citizen of Ireland? Yes
L42. What citizenship do you hold?
L43. Were you born in Ireland? Yes
L44. In which country were you born?
L45. How long ago did you first come to live in Ireland? Within the last 1-5 years ago 6-10 years 11-20 years ago More than 20 year ago years ago 1 2 3 4 5
L46. And what about <baby>. Is he / she a citizen of Ireland? Yes</baby>

L48. Was <baby> b</baby>	orn in Ireland?	Yes] ₁ No	2
L49. In which cour	ntry was he/she born?			
	did <baby> first come to</baby>			
Within last 3 months	3-6 months		More than 6 months	
L51. [Card L51] Loc	oking at Card L51, can yo	-		-
Irish			r Black background	
Irish Traveller				—·
	kground		r Asian background	
African		. ∐₄ □ Other – ir	ncl. mixed background (specify) $[]_8$
L52a. Do you belor	ng to any religion? Yes	□ ₁ No □]2	
	L52b. [Card L52b] Wh	ich religion		
	Christian – no denomir Roman Catholic Anglican/Church of Irel Other Protestant Jewish Muslim Other (specify)	nationland/Episcopalian		
L53a. And what abo	out <baby> does he/she b</baby>	pelong to any religi	on?	No □₂
	L53b. [Card L53b] Wh	ich religion	1	NO
	Christian – no denomir	_	\Box .	
	Roman Catholic			
	Anglican/Church of Ire			
	Other Protestant Jewish		<u> </u>	
	Muslim			
	Other (specify)		7	
for 8 or more hour		d be in your own h	ome, in a child-minde	<baby> <u>on a regular basis</u> er's home, in a crèche an ive.</baby>
Yes, regular care 8 h	nrs per week or more	. □₁	care 8 hrs per wk or mo	re □ ₂ →Go to M1
L55. Is this care pro				
	the child's homea relative's home			
	home of carer – non-relative			
	centre – crèche, after-scho	, <u> </u>		
We would be happ		ent of this question	naire before we send	ides this care to <baby>. I it. Would you be able to <baby>?</baby></baby>
			Interviewer:	
	egular carer to be contacted ontact details for regular ca		record contact details	· · · · · · · · · · · · · · · · · · ·
140, does not nave c	ornaot dotalis for regular Ca	aror <u>□</u> 3	Work Assignment Shee	et

	N	vi. Neighbour	hood / Comr	munity			
Time Section Started			(24 hour clo	ock)			
Finally, we would like to	ask you some c	questions ab	out your loc	al area.			
M1. How long have you	lived in your loc	al area?	years	s	_ months		
M2. Are you involved wi	-			sations in	our local	area?	
Valuntam / abaritable are		Yes	No				
Voluntary / charitable orga School groups	anisauon	∐ 1	🗀 2				
Church groups		<u> </u> 1	🗀 2				
Community groups		□1	<u> </u> 2 				
Ethnic groups		1	<u> </u> 2				
Sporting groups		1	2				
M3. How common woul please say whether or common.				y commor	n; not very	y common	; or not at all
				Very		Not very	
Bubbish and litter lying of	oout.			Common	common	common	common
Rubbish and litter lying at)OUL			⊢1	2	🖂 3	📙 4
Homes and gardens in ba Vandalism and deliberate	damaga ta prope					🖂 3	∐4
People being drunk or tak	uamaye to prope	ic		·····- 📙 1 ·····	······- 2···	🖂 3	🗀 4
M4. To what extent do y							4
It is safe to walk alone in the safe for children to play there are safe parks, play We as a family intend to community in the safe parks. I am going to read community in the safe parks.	ay outside during ygrounds and play continue living in to but a range of se	the day in this y spaces in th his area	s areais aread you tell me		e Agree 1		4 4 4
within relatively easy ac		ocal area able?	.7				Available?
	Yes						<u>Available?</u> Yes No
1. Regular public transpo			cial Welfare C	Office			\Box_1 \Box_2
2. GP or health clinic			nking/ Credit I				
3. Schools (primary or sec			ential grocery				
4. Library			che, day-car				
•						•	<u>1</u> 2
M6. Do you have any fa	mily living in this	s area? Yes.		□ ₁ No		\square_2	
M7. Would you describe	the place where	e the househ	old is situate	ed as bein	g?		
In open country			Waterford ci	itv			\square_7
In a village (200-1,4			Galway city				
In a town (1,500-2,9			Limerick city				
In a town (3,000-4,9			Cork city				
In a town (5,000-9,9			Dublin city (
In a town (10,000 o	r more) \Box_6		Dublin coun				
			Dublin count	ty (outside	Dublin city)	rural	🔲 13

Scale on infant development removed (ASQ)

Time Section Ended

(24 hour clock)

Primary Caregiver Sensitive Questionnaire



THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE WHITAKER SQUARE SIR JOHN ROGERSON'S QUAY DUBLIN 2 PH: 01-8632000 FAX: 01-8632100





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 Nun	aber			
Time Section Started	(2	24 hour clock)	Date			
slightly sensitive we have complete this section and	included them in a section in the interview	ion for you to comp ver.	ou. As some of these may be considered blete by yourself. We would ask you to PROVIDED IS TREATED IN THE STRICTEST			
S1. Are you the biological	parent of <baby>?</baby>					
Ye	S ☐ ₁ → Go to	S12 No				
S2. Are you the adoptive p	parent of <baby>?</baby>					
Yes	31 <u> </u>	No				
S3. Was that a domestic of	r an inter-country adopt	ion?				
	Domestic1	Inter-country				
S4. Was this a within famil	y adoption?	S5. From wh	nich country?			
Yes □₁ N	lo □2					
S6. What age was <baby></baby>	•	ner? LEASE GO TO S12	_years			
S7. Are you the foster par	ent of <baby>?</baby>					
Ye	S1	No	2 → Go to S12			
S8. How long has <baby> been with your family? monthsweeks</baby>						
S9. Do you anticipate that this will be a long-term foster placement? Yes						
S10. How many <u>previous</u>	ioster placements has <	baby> been in?	previous placements DK99			
S11. Immediately before family or in institution		u was <baby> livir</baby>	ng with another foster family, his/her			
Another foster fami	ly \square_1 Own fam	nily□2 LEASE GO TO S12	nstitutional care 3			

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 separated from husband / wife ______2 Go to \$13 Divorced ______3 Go to \$13 Widowed _____4 Go to \$13 S13. In what year did you marry your (former) spouse? 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 S16. Since when have you and your spouse or partner been living together?_____ (mth) ___ S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? At least once a week...... \square_2 \rightarrow Go to S18 S18. How often would you argue about the child(ren)? Most days..... S19. When you and your partner argue, how often do you Don't know Almost always/ Almost never/ Not very always often Sometimes Often never \prod_{2} \square_5 S20. And to end an argument, how often would you Don't Almost never/ Not very Almost always/ know never often Sometimes Often always Compromise...... Apologise 6 Change the subject...... <u>|</u>6 16 Agree to disagree...... Use affection (hug) or make a joke about it... Ignore or refuse to speak any more, walk away, leave the room or leave the house...... . 🗆 3 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. Almost Occasionally Frequently Always Almost Alwavs Alwavs Disagree Disagree Alwavs Disagree Agree Disagree .[__5 .. .| |2..... S22. How often would you say the following events occur between you and your partner? Never Less than Once or Once or Once a More once a month twice a month twice a week week often Work together on a project \square_1

	0	1	2	3	4	5	6
	Extremely	Fairly	A little		Very	Extremely	-
	Unhappy	Unhappy	unhappy	Нарру	Нарру	Нарру	Perfect
24. Do	you feel that h	naving <bab< td=""><td>y> nas</td><td></td><td></td><td></td><td></td></bab<>	y> nas				
rought y pouse/pa	ou and your		lade you less ose than before	2	Made no diffe to your relation		Don't Know
loser tog		Cit	JSE triair belore	,	to your relati	onsinp,	
	1		2		3.		4
						er partners sind	e <baby> was borr</baby>
vho had	l a close relati	onship with	or influence	on <baby></baby>	?		
		Yes	□1		No	₂ →Go to S27a	a
326. Hov	w many?						
One		Two			nore		
Only a	nswer ques	tions S27a				SICAL MOTH	ER of <baby>,</baby>
			if not pi	ease skip	10 5330		
327a.Dio	d you have an	y medical fe	rtility treatme	ent for this	pregnancy?		
/] No	_	7			
es							
327b. W	hat treatment	did you rece	eive?				
	ene citrate alon				<u></u> 1		
	amete Intrafallo itro Fertilisatior				2		
	with intra cyto			-	<u></u> 3 □,		
	mbryo transfer						
	involving the w			-	_ v		
Donor sp	erm			[7		
_	gg			[8		
Other (pl	ease specify)_				9		
S28a. Ex	cluding the p	regnancy, w	hich resulted	d in the birt	h of <baby> h</baby>	now many times	throughout your li
nave you	u been pregna	nt? Please i	nclude any p	oregnancies	s, which did n	ot go full term.	times
And how	v many of thes	se pregnanci	es were:				
	oirths N			rriages	N	d. Stillbirtl	ns N
. Termi	nations	_ N f. E	ctopic	_ N			
j. Are yo	ou currently p	regnant Y	′es] ₁ [No	2	
2001 4							
528n. Ar	nd what age w	ere you wne	en you becan	ne pregnan	t for the first	time? A(ge in years
20 Wa	uld vou descr	ihe the nrea	nancy of -ha	ahv> as a ci	risis nrognan	cv2 By this war	nean a pregnancy t
							n began as a crisis
ebreser							a crisis before the
	e to a change	in circumsta	nces.	·			
ver tim			_{N-}				
ver tim	Vos						
ver tim	Yes	1	NO				
over tim oirth due	Yesat was the nat						

S31. Did you smoke at all during the	pregnand	cy?							
Yes									
S32. Did you smoke during the first, s [Tick one box on each line]				•					
First Trimpotor [48t 2nd or 2nd month]	Yes	No		nany per day?					
First Trimester [1 st , 2 nd or 3 rd month] Second Trimester [4 th , 5 th or 6th month]	1		2	_N					
Third Trimester [7 th , 8 th or 9th month]									
S33. Did you consume alcohol during	your pr	egnancy? NLS	SCY (Adapted)						
Yes		2							
that you drank, about how much on a	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 Beach trimester Heach trimester Wes No Pints of Beach trimester For each trimester The pregnancy? For each t								
First Trimester [1 st , 2 nd or 3 rd month] Second Trimester [4 th , 5 th or 6th month] Third Trimester [7 th , 8 th or 9th month]	□1								
Third Trimester [7 th , 8 th or 9th month]									
S35a. How often did you take any of	the follo	wina durina vo	our pregnancy	with <babv>?</babv>					
,	Often	Most days	Sometimes		Not at all				
a. Sleeping pills		-							
b. Tranquillisers					5				
c. Pills for depression				4	5				
d. Cannabis / Marijuana				4					
e. Painkillers (aspirin, paracetamol, etc.)).□₁	2	3	4	5				
f. Amphetamines or other stimulants	□1	2	3	4	5				
g. Heroin, Methodone, Crack, Cocaine .	□1	<u></u> 2	3	4	=				
h. Anticonvulsants				4	5				
i. Steroids	∐1	2	3		5				
S35b. How often do you take any of	the follow	ving currently	?						
	Often	Most days	Sometimes	Once or twice	Not at all				
a. Sleeping pills	1	2	3						
b. Tranquillisers	□1	<u></u> 2	3	4	5				
c. Pills for depression	⊡₁	<u></u> 2	3	4	5				
d. Cannabis / Marijuana	1	2	3	4	=				
e. Painkillers (aspirin, paracetamol, etc.)).∐₁	2	3	4	5				
f. Amphetamines or other stimulants	∐₁	2	3	4	5				
g. Heroin, Methodone, Crack, Cocaine .	∐₁	2	3	4	5				
h. Anticonvulsants			_	_	_				
i. Steroids	∐1	2	3	4	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 mor	e drinks	on one occasi	on?						
	4 times a	Once a	1-3 times	a Less often					
Every day week	week	week	month		Never				
☐ 1 ☐ 2	<u></u> 3	4	<u></u> 5	<u>6</u>	7				
S38. Does anyone smoke in the same	room as	s <baby>?</baby>							
Yes, on a regular basis	es, on ar	n occasional ba	sis2	Never	3				

S39. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?	
Yes	
[Ask S40 if biological mother, otherwise ask S40a.]	
S40. Was this: [Tick all that apply] Before being pregnant with <baby></baby>	
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 time (l-12 days) little of the time (3-4 days) little of the little of the time (3-4 days) little of	e (5-7
S45. Were you ever married to or did you ever live with <baby's> biological father / mother?</baby's>	
Yes, married to	
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</baby></baby's>	

S50. Do you and <baby's> biological father / mother have shared parenting of <baby> on a regular basis?</baby></baby's>
Yes
S51. Please describe the nature of this shared parenting
CE2 How for door hobids, his larged fother / mother live from hors?
S52. How far does <baby's> biological father / mother live from here?</baby's>
Within ½ hour's drive from here
S53. How often does <baby> have contact with his / her biological father / mother?</baby>
Daily□ ₁ Monthly□ ₅
Once or twice a week□₂ Less than once a month□ ₆ Weekly□ ₇ No contact□ ₇
Every second week / weekend
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.</baby></baby's>
No, he/she never makes any payment
week/fortnight/month? Yes, he/she makes a regular payment
Yes, he/she makes payments as required S56. About how much per year? € per year
S57. How often do you talk to <baby's> biological father/ mother about <baby>?</baby></baby's>
Several times a About once A few times a Several times a
Every day week a week month year Never
S58. How well do you get on with <baby's> biological father/ mother? Would you say your relationship is?</baby's>
Very Neither positive nor Somewhat Very positive Positive negative negative negative
\square_1 \square_2 \square_3 \square_4 \square_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?</baby's></baby's>
Yes
No, I do not wish other parent to be contacted \square_2 to interviewer
No, I do not have contact details for other parent \square_3
S60. What is your date of birth? daymonthyear
S61. Int: Is respondent male or female? Male
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







NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE – Dress Rehearsal STRICTLY CONFIDENTIAL FATHER / PARTNER QUESTIONNAIRE

GROUP		HHOLD.			RESI	PONDI	ENT			
INTERVIEWER NA	AME		INTERVI	EWER NO:			$\overline{1}$			7
Time Section Sta	rted		(24 hour o	clock) DATE:	dd	 _mm	_ YY			J
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.</baby>									f	
(OMC), in assoc Department of I group of research	iation with t Education a chers led by	and Children is funding the Department of Socia and Science is represen the Economic and Soc blin is carrying out the	al and Fami nted on the cial Researd	ly Affairs and Steering Gro	the Ce	entral S ich ove	Statist ersees	ics Offi s the S	ice. The Study. A	•
	A.	INTRODUCTION AND) HOUSEH	OLD COMPO	SITIO	N				
6BA1. Int: Recor	d gender of	respondent] Male	1	Female		\rfloor_2				
A2. [Card A2] W A. Biological pare B. Adoptive parer C. Step-parent (n D. Foster parent	ent (mother/ f nt (mother/ fa nother/ father	ather) 2 r)3	E. Grand F. Aunt/u G _. Other	parent parent incle relative/ in law ated guardian .	······································			se code	s only]	
	B. PAREN	TING, CHILD'S FU	NCTIONI	NG AND RE	LATIC	NSHI	(PS			
Time Section S	tarted		(24 hour	clock)						
Now I'd like to a	-	e questions about your								
	;	Scale on parent's view	ws on child	d-rearing ren	noved					
		C. BABY'S	DEVELO	PMENT						
Time Section S	tarted [(24 hour	clock)						
Now I'd like to a	sk you som	e questions about <bab< td=""><td>y's> habits</td><th>and routines.</th><th></th><th></th><th></th><th></th><td></td><td></td></bab<>	y's> habits	and routines.						
C1. Were you pr	esent at the	birth of <baby>?</baby>								
Yes		Wanted to, but m	nissed it	□₂	No.	[\square_3			

C2. [Show Card C2] Fathers do rethink are the most important for (second most important) and 3 (the 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 guing my child moral and ethical guing sure my child is safe and protection of the process of the couraging of the couragin	you, as a fa hird most in n uidance otected	ather to do			_		_
C3. [Show Card C3] Who generally	y does the f	ollowing v	vith <baby></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(b) Feeds him / her(c) Shows him / her pictures in books	1 1 1	2 2 2	3 3 3 3	□4 □4 □4	□5 □5 □5	□6 □6 □6	□ ₇ □ ₇ □ ₇
(d) Cuddles him / her(e) Plays with him / her (eg.	□1 □1	2 2	□3 □3	□4 □4	□5 □5	□ ₆	□ ₇
clapping, rolling over, peek-a-boo) (f) Taking him / her for walks, outings, visiting relatives or friends	<u></u> 1	\square_2	\square_3	<u></u> 4	<u></u> 5	□ 6	□ ₇
etc. (g) Reading stories to him / her (h) Changing his /her nappy (i) Getting up in the night to see to	□1 □1 □1	2 2 2	□3 □3 □3	□4 □4 □4	□5 □5 □5	□6 □6 □6	□ ₇ □ ₇ □ ₇
him / her (j) Sings to him / her	□ 1	\square_2	3	<u></u> 4	<u></u> 5	□ 6	7
C4. When you talk to <baby>, do</baby>	you feel tha	nt he/she is	s maintainin	g eye conta	act with you	u?	
Most or all of the time	Some	_	Har	dly ever or r	never		
C5. How much is <baby's> sleepi</baby's>	• •		•	•			
A large A moderat problem problem	e	A small problen		No prob at all	lem		
□1□2		3		4			
	No D. PAREN '	T'S HEAL	TH AND L	IFESTYLE			
Now I'd like to ask you some que	stions abou	ıt your ow	n health.				
Time Section Started		(24 hour	clock)				
D1. In general, how would you sa	y your curr	ent health	is?				
Excellent	<u> </u>				_		
D2. Do you have any on-going of	chronic phy	sical or m	ental health	problem, i	llness or di	sability?	
Yes	1	N	۱o	2			

	ord diagnosis – not s					
D4. Since when	have you had this n	roblem, illness or disab	ilitv?	(mth	n) (ve:	ar)
	-	activities by this proble	•	•		41 /
•		•	-	•		
res, severe	ely	Yes, to some extent	2	No]3	
	look after <baby:< th=""><th>ve you suffered from ar >? (E.g. feeding, cha</th><th></th><th></th><th></th><th></th></baby:<>	ve you suffered from ar >? (E.g. feeding, cha				
	Some	difficulty				
No Difficulty	Just a little	A moderate level	A lot o	of difficulty	Cannot	do at a
	\square_2	\square_3		<u></u>		<u></u>
D7. Do you currently s	smoke daily occasio	anally or not at all?				
		•				
Daily	.∐₁ Occasion	ally	₂ No	t at all	3	
		D8	. Have voi	u ever smoke	ed? Was it:	
			<u> </u>	Occasiona		ver
			,	Ji	,2 140	
		you tell me which of th	e followin	g best descr	ibes how of	ten yo
Never	ol between everyday a ge week, how many p u drink?	and 1-2 times a month aspoints of beer/cider, glas	1 2 3 4 5 6 7 C: ses of win	e, measures	of spirit an	d bottle
Never	of between everyday a ge week, how many pudrink?	and 1-2 times a month assoints of beer/cider, glas Measures of Spirit ks would you have on a	1 2 3 4 5 6 7 C: sees of win S n average	e, measures Bottles of a	of spirit and	d bottle
Never	b between everyday a ge week, how many pu drink? Glasses of Winerink, how many drinl	and 1-2 times a month assoints of beer/cider, glas Measures of Spirit	1 2 3 4 5 6 7 c: sees of win s n average	e, measures Bottles of a	of spirit and	d bottle
Never	between everyday a ge week, how many pu drink? Glasses of Winerink, how many drinle edease rate how much a are for you and you	mnd 1-2 times a month assoints of beer/cider, glas Measures of Spirit ks would you have on a E. FAMILY CONTEX	to the cach of with each of wit	Bottles of a night?	of spirit and alcopopsN	d bottle
Never	between everyday a ge week, how many pu drink? Glasses of Winerink, how many drinle edease rate how much a are for you and you	Measures of Spirit ks would you have on a E. FAMILY CONTEX (24 hour clostions about your family you agree or disagree was child now. Remember	to as a who with each or, there are	Bottles of a night?	of spirit and alcopopsN ing statemed wrong ans	nts in
Never	between everyday a ge week, how many pu drink? Glasses of Winerink, how many drinle edease rate how much a are for you and you	Measures of Spirit ks would you have on a E. FAMILY CONTEX (24 hour clostions about your family you agree or disagree var child now. Remember Strongly	to the cach of with each of wit	Bottles of a night?	of spirit and alcopopsN	nts in swers,
Never	between everyday age week, how many pu drink? Glasses of Wine rink, how many drinl ed u some general quest ease rate how much are for you and you as possible.	Measures of Spirit ks would you have on a E. FAMILY CONTEX (24 hour clo stions about your family you agree or disagree wir child now. Remember OBAgree	there are	Bottles of a night?	of spirit and alcopopsN ing statemed wrong and	nts in swers,
Never	of between everyday a ge week, how many pu drink? Glasses of Winerink, how many drinle ed u some general quest are for you and you as possible. e as a parent	Measures of Spirit ks would you have on a E. FAMILY CONTEX (24 hour clostions about your family you agree or disagree var child now. Remember Strongly	there are	Bottles of a night? ole. of the followe no right and sure	of spirit and alcopopsN ing statemed wrong ans Disagree	nts in swers, Stroi

C. Caring for my child sometimes takes					
more time and energy than I have to give	\Box .	\Box_{\circ}		\Box .	\Box_{ϵ}
D. I sometimes worry whether I am doing	T	2	🗀 3	4	
enough for my child	\Box ₄	\Box_{α}		\Box	\Box_{ϵ}
E. I feel close to my child			பி	4 	
F. I enjoy spending time with my child			பி	4 	 П _г
G. My child is an important source of affection for me					
H. Having a child gives me a more certain	<u> </u>	2	Шэ	4	
and optimistic view for the future	\Box_{4}	\Box_2	$\Box_{\mathfrak{s}}$	\Box_{4}	
I. The major source of stress in my life is my child				4 	
J. Having a child leaves little time and flexibility in my life.					
K. Having a child has been a financial burden					
L. It is difficult to balance different responsibilities	— I	2		4	
because of my child.	\square_{4}	\Box_2	$\Box_{\mathfrak{s}}$	\square_{4}	
M. The behaviour of my child is often embarrassing	— !	2	э	4	
or stressful to me.	\square_{4}	\Box_2	\square_2	\square_{4}	
N. If I had it to do over again, I might decide		2	3	4	
not to have a child	\square_{4}	\Box_2	3	\square_{4}	
O. I feel overwhelmed by the responsibility of	<u> </u>	2	Шэ	4	
being a parent.	\Box_{4}	\Box_2		\Box_{4}	
P. Having a child has meant having too few choices and	— I	2		4	
too little control over my life.	\square_{4}	\Box_2	\square_2	\square_{4}	
Q. I am satisfied as a parent.	 □₁				
R. I find my child enjoyable			<u></u>		
E2 Overall how do you feel shout the emount of our					
E2. Overall, how do you feel about the amount of suppliving outside your household?	ort or neip	you get fr	om family or f	iriends	
					eed any help
living outside your household?	I don'	get any help			eed any help
living outside your household? I get enough help I don't get enough help	I don'····································	get any help	o at all	I don't n	e or disagre
I get enough help I don't get enough help	I don' an I ask yo Strongly	get any help	o at all nt to which y Neither Agree	I don't n	e or disagree Strongly
I get enough help I don't get enough help	I don'····································	get any help	o at all	I don't n	e or disagre
I get enough help I don't get enough help	l don' an I ask yo Strongly Disagree	get any help	o at all nt to which y Neither Agree nor disagree	I don't n	e or disagree Strongly Agree NA
I get enough help I don't get enough help	l don' an I ask yo Strongly Disagree	get any help	o at all nt to which y Neither Agree nor disagree	I don't n	e or disagree Strongly Agree NA
I get enough help I don't get enough help I	l don' an I ask yo Strongly Disagree	get any help	o at all nt to which y Neither Agree nor disagree	I don't n	e or disagree Strongly Agree NA
I get enough help I don't get enough help I	l don' an I ask yo Strongly Disagree	get any help	o at all nt to which y Neither Agree nor disagree	I don't n	e or disagree Strongly Agree NA
I get enough help I don't get enough help I	I don'	u the exter	nt to which y Neither Agree nor disagree	I don't n	Strongly Agree NA
I get enough help I don't get enough help I	I don'	u the exter	nt to which y Neither Agree nor disagree	I don't n	Strongly Agree NA
I get enough help I don't get enough help I	I don'	u the exte	nt to which y Neither Agree nor disagree	I don't no	e or disagree Strongly Agree NA
I get enough help I don't get enough help I	I don'	u the exter Disagree	nt to which y Neither Agree nor disagree	I don't no	e or disagree Strongly Agree NA
I get enough help I don't get enough help I	I don'	u the exter Disagree	nt to which y Neither Agree nor disagree	I don't no	e or disagree Strongly Agree NA
I get enough help I don't get enough help I	I don'	get any help	No	I don't n	e or disagred Strongly Agree NA
I get enough help I don't get enough help I	I don'	get any help	No	I don't n	e or disagred Strongly Agree NA
I get enough help I don't get enough help I	I don't	get any help3 u the exter Disagree 2	nt to which y Neither Agree nor disagree 3 3 3 <bab></bab> No	I don't n	e or disagred Strongly Agree NA

F: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

F1. [Show Card F1] Looking at Card F1, which of these regard to work?	descriptions BEST describes your usual situation in
Employee (incl. apprenticeship	
or Community Employment)	Student full-time
Self employed outside farming2	On State training scheme (FAS, Failte Ireland etc.)
1 aiiiiei3	Unemployed, actively looking for a job
	Home duties / looking after home or family
	Retired
	Other (specify)
'	10
F2. How many hours do you normally work per week, If you work at more than one job, please include the h F3. What is your occupation in this job? (What do you describe as fully as possible [Int. Make sure to describe	ours in all jobs hours mainly do in your job?) Please
F4a. Do you supervise or manage any personnel in yo	ur job?
Yes □₁ No □₂	
F4b. How many?	
- 10 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	ne farm? acres
F6. If you were completely free to choose, how many is work overall?hours per week	nours a week (paid work) would you like to
neare per week	
F7. Apart from holiday or casual work, have you ever	
F8. In what year did you last work in that full-time job? F9. When you last worked in that full-time job were yo	
	u:
Employee (incl. apprenticeship or Community Employment)	loyed outside farming \square_2 Farmer \square_3
F10. What was your occupation in that full-time job? ('describe as fully as possible [Int. Make sure to describe	
F11a. Do you currently have a part time job outside th	e home? Yes1 No2 Go to F11d
F11b. On average, how many hours per week do you v	vork in that part-time job? hours
F11c. What is your occupation in that part-time job? (Videscribe as fully as possible [Int. Make sure to describe videscribe videscr	
F11d. [Show Card F11d] From the reasons listed on thi you not working in a paid job outside the home? If mo importance, where 1 is the most important reason, up	
I can't find a job1	I cannot find suitable childcare
I chose not to work	There are no suitable jobs available for me
I am caring for an elderly or ill relative or friend	My family would lose Social Welfare or
I prefer be at home to look after my children myself4 I cannot earn enough to pay for childcare5	medical benefits if I was earning

F12. Do you plan to start or return to paid work?
F12. Do you plan to start or return to paid work? Yes, in the next 3 months
Yes, in 3 to 12 months time
Yes, in more than 1 year's time
Have no plans to return to paid work
F13. [Card F13] What is the highest level of education you have completed to date?
Primary or less
Intermediate/ junior/ Group Certificate or equivalent \square_2 Primary degree \square_6
Leaving Certificate or equivalent
F14.[Card F14] What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]</baby>
English
Arabic
Polish
Czech
Chinese
Romanian
F15. Is English your native language? Yes
[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
F18. As you may know many people have problems with reading. Can I just check can you read aloud to a child from a children's story book written in English? Yes No
Yes
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
F21. Are you a citizen of Ireland? Yes
F22. What citizenship do you hold?
F23. Were you born in Ireland? Yes
F24. In which country were you born?
F25. How long ago did you first come to live in Ireland?
Within the last 1-5 years ago 6-10 years 11-20 years ago More than 20
year ago years ago years ago
1
F26. [Card F26] What is your ethnic or cultural background? Irish

F27. Do you belong to	o any religion	Yes□ ₁ ·	No
	F28. [Show Card F28] Which religion		
	Christian – no denomination		
F29. Do you have any	family living in this area? Yes1	No \square_2	
F30. What is your da	te of birth? daymonth	year	
F31. Int: Is responde	ent male or female? Male	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 – Dress Rehearsal FATHER / PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP HHOLD	RESPONDENT
Interviewer Name	Interviewer Number
Time Section Started (24	hour clock) Date
slightly sensitive we have included them in a sectio complete this section and return it to the interviewe	day mth year to discuss with you. As some of these may be considered in for you to complete by yourself. We would ask you to er. HE INFORMATION PROVIDED IS TREATED IN THE STRICTEST
S1. Are you the biological parent of <baby>?</baby>	
Yes	S12 No ☐ ₂ → Go to S2
S2. Are you the adoptive parent of <baby>? Yes</baby>	No 2 → Go to S7
S3. Was that a domestic or an inter-country adoption	n?
Domestic₁	Inter-country
S4. Was this a within family adoption? Yes □₁ No□₂	S5. From which country?
S6. What age was <baby> when you adopted him/ he</baby>	er?years EASE GO TO S12
S7. Are you the foster parent of <baby>?</baby>	
	No
S8. How long has <baby> been with your family?</baby>	monthsweeks
S9. Do you anticipate that this will be a long-term for	oster placement? Yes
S10. How many <u>previous</u> foster placements has <b< td=""><td>aby> been in?previous placements DK99</td></b<>	aby> been in?previous placements DK99
S11. Immediately before coming to live with you family or in institutional care?	was <baby> living with another foster family, his/her</baby>
Another foster family 1 Own family	y

and marital history. S12. Can you tell me which of these best describes your current marital status? S13. In what year did you marry your (former) spouse?____ S14. Since when have you been living apart / spouse deceased? S15. May I just check whether you are currently living with someone in the household as a couple? No 2 **Go to S25** S16. Since when have you and your spouse or partner been living together? (mth) S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? Less than once a week \square_3 Go to S18 \$18. How often would you argue about the child(ren)? Most days...... S19. When you and your partner argue, how often do you Don't know Almost never/ Almost always/ often Sometimes Often never always Throw something at each other 1

Push, hit or slap each other 1 S20. And to end an argument, how often would you Don't Almost never/ Not very Almost always/ know Often Sometimes never often always Apologise 16 Change the subject...... l۶ Agree to discuss the issue later..... Agree to disagree.....___1 Use affection (hug) or make a joke about it... Ignore or refuse to speak any more, walk away, leave the room or leave the house...... 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. Almost Occasionally Frequently Almost Always Agree Always Disagree Disagree Always Disagree Agree Disagree . _____5 .. Amount of time spent together...... \square_1 S22. How often would you say the following events occur between you and your partner? Never Less than Once or Once or Once a More once a month twice a month twice a week week often Have a stimulating exchange of ideas[_]2 Work together on a project \square_1

Because the issue of family life is so important we would now like to ask some questions about your family

S23. The numbers be "happy," represents describes the degree	the degree of	happiness of	of most rela	ationships. Ple	ease circle the n	
0 Extremely Unhappy	1 Fairly Unhappy	2 A little unhappy	3 Нарру	4 Very Happy	5 Extremely Happy	6 Perfect
S24. Do you feel that	having <baby< td=""><td>y> has</td><td></td><td></td><td></td><td></td></baby<>	y> has				
Brought you and your spouse/partner closer together,		lade you less ose than before		Made no diffe to your relatio	onship,	Don't Know
S25. Apart from your who had a close related	current partr	ner (if releva		u had any oth	er partners sinc	
	Yes	□1		No[_₂ →Go to S27a	1
S26. How many? One □ ₁	Two	2	Three or r	nore[3	
Only answer que	stions S27a		f you are ease skip		SICAL MOTHE	ER of <baby>,</baby>
S27a.Did you have ar	ny medical fe	rtility treatme	ent for this	pregnancy? (GUIA (Adapted)	
Yes	No		٦			
S27b. What treatmen			_12			
Clomiphene citrate alo GIFT: Gamete Intrafall IVF: In Vitro Fertilisatio ICSI: IVF with intra cyt Frozen embryo transfe Surgery involving the v Donor sperm	opian Transfe on oplasmic sper r vomb, tubes o	rm injection r ovaries		□ 2 □ 3 □ 4 □ 5 □ 6 □ 7		
S28a. Excluding the place you been pregn						
And how many of the	se pregnanci	ies were:				
b. Live births	N	c. Misca	rriages	N	d. Stillbirth	ns N
e. Terminations	N f. Ed	ctopic	_ N			
g. Are you currently _ا	oregnant Y	′es]1	No	2	
S28h. And what age v	were you whe	n you becan	ne pregnar	t for the first t	i me? Ag	ge in years
S29. Would you desc represents a persona over time the crisis w birth due to a change	Il crisis or em	otional traui It can also i	ma. This c	an include a p	regnancy which	began as a crisis b
Yes	1	No		2		

S31. Did you smoke at all during the p	reg	nancy?				
Yes No		2				
S32. Did you smoke during the first, so	есо	nd and th	ird trimest	er of the pregr	ancy?	
[Tick one box on each line]		Yes	No	How ma	any ner day?	
First Trimester [1 st , 2 nd or 3 rd month]				1	N	
Second Trimester [4 th , 5 th or 6th month]		. □₁			N.	
Third Trimester [7 th , 8 th or 9th month]		. □₁			N	
COO Did compound also bel during						
S33. Did you consume alcohol during	-		ncy?			
Yes		2				
S34. Did you drink during the first, sec					ncy? For each	trimester
that you drank, about how much on av	/era	ige did yo	-			
	Ye	es		ts of Meas		
First Trimester [1 st , 2 nd or 3 rd month]	_	_	beer/	cider of spi	irits of wine	of alcopop
First Inmester [1 , 2 or 3 month]	-	վ¹	·- <u> </u> 2			
First Trimester [1 , 2 or 3 month] Second Trimester [4 th , 5 th or 6th month] Third Trimester [7 th 8 th or 9th month]	 	1 ·········· 1 ·········· ¬ .	·· <u></u> 2			
Second Trimester [4" ¹ , 5" or 6th month] Third Trimester [7 th , 8 th or 9th month]	[[1 	2			
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t	[[1 1 following	during you	ır pregnancy w	vith <baby>?</baby>	Not at all
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills	he f	following	during you	ır pregnancy w	Once or twice	\square_5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers	he f	following	during you	ur pregnancy w Sometimes	Once or twice	5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression	he f	following	during you st days	Sometimes	Once or twice	5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana	[[following	during you st days 2	Sometimes	Once or twice444	5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.).	[[[[[]	following	during you st days 22	sometimes	Once or twice444	5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills	ofte	following	during you st days	Sometimes	Once or twice444	5 5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine	he f	following	during you st days	Sometimes	Once or twice44	5 5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants	he 1 Ofte	following en Mo	during you st days	Sometimes	Once or twice	5 5 5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants	he 1 Ofte	following en Mo	during you st days	Sometimes	Once or twice44	5 5 5 5 5 5 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) . f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants i. Steroids	he f	following en Mo	during you st days2	Sometimes	Once or twice	5 5 5 5 5 5 5
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Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of taxes	he f	following en Mo	during you st days	sometimes Sometimes Sometimes	Once or twice	5 5 5 5 5 5 5 5 5 5 7 5 7 5 7 5 7 5 7 5
Second Trimester [4", 5" or 6th month] Third Trimester [7 th , 8 th or 9th month] S35a. How often did you take any of the a. Sleeping pills	he f	following en Mo	during you st days	sometimes Sometimes Sometimes	Once or twice	5 5 5 5 5 5 5 5 5 5 7 5 7 5 7 5 7 5 7 5
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of the a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants s35b. How often do you take any of the stimulants S35b. How often do you take any of the same stimulants c. Pills for depression d. Cannabis / Marijuana	he 1 Ofte	following en Mo	during you st days	sometimes Sometimes Sometimes Sometimes Sometimes	Once or twice	5 5 5 5 5 5 5 5 5 7 5 7 5 7 5 7 5 7 8 8 8 8
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of the a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants s35b. How often do you take any of the stimulants S35b. How often do you take any of the same stimulants c. Pills for depression d. Cannabis / Marijuana	he 1 Ofte	following en Mo	during you st days	sometimes Sometimes Sometimes Sometimes Sometimes	Once or twice	5 5 5 5 5 5 5 5 5 7 5 7 5 7 5 7 5 7 8 8 8 8
Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of the a. Sleeping pills	he 1 Ofte 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	following en Mo	during you st days	sometimes Sometimes Sometimes Sometimes	Once or twice	5
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Second Trimester [4", 5" or 6th month] Third Trimester [7th, 8th or 9th month] S35a. How often did you take any of t a. Sleeping pills b. Tranquillisers c. Pills for depression d. Cannabis / Marijuana e. Painkillers (aspirin, paracetamol, etc.) f. Amphetamines or other stimulants g. Heroin, Methodone, Crack, Cocaine h. Anticonvulsants i. Steroids S35b. How often do you take any of th	he f Ofte	following en Mo	during you st days	sometimes Sometimes Sometimes Sometimes Sometimes	Once or twice	5

S-6 times a 2-4 times a Once a 1-3 times a Less often Never S-8 week week week month S-8 Noes anyone smoke in the same room as -baby-? Yes, on a regular basis.	Every day week week week month Never	S37. How often d	o you have 6 or	more drinks or	one occasio	n?			
S38. Does anyone smoke in the same room as S39. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'? Yes.	\$38. Does anyone smoke in the same room as \$39. Have you ever been treated by a medical professional basis		5-6 times a	2-4 times a	Once a	1-3 times a	a Less often		
S38. Does anyone smoke in the same room as Yes, on a regular basis	S38. Does anyone smoke in the same room as <a "="" 10.1001="" doi.org="" href="https://www.new.new.new.new.new.new.new.new.new.</th><th>Every day</th><th>week</th><th>week</th><th>week</th><th>month</th><th></th><th>Never</th></tr><tr><th>Yes, on a regular basis</th><th>Yes, on a regular basis</th><th>□1</th><th><math>\square_2</math></th><th><math>\square_3</math></th><th>4</th><th>□5</th><th><math>\square_6</math></th><th><math>\square_7</math></th></tr><tr><td>Yes, on a regular basis</td><td>Yes, on a regular basis</td><td>000 D</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>339. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'? Yes.</td><td>S39. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'? Yes. □ □ No□ □ → Go to S41 [Ask S40 if biological mother, otherwise ask S40a.] S40. Was this: [Tick all that apply] Before being pregnant with √aby> □ S40a. Was this: [Tick all that apply] Before being pregnant with √aby> □ S40a. Was this: [Tick all that apply] Before chaby> was born □ □ When ∨aby> was 0.2 months of age □ □ When √aby> was 0.2 months of age □ □ When √aby> was 2.6 months of age □ □ Since √aby> was 6 months of age □ Since √aby> was 6 mont</td><td>S38. Does anyon</td><td>e smoke in the</td><td>same room as <</td><td>cbaby>?</td><td></td><td></td><td></td></tr><tr><td>Yes. ☐ No ☐ P-Go to S41 [Ask S40 if biological mother, otherwise ask S40a.] S40. Was this: [Tick all that apply] Before being pregnant with
the being pregnant with
that be a set of the pregnancy. ☐ Before
the being being pregnant with
that be a set of the pregnancy. ☐ Before
the beabys was 0-2 months of age. ☐ Before
when
when
babys was 0-2 months of age. ☐ Before
when
babys was 2-6 months of age. ☐ Before
Since
Since
Since
Shows 3-2 months of age. ☐ Before chabys was 6 months of age. ☐ Before child was born. ☐ B</td><td>Yes</td><td>Yes, on a regular b</td><td>oasis</td><td>Yes, on an o</td><td>ccasional basi</td><td>is□<sub>2</sub></td><td>Never</td><td> □3</td></tr><tr><td>[Ask \$40 if biological mother, otherwise ask \$40a.] S40. Was this: [Tick all that apply] Before being pregnant with j.j.gov/pic/j.j.gov/pic/j.<td> Ask S40 if biological mother, otherwise ask S40a.] S40. Was this: [Tick all that apply] Before being pregnant with to-baby Before to-baby Before to-baby Before to-baby When to-baby </td><td>S39. Have you ev</td><td>er been treated</td><td>by a medical p</td><td>rofessional fo</td><td>or clinical depr</td><td>ession, anxiety of</td><td>or 'nerves'?</td>	Ask S40 if biological mother, otherwise ask S40a.] S40. Was this: [Tick all that apply] Before being pregnant with to-baby Before to-baby Before to-baby Before to-baby When to-baby	S39. Have you ev	er been treated	by a medical p	rofessional fo	or clinical depr	ession, anxiety of	or 'nerves'?
S40. Was this: [Tick all that apply] Before being pregnant with S40a. Was this: [Tick all that apply] Before being pregnant with S40a. Was this: [Tick all that apply] Before Before S40a. Was this: [Tick all that apply] Before Before Before S40a. Was this: [Tick all that apply] Before Before Before S40a. Was this: [Tick all that apply] Before Before Before S40a. Was this: [Tick all that apply] Before Before chaby> was born	S40. Was this: [Tick all that apply] Before being pregnant with <baby></baby>			Υe	es	No	\square_2 \rightarrow Go to S41		
S40. Was this: [Tick all that apply] Before being pregnant with S40a. Was this: [Tick all that apply] Before being pregnant with S40a. Was this: [Tick all that apply] Before Before S40a. Was this: [Tick all that apply] Before S40a. Was this: [Tick all that apply] Before Before chaby> was 0orm	S40. Was this: [Tick all that apply] Before being pregnant with <baby></baby>	[Ask S40 if biolo	ogical mother,	otherwise asl	 k S40a.1				
Before being pregnant with <a born"="" href="https://www.before-value</td><td>Before being pregnant with S40a. Was this: [Tick all that apply] In the 1st trimester of the pregnancy	-								
In the 1 st trimester of the pregnancy	In the 1 trimester of the pregnancy				S40a. \	Was this: [Tio	k all that apply		
In the 2 nd trimester of the pregnancy 3	In the 2 nd trimester of the pregnancy 3	In the 1 st trimester	of the programs	` '/	1 .				
When Sample	When <baby> was 0-2 months of age</baby>	In the 2 nd trimester	of the pregnance	y	2				
When <baby> was 0-2 months of age</baby>	When When When Asince baby> was 6 months of age	In the 2 trimester	of the pregnant	,у	3				
When <baby> was 2-6 months of age</baby>	When When When When Ast. 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 time (1-2 days)) of a moderate amount of the time (1.2 days) of a moderate than 1 day) of a moderate amount of the time (3.4 days). I. I felt I could not shake off the blues even with help from my family or friends. I. I felt pressed				4	•			
Since <baby> was 6 months of age</baby>	Since <baby> was 6 months of age</baby>				5	Today rad o .	mornino or agomini	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 listed (less time (1-2 time (1-2 time (1-2 time) 4 days)) 1. I felt I could not shake off the blues even with help from my family or friends	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 ititle of the dittee of the amount of the the time (less time (1-2 amount of the the time (1-2 than 1 day)). 1. I felt I could not shake off the blues even with help from my family or friends				6				
indicate how often you have felt this way during the past week. Rarely or none of the time (less time (1-2 days)) 1. I felt I could not shake off the blues even with help from my family or friends. 2. I felt depressed. 3. I thought my life had been a failure. 4. I felt fearful. 5. My sleep was restless. 6. I felt lonely. 7. I had crying spells. 8. I felt sad. 9. Yes	Indicate how often you have felt this way during the past week. Rarely or none of the time (less than 1 day) 1. I felt I could not shake off the blues even with help from my family or friends. 2. I felt depressed. 3. I thought my life had been a failure. 4. I felt fearful. 5. My sleep was restless. 6. I felt lonely. 7. I had crying spells 8. I felt sad 8. I felt sad 8. I felt sad 9. Yes	Since <baby> was</baby>	6 months of age	9	7				
than 1 day) days) time (3-4 days) days) 1. I felt I could not shake off the blues even with help from my family or friends	than 1 day) days) time (3-4 days) days) 1. I felt I could not shake off the blues even with help from my family or friends				the <i>past wee</i>	Rarely or Sonone of the	me or a Occasion e of the a mode	ally or erate Most or all	
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 1 2 3 4 8. I felt sad 1 1 2 3 4 8. I felt sad 1 1 2 3 4 8. I felt sad 1 1 1 1 1 1 1 1	2. I felt depressed					,	,	•	
2. I felt depressed	2. I felt depressed	1. I felt I could not	shake off the blu	ies even with hel	p from my			., .,	
2. I felt depressed 3. I thought my life had been a failure 4. I felt fearful 5. My sleep was restless 6. I felt lonely 7. I had crying spells 8. I felt sad 8. I felt sad 8. I felt sad 9. Yes	2. I felt depressed	family or friends				🔲 1	□ ₂ □ ₃	;	
3. I thought my life had been a failure	3. I thought my life had been a failure	2. I felt depressed				🗖 1			
4. I felt fearful	4. I felt fearful	3. I thought my life	had been a failu	ıre		🔲 1	\square_2		
5. My sleep was restless	5. My sleep was restless	4. I felt fearful				🗖 1			
6. I felt lonely	6. I felt lonely								
7. I had crying spells	7. I had crying spells								
8. I felt sad	S42. Have you ever been in trouble with the Gardai (other than for traffic offences)? Yes	7. I had crying spe	lls			🗖 1			
Yes	Yes	8. I felt sad				🗖 1		, <u> </u>	
Yes	Yes	S42 Have you ev	er been in troul	hle with the Gar	dai (other tha	n for traffic of	fences)?		
S43. Have you ever been to prison? Yes	S43. Have you ever been to prison? Yes				•		ichiocs).		
S44. Can we check, does <baby's> biological father/ mother live here with you or elsewhere? Lives here</baby's>	S44. Can we check, does <baby's> biological father/ mother live here with you or elsewhere? Lives here</baby's>]1						
Lives here	Lives here	S43. Have you ev	er been to priso	on? Yes	□1	No2			
Lives here	Lives here	S44 Can wa abaa		a. biological fa	4h a w/ wa a 4h a w 1				
Deceased	Deceased					ive here with	you or eisewhere	; f	
Temporarily lives elsewhere	Temporarily lives elsewhere								
Lives elsewhere	Lives elsewhere								
S45. Were you ever married to or did you ever live with <baby's> biological mother / father? Yes, married to</baby's>	S45. Were you ever married to or did you ever live with <baby's> biological mother / father? Yes, married to</baby's>	•			0 to 560				
S45. Were you ever married to or did you ever live with <baby's> biological mother / father? Yes, married to</baby's>	S45. Were you ever married to or did you ever live with <baby's> biological mother / father? Yes, married to</baby's>	Lives elsewhere			o to S45				
Yes, married to	Yes, married to				ve with <bab< td=""><td>/'s> biological</td><td>mother / father?</td><td>•</td></bab<>	/'s> biological	mother / father?	•	
S46. When did you separate or split up with <baby's> biological mother / father? Before child was born</baby's>	S46. When did you separate or split up with <baby's> biological mother / father? Before child was born</baby's>				-				
Before child was born	Before child was born		<u>-</u>			•	•	nt4 GO to S60	
Before child was six months old	Before child was six months old \square_2	S46. When did yo	ou separate or s	plit up with <ba< td=""><td>by's> biologi</td><td>cal mother / fa</td><td>ther?</td><td></td></ba<>	by's> biologi	cal mother / fa	ther?		
—-									
In the last three months	In the last three months								
		In the last three me	onths	3					

, , ,	se tick one box or					-	came
Married and living together Cohabiting / living as married Separated Divorced	2 3	Just frien	ut but not living ndsonship			□ 6	
S48. Do you have a formal or	r informal custod	ly arrangen	nent regarding	g <baby> a</baby>	nd where	he / she li	ves?
Formal	Informal		No quotody o	rangamant			
Formal □ ₁	iniormai	<u> </u> 2	No custody a	rrangement	3		
S49. Briefly describe that arr	angement						
S50. Do you and <baby's> bi</baby's>	ological mother	/ father hav	e shared nare	enting of <	nahv> on a	a regular l	nasis?
	$\square_2 \rightarrow$		c sharea pare	inting or <	Juby - Oil (a regular i	Ju313 .
S51. Please describe the nat	ure or this share	a parenting	ļ 				
S52. How far does <baby's></baby's>	biological mothe	r / father liv	ve from here?				
Within ½ hour's drive from here	_		ın 1 hour's driv			\square_3	
Between ½ and 1 hour's drive			the country				
S53. How often does <baby></baby>			_			_	
Daily Once or twice a week			n once a mont				
Weekly	—-		act				
Every second week / weekend							
S54. Does <baby's> biologic maintenance of <baby> maintenance payment et</baby></baby's>		y ioiiii oi	financial su	pport suc	n as ren	t, mortga	3 -,
maintenance of <baby></baby>	C.		financial su S55. How	pport suc			
maintenance of maintenance payment et No, he/she never makes any p	C.						
maintenance of <baby> maintenance payment et No, he/she never makes any p week/fortnight/month?</baby>	c. eayment□ ₁		S55. How	much	does h	ne/she	pay
maintenance of maintenance payment etc. No, he/she never makes any payment/month? Yes, he/she makes a regular payment.	c. payment	€	S55. How per We	much eek □1	does h	ne/she □ ₂ Mo	pay
maintenance of <baby> maintenance payment et No, he/she never makes any p week/fortnight/month?</baby>	c. payment	€	S55. How	much eek □1	does h	ne/she	pay
maintenance of maintenance payment etc. No, he/she never makes any payment/month? Yes, he/she makes a regular payment.	eayment	€S56. Ak	S55. How per We	much eek □₁ ch per year	does h	ne/she □ ₂ Mo	pay
maintenance of maintenance payment etc. No, he/she never makes any payment/month? Yes, he/she makes a regular payments at the state of the she makes payments at the state of the state of the she makes payments at the state of the she makes payments at the state of the state of the she makes payments at the she she she she she she she she she s	c. payment2 payment2 as required3 o <baby's> biolog</baby's>	€S56. Ab	per Webout how muc	much eek □₁ ch per year	does h	ne/she □ ₂ Mo	pay
maintenance of maintenance payment et No, he/she never makes any p week/fortnight/month? Yes, he/she makes a regular p Yes, he/she makes payments a S57. How often do you talk to	eayment	€ S56. Ategical mother ut once Aweek	per Webout how much few times a month	much eek □₁ ch per year ut <baby>?</baby>	does h Fortnight ? € es a	ne/she □₂ Mo per ye	pay
maintenance of maintenance payment et No, he/she never makes any p week/fortnight/month? Yes, he/she makes a regular p Yes, he/she makes payments a S57. How often do you talk to	eayment	€S56. At gical mother ut once A	per Webout how much	much eek 1 ch per year ut <baby> Several tim</baby>	does h Fortnight ? € es a	ne/she □ ₂ Mo	pay
maintenance of maintenance payment etc. No, he/she never makes any payment/month? Yes, he/she makes a regular payments at section of the makes payments at the section of the section of the makes payment at the section of the sect	as required3 o <baby's> biologeral times a Aboweek a 1</baby's>	€ S56. Alternation of the second of the sec	per Webout how much few times a month	much eek □₁ ch per year ut <baby>? Several tim year □₅</baby>	does h Fortnight ? € es a	ne/she \square_2 Mo per ye Never \square_6	pay onth □₃ ear
maintenance of maintenance payment et No, he/she never makes any payment? Yes, he/she makes a regular payments at Yes, he/she makes payments at S57. How often do you talk to Severy day Livery day S58. How well do you get on	as required3 o <baby's> biologeral times a Aboweek a 12 with <baby's> bi</baby's></baby's>	S56. At gical mother ut once A week □3	per Webout how mucer / father about how few times a month	much eek 1 ch per year ut <baby>3 Several tim year 1 0 Would yo</baby>	does h Fortnight ? € es a	ne/she \square_2 Mo per ye Never \square_6	pay onth □₃ ear
maintenance of maintenance payment et No, he/she never makes any p week/fortnight/month? Yes, he/she makes a regular p Yes, he/she makes payments a S57. How often do you talk to 	as required3 o <baby's> biologeral times a Aboweek a 2 with <baby's> biologeral times a Aboweek a</baby's></baby's>	S56. Alternation of the state	per Webout how much few times a month 4 other / father?	much eek 1 ch per year ut <baby>? Several tim year 1 7 Would yould yould</baby>	does h Fortnight ? € es a u say you Very	ne/she \square_2 Mo per ye Never \square_6	pay onth □₃ ear
maintenance of maintenance payment et No, he/she never makes any payment? Yes, he/she makes a regular payments at Yes, he/she makes payments at S57. How often do you talk to Severy day 	as required3 o <baby's> biologeral times a Aboweek a 12 with <baby's> bi</baby's></baby's>	S56. At gical mother ut once A week □3	per Webout how much few times a month 4 other / father?	much eek 1 ch per year ut <baby>3 Several tim year 1 0 Would yo</baby>	does h Fortnight ? € es a	ne/she \square_2 Mo per ye Never \square_6	pay onth □₃ ear

S59. We would like to send a short questionnaire to <baby's> to show you the content of this questionnaire before we so contact details for <baby's> biological mother / father?</baby's></baby's>	•	
Yes	Please give contact details to interviewer	
S60. What is your date of birth? day	wonthyear	
S61. Int: Is respondent male or female? Male	1 Female	
Time Section Ended	clock	

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

YOUR ASSISTANCE IS GREATLY APPRECIATED.

Primary Caregiver Twin Questionnaire







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			RESPONDEN	1T T1
INTERVIEWER NAME			INTERVIE	WER NO:		
Time Section Started			(24 hour cle	ock) DATE:	_ddmmyy	,
We are seeking to in and child will take a All the information released in any way however, we are tol may have to act on i	bout 90 minutes t you and your fan which would allow d something whic	co complete [In hily provide w w the informati	NTERVIEWE ill be treate on you pro	R: Adjust as of the control of the c	appropriate for test confidence ntified with you	you in the field] and will not be or your family. I
The Department of (OMC), in association Department of Education group of researcher Centre at Trinity Col	on with the Depart cation and Scienc s led by the Econo	ment of Social e is represent omic and Soci	and Family ed on the S al Research	/ Affairs and t Steering Grou	the Central Stat up which overs	istics Office. The ees the Study. <i>A</i>
A.]	PARENTING, C	HILD'S FUN	CTIONIN	G AND REL	ATIONSHIPS	;
Time Section Start	ed		(24 hour c	elock)		
A 1						
	Scale on p	parent's view	s of child-r	minding rem	oved	
A2. Do you use a so	other/dummy with	<baby>?</baby>	Yes	🔲 1 No	2	
A3. [Card A3] When react?	you leave <baby></baby>	with someone	else (not y	ou or your pa	rtner), how does	s he/she usually
Is happy and settled be Is unhappy at first but Remains unsettled an	quickly settles dow	/n		2		
A4. <i>[Card B4]</i> And w	hen you return, ha	aving left <bab< td=""><td>y> with son</td><td>neone else, ho</td><td>ow does he or s</td><td>he usually act?</td></bab<>	y> with son	neone else, ho	ow does he or s	he usually act?
With delightWith a mixture of delight Hard to tell, no particular	ght and annoyance			1 		•

Most or all of the time		Sometimes	Hardly ever or nev 3	/er
A6				
	S	cale on parent att	achment removed	
A7.	Infant	Characteristics 0	Questionnaire removed	i
		B. BABY'S DE	VELOPMENT	
Time Section Started		(2	4 hour clock)	
	Scale	on infant develo	pment removed (ASQ)	
BX1. Do you talk to you	r baby while	you work? (eg. wh	ile you do housework).	
	Rarely	Sometin	nes Often	
			cts of baby's behaviour	_
		C. BABY'S	S HABITS	
Time Section Started		(2	4 hour clock)	
C1. How many hours sle	eep do you g	et on an average n	ight, at the present time?	P N
C2. In general, what time	e in the even	ing does your baby	usually go to sleep?	(24 hour clock)
C3. Approximately how	-		•	
(a) the day?		` ,		?(24 hour clock
C5. Is your baby ever di			get up at in the morning	(24 Hour Glock)
Most of the time	Often	At times	Rarely 	Neve r 5
C6. How often does you	r baby wake	at night?		
Never Occas	ionally	Most nights	Every night	More than once per night
1		3	4	
C7. How many times pe	r night on av	erage?		
C8. Do you ever wake <	baby> for a fe	eed during the nigh	nt?	
Yes, usually	V	metimes	No, not at all	

-	by normally sleep?			
On his/her stomach	On his/her side	On his/her back		
C10. Does <baby> usu</baby>	ually sleep:			
In a room on his/her ow In a room with other chi			In your bedroom	
C11. Where does <bal< td=""><td>by> sleep for most of</td><td>the night?</td><td></td><td></td></bal<>	by> sleep for most of	the night?		
n his/her own bed/cot .	•	_		
n bed/cot with other ch		<u> </u>		
n your bed Other (specify)				
	ow many nights per v	_	spend at least some	e part of the night in you
C13. Do you feel that		problem for you?		
C14. How much is <b< td=""><td>— ·</td><td>_-</td><td>lem for vou?</td><td></td></b<>	— ·	_ -	lem for vou?	
A large	A moderate	A small	No problem	
problem		-	at all	
<u> </u>	2	3	4	
C15. Have you ever ta problems.	ken your child to a de	octor or bought ove	er the counter drugs	for his / her sleeping
Yes	□1 No	2		
(b) At what age did <ba (c) At what age did <ba (d) At what age did <ba< th=""><th>by> take his/her first s</th><th>teps?</th><th>Months</th><th>Not yet ☐₉₉₉ Not yet ☐₉₉₉ Not yet ☐₉₉₉</th></ba<></ba </ba 	by> take his/her first s	teps?	Months	Not yet ☐ ₉₉₉ Not yet ☐ ₉₉₉ Not yet ☐ ₉₉₉
	, , ,			,
		LDCARE ARRAI		
		LDCARE ARRAI		
Time Section Started D1. ls <baby> currentl</baby>	d	(24 hour	r clock)	rtner, on a regular basis
Time Section Started D1. Is <baby> currentle each week?</baby>	d ly being minded by so	(24 hour	r clock)	rtner, on a regular basis
Fime Section Started D1. Is <baby> currentle each week? Yes</baby>	ly being minded by so	(24 hour omeone else, other	r clock) than you or your pa r basis, each type of childca	
Time Section Started	ly being minded by so No	(24 hour omeone else, other	r clock) than you or your pa r basis, each type of childca e per week hildcare	re,

D3. What age wa	as <baby> when you s</baby>	started to use the <u>main</u> chi	ildcare arrangement? _	months
D4. What was th	e single most importa	nnt reason for you choosir	ng this <u>main</u> form of chi	Idcare?
I could afford it It was convenient It was linked to m I thought it would	t ny jobbe beneficial for my ch	1234 ild56		
D5. How satisfie	ed are you with these a	arrangements?		
Very satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Fairly dissatisfied	Very dissatisfied
<u> </u>	2	3	4	5
Baby minded by my part Shared by my part Part-time child-care Full-time child-care D7. Which type of A relative in your Someone else in A relative in their Someone else in A professional care Other (please specific please	home	e basis	1	c all that apply]
1.611 7-2	Paragraph Indian bases			
·	-	ehold grid your household been parti □ ₂	icularly jealous/unhapp	y about <baby> (e.g</baby>
	F. INFA	NT'S HEALTH AND PHY	SICAL DEVELOPMEN	Т
	artod	(24 hour	clock)	
Time Section Sta	arteu	(2411041	,	
	lid <baby> weigh at bi</baby>		ORkgs	

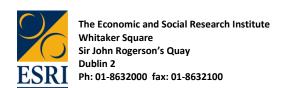
F3. [Card F3] Were there any complications du	ring <baby'< th=""><th>s> birth? [Tick</th><th>all that appl</th><th>y]</th></baby'<>	s> birth? [Tick	all that appl	y]
A. No complications	□₁ E.	Foetal distress	- Meconium	or other sign
B. Very long labour (more than 12 hours)				
C. Very rapid labour (less than 2 hours)				
D. Foetal distress – Abnormal Heart rate tracing				
3			LI .	
F4. Did <baby> have to go to a Neonatal Intens</baby>	ive Care Ur	nit or Special C	Care Nurser	y after he/she was born?
Yes No]2 [Oon't know	<u></u>	
F5. Did <baby> need any help with his/her brea</baby>	thing from	a ventilator?		
Yes No]2 [Oon't know	\square_3	
<u> </u>				
F6. How many days or parts of days were you i	n hospital	after the birth?	davs	
. or non-many adjoor parto or days nots you	oop.ta.			
F7. How many days or parts of days was <baby< td=""><td>/> in hosnit</td><td>al after the hir</td><td>th? da</td><td>we</td></baby<>	/> in hosnit	al after the hir	th? da	we
	-			
F8a. Was <baby> ever breastfed? INCLUDE COL</baby>	USTRUM IN	FIRST FEW DAY	YS AFTER BI	RTH
Yes No	$\Big _2$	Go to F11		
F8b. Was <baby> still being breastfed when yo</baby>	u brought l	nim/her home	from hospit	al?
1 ob. Was ababy 5 km being breastica when yo	a broagint i		iroiii iioopii	ui.
Yes □ ₁ No □ ₂				
F9a. Was <baby> ever exclusively breastfeed?</baby>				
[Exclusive breastfeeding means that the infant rec	eives only b	reast-milk with	out any addit	ional food or drink]
Yes No □1	$ _{2} \longrightarrow 0$	Go to F10a		
F9b. How old was <baby> when he/she stoppe</baby>	d being <u>exc</u>	<u>lusively</u> breas	tfed?	
DaysWeeksMonths <	Baby> still b	eing exclusively	/ breastfed	□ ₅₅ — Go to F15
	,			
F10a. Are you currently breastfeeding <baby></baby>	(include pa	rtial/compleme	entary breas	streeding)?
Yes				
F10b. How old was <baby> when he/she comp</baby>	etely stopp	ed being brea	stfed?	
Days		Weeks	_Months	
F10c. What were the main reason(s) you stopp	ed breastfe	eding <baby></baby>	Tick all tha	ut apply] (
Not enough milk/hungry baby		•	-	8
Inconvenienced/fatigue			•	
Difficulty with breast feeding techniques				o/her to stop
Sore nipples/engorged breast				
Mother's illness				
Planned to stop at this time				
Baby weaned himself/herself		r, please specif	y	
		<u> </u>		
F11. I'm now going to ask when <baby> first ha</baby>	• •	ifferent types o	of milk. Plea	ise include any eaten with
cereal. How old was <baby> when he/she first</baby>	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]</baby>	
Water	
Baby Juice	
Fruit juices/Cordial/Squash	
Fizzy or soft drinks (e.g. lemonade, coke)	
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</baby>	
Yes	
F14. How old was <baby> when he/she first had solid food regularly?</baby>	
DaysWeeksMonths Hasn't yet □1	
F15. In general, how would you describe (a) <baby's> Health at Birth (i.e. the first two weeks after (b) <baby's> Current Health</baby's></baby's>	birth) and
(a) Health at birth (b) Current health	
Very healthy, no problems□ ₁	
Healthy, but a few minor problems \square_2	
Sometimes quite ill \square_3	
Almost always unwell	
F16. Can you tell me whether <baby> has received: [Tick all that apply]</baby>	
Their six-week checkup	
Vaccines at 2 months	
Vaccines at 4 months	
F17. [Card F17] Why has <baby> not had all of his or her immunisations?</baby>	
[Tick all that apply]	
a. Not offered/Didn't know due to have	
b. Due to have it in near future/soon	
c. Child was unwell/in hospital when due	
d. Child is not able to have it for health reasons	
e. Child was away/on holiday when due	
f. Lack of supplies/ran out of immunisation	
g. Concerns about the health risks to child	
i. Medical problems or bad reactions related to immunisations in family	
j. Prefers to use homeopathy	
k. Didn't think it was of any benefit	
I. Opposed to immunizations for other reasons	
m. Other reason [please specify]	
F18. [Card F18] Has a medical professional ever told you that <baby> has any of the following con</baby>	ditions?
[Tick all that apply]	
a. Respiratory disease [including asthma]	
b. Heart abnormalities	
c. Digestive allergies (e.g. lactose intolerant)	
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)	
f. Difficulty seeing	
g. A problem with mobility or using his/her arms legs to get around	
h. A problem with using his/her hands or arms	
i. Cerebral palsy	
j. Kidney disease	
k. Diabetes	
I. Any developmental delay	
n. Spina bifida / Hydroencephalis	
o. Cleft lip and/or palate	

p. Other long-term condition [please specify]	
F19. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would y 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 RESPONDENT TO CONSIDER [CHILD]'S MOST SEVERE CONDITION.</baby>	
Minor	
F20. [Card F20] We would like to know about any health problems or illnesses for which <baby> has be taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems are supported by the control of the cont</baby>	
h. Skin problems	18
j. Undescended testicle	20
u. None of the above	
A general practitioner (GP), or family physician	
F22. Has <baby> ever been admitted to a hospital ward because of an illness or health problem? Yes</baby>	
Yes	
Yes	
Yes	ination
Yes	ination
Yes	ination
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 exam or treatment but did not receive it? Yes</baby></baby>	
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 exam or treatment but did not receive it? Yes</baby></baby>	

F28. Has <baby> stayed in hospital for at least one Yes</baby>	night becau	se of any (c	of these) inj	uries or accid	ents?
G. FAM	ILY CONTE	EXT			
Time Section Started	(24 hour c	lock)			
G1. [Card G1] Please rate how much you agree or to how things are for you and <baby> now. Rememas honest as possible.</baby>	_			_	
•	Strongly	Agree	Not	Disagree	Strongly
A. I am happy in my role as a parent	Agree		sure		Disagree
	···· ∐1	2	3	4	5
B. There is little or nothing I wouldn't do for my child if it was necessary					
C. Caring for my child sometimes takes	1	2		4	15
more time and energy than I have to give					
D. I sometimes worry whether I am doing	···· □1	2	3	4	5
enough for my child	\Box .	\Box	\Box	□.	\Box
E. I feel close to my child	···· 🗀 '	⊔2			🗀 5
F. I enjoy spending time with my child		ப2			ഥാ П
G. My child is an important source of affection for me		 			<u></u>
H. Having a child gives me a more certain				······	
and optimistic view for the future	🗀 1	2			\square_5
I. The major source of stress in my life is my child					
J. Having a child leaves little time and flexibility in my li					
K. Having a child has been a financial burden	🔲 1	2		4	5
L. It is difficult to balance different responsibilities					
because of my child.	🔲 1	2		4	5
M. The behaviour of my child is often embarrassing					
or stressful to me.	🔲 1	2		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.			3	4	5
Q. I am satisfied as a parent.			3	4	5
R. I find my child enjoyable	···· ∐1	2	3	4	5

Secondary Caregiver Twin Questionnaire







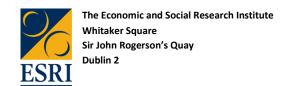
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI) INFANT QUESTIONNAIRE STRICTLY CONFIDENTIAL

FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE - DRESS REHEARSAL

GROUP	SEQ NO.		RESPONDENT
INTERVIEWER NAME		INTERVIEWER NO:	
Time Section Started		(24 hour clock) DATE:_	ddmmyy
and child will take a All the information released in any way	about 90 minutes to complete you and your family provide which would allow the inform Id something which might su	[INTERVIEWER: Adjust a will be treated in the streated to be identified in the streat at the streat at the streat in the streat	terview with the parents/guardians s appropriate for you in the field]. rictest confidence and will not be dentified with you or your family. If er vulnerable person is at risk we
(OMC), in association Department of Education group of researcher	on with the Department of Soc cation and Science is represe	ial and Family Affairs and ented on the Steering Gr ocial Research Institute (E	Office of the Minister for Children d the Central Statistics Office. The oup which oversees the Study. A SRI) and The Children's Research
A. 1	PARENTING, CHILD'S FU	INCTIONING AND RE	CLATIONSHIPS
Time Section Start	ed	(24 hour clock)	
Now I'd like to ask y A1.	ou some questions about you		
	•	ws on child-rearing ren	loved [
	B. BABY'S	S DEVELOPMENT	
Time Section Start	ed	(24 hour clock)	
Now I'd like to ask y	ou some questions about <bal< td=""><td>by's> habits and routines</td><td></td></bal<>	by's> habits and routines	
Most or all of the time		the is maintaining eye cor Hardly ever o	
B2. How much is <b< td=""><td>aby's> sleeping pattern or hab</td><td>oits a problem for you?</td><td></td></b<>	aby's> sleeping pattern or hab	oits a problem for you?	
A large problem	A moderate problem A	small problem No pro	blem at all
<u> </u>		3	4
B3. Do you feel that	<baby's> crying is a problem</baby's>	for you? Yes	

B4. [Card B4] Who genera	ally does	the followi	ng with <l< th=""><th>oaby>?</th><th></th><th></th><th></th><th></th></l<>	oaby>?				
		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	books 		2 2 2 2	3 3 3 3 3 3 3	4 4 4 4	5 5 5 5 5 5	6 6 6 6 6	□7 □7 □7 □7
Taking him /her for walks, o	utings,	<u> </u>	\square_2	□ 3	<u></u> 4	5	□ 6	7
visiting relatives or friends e Reading stories to him /her. Changing his / her nappy Getting up in the night to se him / her		1 1 1	$ \begin{array}{c} $	$ \begin{array}{c} 3 \\ \hline 3 \\ \hline 3 \end{array} $	4 4 4	5 5 5	6 6 6	□7 □7 □7
Sings to him / her		1	\square_2	3	<u></u> 4	5	□ 6	7
		C.	FAMILY	CONTEX	Γ			
Time Section Started			24 hour	clock)				
Now I'd like to ask you so	me gene	ral questio	ns about y	your family	as a whole	-		
C1. [Card C1] Please rate to how things are for you be as honest as possible.	and you							
					Agree	Not	Disagree	Strongly
A. I am happy in my role as	a parent			gree □₄		sure ⊡₃	\prod_4	Disagree
B. There is little or nothing I	wouldn't	do for		_		о	4	
my child if it was necessary				<u></u>		🔲 з	🔲 4	5
C. Caring for my child some	etimes tak	es	Г	_				
more time and energy than D. I sometimes worry wheth				1	2	3	4	5
enough for my child			Г	\neg ₁	\square_2	\Box_{\circ}	\square_{4}	\Box_{ϵ}
E. I feel close to my child				∃ ¦				
F. I enjoy spending time wit	h my child	dt	[3	4	
G. My child is an important	source of	affection fo	r me [3	4	5
H. Having a child gives me			_		_		_	
and optimistic view for the for	uture		<u> </u>	⊒ 1	2	🔲 3		5
I. The major source of stresJ. Having a child leaves little	s in my lif	e is my chil	d [վ₁	2	📙 3	📙 4	5
K. Having a child has been	e time and	i flexibility ii	n my lite. [╡¹	2		4	5
L. It is difficult to balance dif	d IIIIdIIUId fforont roc	n Durueri	 2	1	2	3	4	5
because of my child				\neg ₄	<u></u>	3	\square_{4}	
M. The behaviour of my chil						<u> </u>	4	5
or stressful to me	iu is oiteii							_
			[<u> </u>	2	3	4	5
N. If I had it to do over again	 n, I might	decide		_	2	3	4	5
not to have child	n, I might	decide		_			4	5
not to have child O. I feel overwhelmed by th	n, I might e respons	decide sibility of	[<u>1</u>		3		5
not to have child O. I feel overwhelmed by th being a parent	n, I might e respons	decide sibility of	[<u>1</u>		3		5 5 5
not to have child	n, I might e respons	decide sibility of	[[es and			3	4	5 5 5
not to have child	n, I might e respons naving too	decide sibility of	[[es and [1 1		3	4	
not to have child	n, I might e respons naving too	decide sibility of few choice	[[es and [3	4	

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		Dateda	ymonth
This questionnaire should be accommodate before filling out the questionnair IF YOU WOULD PREFER TO COMPLETER TO COMPLETE	companied by an informate. If you have any ques	tions, please ring 1800	200 434. INTERVIEWER OVER	
First of all, we would like to ask you	a few questions abou	ut the time you spen	d with the study child	
Q1. How long is it since you last	-		-	months
Q2. How many nights do you and				
Q3. How many days, or part-d month? days	ays, (without nigh	ts) do you and th	e study child sper	nd together in a typical
Q4. How long does a typical cont	act occasion last?	days or	hours	
Q5. How do you feel about the following:	amount of time y	ou spend with th	e study child? Ple	ease tick one of the
Nowhere near enough	Not quite enough	About right	A little too much	Way too much
	$ \square_2 $	\square_3	\square_4	\square_5
Q6. If you feel that you do not situation? If more than one re		-	child, what do you	ı think is the reason for this
Work commitments Commitments to other family/ne Physical distance between self a	w partner 2	Court-imposed of	uncooperative ustody rules	5
Q7. When you are spending to is given below. Please place	a '1' beside the lo	cation where you	u spend most time	e, a '2' beside the next most
used location and so on. If th	ere are any location	-	ot visit, just leave	tnem blank.
		Rank		
At you home	child's grandparent park, swimming po nald's etc tch)	ol)		
Q8. Please tick one box below your child?	to indicate how y	ou arrived at the	current arrangem	ents for time spent with
Court-imposed arrangements Formal, negotiated arrangement Mutual arrangement with no thir No regular arrangements	ts other than legal (d party negotiator .	e.g. counsellor)		

Q9. Fathers do many things for important for you, as a parent, important) and 3 (third most imp	to do? Plea		_	•		
Showing my child love and affection	n					
Taking time to play with my child						
Taking care of my child financially						
Giving my child moral and ethical g	guidance					
Making sure my child is safe and p	rotected					
Teaching my child and encouragin Other (specify)	g his or her cu	riosity				
Q10. We would like to get a sens	-			-	e study child.	
Excellent 1 2	3	4	5 Very Poor			
Q11. Being a parent often involve indicate how often you would no				Please tick one b	ox on each line to	•
We		Every day	At least once a week	At least once a month	Rarely or never	
Prepare food for the child	at home	□1	\square_2	Пз	<u></u> 4	
Put the child to bed		□ 1	\square_2	□ 3	<u></u> 4	
Change nappies/bathe chi	ld	□ 1	<u>2</u>	Пз	<u>4</u>	
Take the child to doctor /de	entist etc	□1	\square_2	\square_3	\square_4	
Take the child to or from c	reche	□ 1	\square_2	<u></u> 3	<u></u> 4	
would like to record some information	n about the kind	of financial sup	port you provide fo	r the study child and	his or her household	1.
Q12. Do you pay anything direct apartment where the child reside					e. the house or	
Yes, I pay the full amount due	🗆 1	No, I don't p	pay towards the r	ent or mortgage d	irectly □3	
Yes, I pay a contribution		There is no	rent or mortgage	owing on the hor	ne <u>□</u> ₄	
Q13. If you pay all or part of the	mortgage or r	rent, how mu	ch do you pay p	er month? €	per month	
Q14. Do you provide financial su	ipport to the o	child's mothe	er (other than a d	irect rent or mor	tgage payment)?	
Never \square_1						
Yes \square_2 a regular payment t	o the value of	f € per n	month (excluding	direct rent/mortga	ge payment)	
Yes \square_3 on an as-required b	asis (e.g. bac	k to school) t	to the value of €	per year		
Q15. If you give a regular payme one box only)	nt as in Q14 a	above, how di	id you decide on	the amount/sch	edule? (Please tick	
Your decision						
Q16. Do you provide any suppor "being there" when needed, etc.		inancial, e.g.	home repairs, m	inding the family	pet, generally	
Never□ ₁	Yes, occas	sionally	.□₂ Yes, f	requently	□3	

the study child? (Pleas	atus of your re se tick one box		p with tl	he study ch	nild's mothe	er when sh	ne became pr	egnant with
Married and living toget Cohabiting/living as ma Separated Divorced	rried	[]3	Just fr	iends		her	□6
Q18. What age was the	e study child v	when you	ı separa	ted from th	e child's m	other for t	the first time	?
	AGE mo	onths OR	wee	eks				
			OR					
Had separated before b	oirth	□1	OR	Never live	ed with moth	er	2	
Q19. Are you named o	on the study cl	hild's birt	th certifi	icate?				
Yes		No .			<u>_</u> 2 Not	sure		3
Q20. If you have never	r been married	l to the S	tudy Ch	nild's mothe	er have you	applied fo	or guardiansl	nip?
No□ ₁ Yes	s, through moth	ner only	□2	Yes, throu	gh court	□ 3		
Q21. If yes, was this a	pplication suc	cessful?	' ' Y	' ′es□ ₁	No□ ₂	Ongoing	J ₃	
Q22. How often do yo	u talk about y	our child	with the	e child's m	other?			<u>'</u>
Every day Several times a week About once a week			2	Severa	•	ar		
Q23. How well do you	get on with th	e child's	mother	? Would y	ou say you	r relations	ship is?	
Very pos		newhat ositive	ĺ	Neutral	Some		Very negativ	е
Very posi □ ₁		newhat ositive □2	1	Neutral □₃	Some nega	tive	Very negativ	e
	po ve to make ma	ositive □₂ ajor decis	sions co	□₃ oncerning t	nega ⊡. he child, su	tive ⁴ ch as abo	□₅ out health car	e. Please
□1 Q24. Often parents ha	ve to make ma influence you A	ositive □₂ ajor decis	sions co have in	□₃ oncerning t	nega ⊡. he child, su	tive the state of	□₅ out health car	e. Please
□1 Q24. Often parents ha	ve to make ma influence you A infl	ositive 2 ajor decis feel you lot of	sions co have in Some	□₃ oncerning t n major dec	nega □, he child, su isions cond	tive the state of	□₅ out health car e study child	e. Please
□1 Q24. Often parents ha	ve to make ma influence you A influ	ositive 2 ajor decis feel you lot of uence 1	sions co have in Some	□₃ concerning to a major deconinfluence □₂	nega □. he child, su isions cond No influer □3	tive ch as aboreerning the lace	□₅ out health car e study child Don't know	e. Please
Q24. Often parents ha indicate the degree of	ve to make ma influence you A influ	ositive 2 ajor decis feel you lot of uence 1	sions co have in Some	□₃ concerning to a major deconinfluence □₂ d in the con	nega □. he child, su isions cond No influer □3	tive ch as aboreerning the lace	□₅ out health car e study child Don't know	e. Please
Q24. Often parents ha indicate the degree of Q25. Do you want to be Yes	ve to make mainfluence you A influence influence in line in line I u feel the follo	ajor decis feel you lot of uence raising you No	sions co have in Some	□₃ concerning to a major deconinfluence □₂ d in the con	nega he child, su isions cond No influer 3 ming years?	ch as abo erning the	□₅ out health car e study child Don't know	e. Please
Q24. Often parents ha indicate the degree of Q25. Do you want to b	ve to make mainfluence you A influence influence in line in line I u feel the follo	ajor decis feel you lot of uence raising you No	sions co have in Some	□₃ concerning to a major deconinfluence □₂ d in the con	nega he child, su isions cond No influer 3 ming years?	tive ch as aboverning the face \[\text{\tince{\text{\tex{\tex	□₅ out health car e study child Don't know	e. Please
Q24. Often parents ha indicate the degree of Q25. Do you want to be Yes	ve to make mainfluence you A influence influence in line in line I u feel the follo	ajor decis feel you lot of uence raising you No	sions co have in Some	oncerning to major decinfluence d in the contact the follow	negander he child, suisions cond No influer and an	tive ch as aboverning the face I	□₅ out health car e study child Don't know	e. Please
Q24. Often parents had indicate the degree of the degree o	ve to make mainfluence you A influence influe	ajor decis feel you lot of uence fraising you No wing way	sions co have in Some	oncerning to major decinfluence d in the county the follow All of the time	negate ing things?	tive ch as aboverning the ace Grant ace of the ace	□₅ Fut health care study child Don't know □4	e. Please : Never
Q24. Often parents ha indicate the degree of Q25. Do you want to be Yes Q26. How often do you For each item, mark (X)	ve to make mainfluence you A influence influe	ajor decis ajor decis afeel you lot of uence 1 No No wing way	sions co have in Some	□3 concerning to a major deconing to a major	negate ing things?	tive ch as aboverning the ace Grant ace of the ace	□₅ Put health care study child Don't know □4	e. Please :
Q24. Often parents ha indicate the degree of Q25. Do you want to be Yes Q26. How often do you For each item, mark (X) a. You talk a lot about y family	ve to make mainfluence you A influence in least the followay one response four child to you your child with	ajor decis ajor decis afeel you lot of uence 1 No No wing way	sions co have in Some our child 2 ys or do and rever	oncerning to major decinfluence 1 d in the control of the follow All of the time	negar he child, surisions cond No influer 3 ming years? of sure some the tim 2 2 2	tive ch as aboverning the ace Grant ace of the ace	□s Put health care study child Don't know □4 Rarely	e. Please : Never
Q24. Often parents ha indicate the degree of Q25. Do you want to be Yes Q26. How often do you For each item, mark (X) a. You talk a lot about y family	ve to make mainfluence you A influence influence your child to you your child to you your child with thinking about cuddling your	ajor decis ajor decis afeel you lot of uence 1 No wing way ur friends you when ut your child is fu	sions co have in Some	oncerning to major decinfluence 2 d in the control of the follow All of the time	nega he child, su isions cond No influer 3 ming years? of sure ing things? Some the tim	tive ch as aboverning the ace Grant ace of the ace	□₅ Fut health care study child Don't know □₄ Rarely	e. Please : Never

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 wa	as born?	years	
Q29. How would you describe your current employn	nent status?		
Working for payment or profit	Retired from employ Unable to work due sickness or disability Other (please specif	to permanent	
Q30. What is (was) your occupation in your main job	o? Please describe as fu	ılly as possible.	
Q31. What is the highest level of education that you	have completed? (Pleas	se tick one box	only)
No formal education \Box_1 Primary \Box_2 Junior Cert. or equivalent \Box_3 Leaving Cert. or equivalent \Box_4 Trade Qualification \Box_5	CertificateDiplomaDegreePostgraduate Degre		7 8
Q32. Which of the following best describes your cur	rent marital status?		
Single	Separated	itating) following	5
Q33. Are you currently living with a partner?			
Yes]₁ No	2	
Q34. If yes, how long have you been in this relations	ship? years o	· mont	he
Q35. How many other children (not including the stu			.115
	rent as Study Child's	by a differ	ont partner(s)
	Terit as Study Crillu's	by a diller	ent partner(s)
Q36. What nationality are you?			
Q37. If you are NOT Irish, how long have you been li	ving in Ireland?	years OR	months
Q38. How would you describe your general state of Excellent Very good Good		Poor	
Excellent Very good Good \Box_1 \Box_2 \Box_3	raii □4	P001 □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	D	ate 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 PREFE		QUESTIONNAIRE WI 8632000 DURING		OVER THE PHONE,		
First of all, we would like to as	k you some questior	ns about caring for	the study child in p	articular.		
Q1. Which of the following bes	t describes your rela	ationship to the stu	ıdy child?			
Grandmother	☐₂ Nan ☐₃ Reg	iny/au pair jistered childminde	erder	5 6 7		
Q2. Do you live in the home of th	e study child (include	granny flat or guest	accommodation as p	art of the child's home)?		
Yes1 No	2					
Q3. Do you care for the study ch	ild in his / her own hor	me; in your home or	somewhere else?			
Study Child's home Somewhere else (please specify	— -	-		2		
Q4. How long have you been c	aring for the study c	hild? years	months weel	KS .		
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 s	tudy 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 Somewhat difficult Very difficult						
	Somewnat easy	•				
	Somewhat easy	difficult	<u></u> 4	<u></u> 5		
	2	difficult □3		 :		
	\Box_2 neral information (difficult 3 on the environment	ent in which you lo	ok after the study child		
We would also like some ger Q8. On a typical day, how man children	□² neral information of the control	difficult ☐3 on the environment of the care (excluding the care	ent in which you lo	ok after the study child		
We would also like some gen Q8. On a typical day, how man children Q9. What ages are these children	□² neral information of the properties of the p	difficult 3 on the environment of chief the number of chief the control of the c	ent in which you lo	ok after the study child ncluding your own children)?		
We would also like some gen Q8. On a typical day, how man children Q9. What ages are these childr Study Child)	\Box_2 neral information of y children are in your en? (Please indicate	difficult 3 on the environment of children care difficult the number of children care	ent in which you lo he study child, but i ldren in these age c	ok after the study child ncluding your own children)? ategories, again excludingt the		
We would also like some gen Q8. On a typical day, how man children Q9. What ages are these childred Study Child) 0 - 11 months	neral information of y children are in your en? (Please indicates \Box_1 7-9 y \Box_2 10 -	difficult 3 on the environment of children of childr	ent in which you lo he study child, but i ldren in these age c	ok after the study child ncluding your own children)? ategories, again excludingt the		
We would also like some ger Q8. On a typical day, how man children Q9. What ages are these childr Study Child) 0 - 11 months	neral information of y children are in your en? (Please indicate)	difficult 3 on the environment of children care (excluding the the number of children care) years	ent in which you lo he study child, but i ldren in these age c	ok after the study child ncluding your own children)? ategories, again excludingt the		
We would also like some get Q8. On a typical day, how man children Q9. What ages are these childr Study Child) 0 – 11 months	neral information of y children are in your en? (Please indicate)	difficult 3 on the environment of children of childr	ent in which you lo he study child, but i ldren in these age c	ok after the study child ncluding your own children)? ategories, again excludingt the		
We would also like some get Q8. On a typical day, how man children Q9. What ages are these childr Study Child) 0 – 11 months	neral information of y children are in your en? (Please indicate	difficult 3 on the environment of children of childr	ent in which you lo he study child, but i Idren in these age c	ok after the study child ncluding your own children)? ategories, again excludingt the 4 5 6 7 care? ber)		
We would also like some general day, how man children Q9. What ages are these childred Study Child) 0 – 11 months	neral information of y children are in your en? (Please indicate	difficult 3 on the environment of child spend over de the number of child spend watch the child spend watch spend wa	ent in which you lo he study child, but i Idren in these age c	ok after the study child ncluding your own children)? ategories, again excludingt the r care? ber) hile in your care? hrs		

Q14. Do you look after the st	udy child when he or s	he is sick?		
Never 1 Ra	ırely 🔲 2	Frequently] ₃ Always	
Finally, we would like to know	w some things about yo	ou.		
Q15. What is your date of b	oirth? (DD/MM/YYYY)	(day)	(mth)	(yr)
Q16. What is your gender?	Male	∏₁ Fe	emale	
Q17. What nationality are you	ı?			
Q18. Which of the following b	oest describes your cur	rent employment status?		
Working for payment or profit Looking for first regular job Unemployed Student or pupil	\dots Retired from \square_1 Record from \square_1 Unable t	rom employmento work due to permanent sic	⊡ ₁	
Q19. Is caring for children yo	ur main occupation?			
Yes No	2			
Q20. If no, please tell us your	main occupation using	g precise terms (e.g. 'natio —	nal school teacher' instead	d of 'teacher').
Q21. What is the highest leve	l of education that you	have completed?		
No formal education		Certificate	🔲 5	
Primary	2	Diploma	6	
Junior Cert. or equivalent		Degree	7	
Leaving Cert. or equivalent		Postgraduate Degree .	8	
Q22. Do you have any child		ed qualifications (e.g. teac of raising your own childr		excluding you
No 🔲 1				
Yes, certificate level of less that	n one year's duration			
Yes, certificate level or above of				
Q23. Have you undertaken ar	ny other training releva	nt to caring for children?	Tick all that apply	
Child psychology		Nutrition/Diet Other		
Q24.How long have you regu	larly worked 10 or more	e hours per week in a child	Icare situation?	

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 Dress Rehearsal

Group Code	Sequence Code			
This questionnaire should be acco out the questionnaire. If you have IF YOU WOULD PREFER	mpanied by an informati	ng 01-8632000 an ESTIONNAIRE WITH	ortant that you read this d ask for the Growing L	lp in Ireland team.
Q1. How long has the study ch	ld been attending this	centre?	years months	weeks
Q2. How many <u>hours</u> per week	does the study child a	ttend the centre?	hours	
Q3. How many days per week o	loes the study child att	end the centre?	days	
Q4. Compared with other child	en, do you think this c	hild is ?		
Much easier to get on with than a Easier to get on with than averag About average	e		get on with than averagicult to get on with than	
Q5. Please think about your	relationship with the	e study child. H	low easy or difficult	do you find getting on wit
the child? Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult
	2	□ 3	4	<u></u> 5
We would also like some gener	al information about th	ne care centre.		
Q6. Are you registered with the	Health Service Execut	tive?		
Yes1	No		sure	□3
Q7. On a typical day, how many	children are in the ce	ntre (excluding st	tudy child)?	no. of children
Q8. What ages are these childre	en? (Please indicate th	e number of child	lren in these age cate	gories)
0 – 11 months		rs	🔲 4	
1- 3 years		years	🔲 5	
4-6 years	☐ ₃ 12 year	s and over	🔲 6	
Q9. If there is more than 5 year from the older?	s between the ages of	the oldest and yo	ungest child, are the y	ounger children segregated
Yes1	No		metimes	3
Q10. How many children in thechildren	centre (excluding the	study child) are fr	om a non-English spe	eaking family background?
Q11. How many children in the	e centre (excluding the	e study child) hav	ve a mental or physic	al disability?
Q12.How many of the following	types of toys are there	e available to the	child in the centre?	
a. Cuddly toys or dolls	_ (Enter number of toys)	b. Activity typ	pe toys (number)	
Q13. On average, how many ho	urs per day does the c	hild spend watch	ing TV or DVD's while	in your care? hrs
Q14. In a typical day, how long	would the child spend	asleep while in y	our care?hours	
Q15. On a typical day, how o			alk to the child on a c	

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)? Q17. How many of these staff has a formal childcare qualification? no. of staff			
Q19. What is your o	date of birth? (DD/MM/YY	'YY) (day) (mth)(yr)	
Q20. Are you?	Male	Female	
Q21. What is your na	tionality?		
Q22. Which of the	following best describes	the type of care your centre provides?	
		Montessori □ ₃ Other□ ₄	
Q23. What is your high	ghest level of qualification i	in childcare or related discipline (e.g. teaching, nursing, Montes	sori etc.)?
Certificate	12 	Degree	
		he qualification was obtained:	
National school teachi Other education	□1 ng□2 slopment□4	Special needs assistance □₅ Speech and language therapy □₀ Nursing □₀ Other □₀	
Q25.When did you re	eceive this qualification?	Year:	
Child psychology Sign language	aken any other training releva	ant to caring for children? Tick all that apply. Nutrition/Diet	
Q27. Is caring for chi	ildren your main occupation	n? Yes □₁ No □₂	
Q28. If no, please de	scribe your main occupatio	on as fully as possible	
Q29.How long have y	you regularly worked 10 or	more hours per week in a childcare situation? years	 _mths
Q30. How long have	you worked in this particula	ar care centre? years months	
Q31. Overall, are you	ı happy working in childcar	e?	
Strongly Agree	Agree	Neutral Disagree Strongly Disagree	

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.

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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?

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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 you help.

Where can I find out more information?

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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:

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