



Appendices for 9-year Instrumentation Report

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Appendix A: Principal's Information Sheet

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, even after you have completed the questionnaire.
- if there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.
- the Study Researcher is not allowed to have any contact with the participating child/children unless another adult is present in the room.
This is for the protection of both the child and the researcher.

What do I do next?

A Study Researcher from the ESRI will be in contact with you in the coming days. He/she will discuss in more detail the participation of your school and will be able to answer any questions which you may have in relation to the study

Your participation counts:

Although taking part in **Growing Up in Ireland** is voluntary, your participation and the participation of your school is very important to the success of the study.

It is only by carrying out a study such as this that we can paint a complete picture of the world of the child growing up in Ireland and, accordingly, 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?

Visit our website:

www.growingup.ie

Phone:

Freephone 1800 200 434

Contact our Communications Officer,

Jillian Heffernan, on 01 896 3378

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.**



PRINCIPAL'S INFORMATION LEAFLET

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 children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?

This study will focus on all aspects of a child's life including his/her social, emotional, and physical development, and health status etc. and not exclusively on a child's education.

From an educational perspective we will be looking at what role the education system plays in a child's development with a view to formulating policies to encourage positive educational outcomes for as many children as possible.

The data collected will be used to advise the Government on future policies and services that will be of most benefit for children and families in Ireland and which will ensure that all children can have the best possible start in life.

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 Department of Education & Science is represented on the Steering Group which oversees the project.

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.

How was my school selected?

The study will include 8,000 nine-year-old children, their families, teachers and Principals.

The most effective way for us to recruit a representative sample of 8,000 nine-year-olds is through the National School system.

We have randomly selected National Schools from across Ireland from which to sample the children.

Your school has been one of those randomly selected to participate and we are asking permission from you (or your Board of Management if necessary) for your assistance.

We now need your help in selecting the sample of nine-year-old children from your school.

In the coming days a Study Researcher from the ESRI will contact you by telephone to discuss the school's participation in greater detail and how we would like to select the children.

The Study Team has met with the Irish National Teachers' Organisation (INTO) and the National Parents Council (Primary), both of which fully support the Study.

What happens if my school takes part?

Step One: A Study Researcher will arrange a short meeting with you in your school, at a time which is convenient for you, to discuss participation in full detail.

Step Two: We need to select a sample from the nine-year-olds in your school.

Step Three: Once the children have been selected your school will be asked to distribute information materials, provided by the Study Researcher, to the parent(s)/guardian(s) of each study child. This will include a leaflet giving a detailed explanation of the study as well as a consent form for the parent(s) to sign.

Step Four: The study child will be asked to return the consent form to the school. These forms, which will contain the family contact details, will be passed on by your school to the Study Researcher.

Step Five: We will be asking the Principal to complete a single four-page questionnaire about the school and asking the class teacher of each study child to complete a single questionnaire about him/herself, teaching experience and so on. In addition, the teacher will be asked to complete a questionnaire about each study child.

Step Six: The Study Researcher will administer the Drumcondra reading and maths tests to the study children in the school. The results of the tests will be kept strictly confidential and will not be available to the school or to the parents.

Step Seven: After the school-based component of the study, the Study Researcher will visit the child's home to carry out interviews with the child and his/her parent(s)/guardian(s).

What does the Principal's questionnaire involve?

To complement the information we collect in the home you, as Principal, will be asked to fill out a short questionnaire about your school. This will include details about:

- the school in general
- teaching and other school resources
- student intake and allocation to classes

This should take about 10 minutes.

What does the teacher's questionnaire involve?

The class teacher of each study child will be asked to complete two short questionnaires.

- the first one will cover general questions about the teacher him/herself including age, qualifications and length of time teaching.
- the second questionnaire will relate to the study child and will cover questions including the child's subjects, computer usage, attendance record and academic performance.

Will this information be kept confidential?

All the information provided by you or your teachers will be treated as strictly confidential. The study is being carried out under the Statistics Act 1993 which governs the work of the Central Statistics Office e.g., the Census.

The information you provide will be used only for the statistical purposes of this study.

The information provided by you or your teachers cannot be accessed by the child's parents and will not be available under the Freedom of Information Act.

Who are the Study Researchers?

The Study Researcher who will call to your school is from the Economic & Social Research Institute (ESRI).

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

The Study Researchers have been appointed as Officers of Statistics by the Central Statistics Office and have signed confidentiality agreements in the same way as the enumerators who worked on the recent Census.

Each Study Researcher carries a photo ID card. If you have any concerns about him/her or would like to confirm his/her identity you can contact Ms Pauline Needham at 01 863 2000.

Appendix B: Teacher's Information Sheet

Where can I find out more information?

Visit our website:

www.growingup.ie

Phone:

Freephone 1800 200 434

Contact our Communications Officer, Jillian Heffernan, on 01 896 3378

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.



TEACHER'S INFORMATION LEAFLET

What is the Growing Up in Ireland study?

Growing Up in Ireland is a new, national, Government funded study of children in Ireland. 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 in Ireland 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 children think of their own lives and learn what it means to be a child in Ireland today.

What will it tell us?

This study will focus on all aspects of a child's life including his/her social, emotional, and physical development, and health status etc. and not exclusively on a child's education.

From an educational perspective we will be looking at what role the education system plays in a child's development with a view to formulating policies to encourage positive educational outcomes for as many children as possible.

The data collected will be used to advise the Government on future policies and services that will be of most benefit for children and families in Ireland and which will ensure that all children can have the best possible start in life.

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 Department of Education & Science is represented on the Steering Group which oversees the project.

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.

How was my school selected?

The study will include 8,000 nine-year-old children, their families, teachers and Principals.

The most effective way for us to recruit a representative sample of 8,000 nine-year-olds is through the National School system.

We have randomly selected National Schools from across Ireland from which to select the children.

The Study Team has met with the Irish National Teachers' Organisation (INTO) and the National Parents Council (Primary), both of which fully support the Study.

What does participation involve?

Step One: You will be asked to fill out two short questionnaires: (i) about your role as a teacher and (ii) about the study child/children in your class. The first is a short questionnaire covering general questions including age, qualifications and length of time teaching. The second questionnaire will relate to the study child and will cover questions including the child's subjects, computer usage, attendance record and academic performance.

Step Two: The school Principal will fill out a questionnaire about the school.

Step Three: A Study Researcher from the ESRI will administer the Drumcondra reading and maths tests to the study children in your class, under exam conditions. You or another adult will be asked to be present during the tests. You will not, however, be asked to correct the test scripts.

The Study Researcher is not allowed to be alone with the participating child/children unless another adult is present in the room. This is for the protection of both the child and the researcher.

Will this information be kept confidential?

All the information provided by you will be treated as strictly confidential. The study is being carried out under the Statistics Act 1993 which governs the work of the Central Statistics Office e.g., the Census.

The information you provide will be used only for the statistical purposes of this study.

The information provided by you cannot be accessed by the child's parents and will not be available under the Freedom of Information Act.

Who are the Study Researchers?

The Study Researcher who will call to your school is from the Economic & Social Research Institute (ESRI).

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

The Study Researchers have been appointed as Officers of Statistics by the Central Statistics Office and have signed confidentiality agreements in the same way as the enumerators who worked on the recent Census.

Each Study Researcher carries a photo ID card. If you have any concerns about him/her or would like to confirm his/her identity you can contact Ms Pauline Needham at the ESRI on 01-8632000.

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, even after you have completed the questionnaire.
- if there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

A Study Researcher from the ESRI will call to your school at an agreed time to conduct the Drumcondra tests. You will also be provided at that time with the questionnaires which we would like you to complete. These will be collected from you. They will not be seen by anyone in the school, by the child or by the child's parents.

Your participation counts.

Although taking part in **Growing Up in Ireland** is voluntary, your participation is very important to the success of the study.

It is only by carrying out studies such as these that we can paint a complete picture of the world of the child growing up in Ireland and, accordingly, find out how we can improve the future for all children and families.

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

Appendix C: Parent's Information Sheet

The Study Researcher 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 researcher.

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 Study Researcher carries a photo ID card. If you have any concerns about him/her or would like to confirm his/her identity you can contact Ms Pauline Needham at the ESRI on 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 study researcher has called to your home. At that stage, if requested, we would delete all information previously collected about you.
- If there are any question(s) on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?

Enclosed with this information leaflet you will find two copies of a form marked 'Parent's/Guardian's Consent Form'.

We would like you to read and sign both forms, returning one to your child's school in the envelope provided and keeping the other for your own records.

Once the consent form has been returned, the school Principal will pass on your contact details to the Study Team and you will become part of **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

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.

www.growingup.ie

design by roomthree.com



Congratulations. Your child has been chosen to take part in a new and historic national study of children in Ireland called **Growing Up in Ireland**. Your child is only one of 8,000 nine-year-old children selected for this 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 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.

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 study will include 8,000 nine-year-old children and their families.

We have selected the 8,000 children from National Schools across Ireland on a purely random basis. We are now contacting these children and their families 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.

The Study Team has met with the Irish National Teachers' Organisation (INTO) and the National Parents Council (Primary), both of which fully support the Study.

Why should my family take part?

By taking part, your family will play a crucial role in helping us to find out what it's like to be a child 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 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: You sign the consent form enclosed with this information leaflet and return it to the school with your name, address and telephone number. It will then be given to the Study Team. If appropriate, the consent form may be co-signed by a parent/guardian of the child who is not resident in your household. There is also a consent form for your child.

Step Two: At your child's school, your child will take a short test in reading and maths. The results of the assessment tests will be kept strictly confidential. Individual results will not be seen by you, the school, the teacher or anyone outside the Study Team and the Central Statistics Office. The test results are only for the purposes of the study and will not in any way affect your child's marks in school.

Step Three: Your child's teacher will be asked to complete a short questionnaire about the school and about how your child is getting on.

Step Four: A Study Researcher will contact you by telephone to arrange a visit to your home at a time which is convenient for you and your family. This can be on a week day, in the evening time if that suits, or during the weekend.

Step Five: When the researcher calls to your home, you, your partner (if relevant) and your child will each be asked to fill out a separate questionnaire. The questionnaire involves ticking boxes. The visit to your home will last about 90 minutes.

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

Confidentiality

All the information given to the **Growing Up in Ireland** researcher is treated in the strictest confidence. It will be used exclusively for research purposes.

The information given by your child, the class teacher and so on, will not be seen by anyone – not even you will have access to it.

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

What kind of questions will my family be asked?

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

- your child's health and education
- his/her overall social and emotional development
- your own health
- your family life and experiences as a parent

Your child will be asked questions about:

- his/her school and home life
- activities and sports he/she enjoys
- foods he/she likes to eat
- his/her views on the local community

All the questions are very straightforward. The Study Researcher will be able to help out if you have any concerns or questions.

Following up in four 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 four years time when your child is 13 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 the four 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 Study Researchers?

The Study Researcher who will call to your home is from the Economic & Social Research Institute.

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

Appendix D: Child's Information Sheet



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.

www.growingup.ie

design by roomthree.com



Hello there!

You and your parents have been chosen to take part in a new and very special project called **Growing Up in Ireland**. This leaflet will tell you all about the project. When you have read it, you and your parents can decide if you would like to take part.

So what is Growing Up in Ireland all about?

The Government has asked us to start a new and exciting project to find out all about what it is like to be a child growing up in Ireland today.

We think the best way to find this out is to ask nine-year-old children just like you. So we have picked 8,000 nine-year-old boys and girls like you from around the country.

We have decided to call this project **Growing Up in Ireland**.

Why does the Government need to find out about children?

This project is really important as it will help the Government to make better decisions about things that affect children and to make life better for all the children and families in the country.

Why was I picked?

All the nine-year-old boys and girls picked to take part in **Growing Up in Ireland** were chosen at random, which is like picking a name from a hat.

This was the best way to make sure we included children from all different kinds of families and from all different parts of the country.



What happens if I take part?

Taking part is pretty easy and will not take too much time.

- a person from our team, called a Study Researcher, will visit your school.
- they will ask you to do a short test in reading and maths. There is no need to worry about the test. It is not hard and you do not have to learn anything for it. No-one, not even your mum or dad or your teacher, will be told how you do in this test.
- the Study Researcher will ask your teacher to answer some questions about you and how you are getting on in school.
- the Study Researcher will arrange with your parents to call to your home at a time which suits you and your family. He or she will fill in a form with you. This form will ask you lots of questions about yourself. Things like: 'what you think of your school and your teacher'; 'what you think of the place where you live'; 'what kind of food you eat'; 'do you help out around the house' and so on.
- your parents, or whoever looks after you at home, will also get a form to fill out. Their form will ask them questions about you and also about themselves.

Other things you should know.

If you do not want to be a part of the study anymore, even after you have filled out your form, that is your decision and it will be okay with us.

If there are any questions on your form that you do not like and do not want to answer, you do not have to. Instead you can just leave a blank space.

Four years time:

We would like to come back and talk to you and your family again when you are 13-years-old to make sure we know absolutely everything about growing up in Ireland.

This will help us to understand how much things have changed in your life over that time.

What do I do now?

When you have read this leaflet talk to your Mum or Dad about taking part. We have also given your parents a leaflet to tell them all about the study so you can decide together.

Enclosed with this information you will find two copies of a form marked 'Child's Consent Form'. We would like you to read and sign both forms. Return one to your school in the envelope with the form from your mum or dad and keep the other form yourself.

Thank You!

We would like to thank you for being part of this project. You are helping to make a better future for all children in Ireland.



Appendix E: Parent's Consent Form

PARENT'S / GUARDIAN'S CONSENT FORM

Name of Child: _____
(BLOCK CAPITALS PLEASE)

Child's Date of Birth: _____

School Attended: _____
(BLOCK CAPITALS PLEASE)

Child's Class: _____

- 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 National School system.
- 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), his or her teacher and school Principal and 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 teacher, my child 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 13 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 appropriate:

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: _____
(BLOCK CAPITALS PLEASE)

Date: _____ Contact telephone: _____

Appendix F: Child's Assent Form

CHILD'S CONSENT FORM

My name is: _____
(CAPITAL LETTERS PLEASE)

My date of birth is: _____
(CAPITAL LETTERS PLEASE)

I go to school at: _____
(CAPITAL LETTERS PLEASE)

My teacher's name is: _____
(CAPITAL LETTERS PLEASE)

My class is: _____
(CAPITAL LETTERS PLEASE)

- I would like to take part in the **Growing Up in Ireland** study. I have been given and have read the information leaflet and have talked to my parents about taking part.
- I will be asked to fill out a form with questions about me, my pastimes, my family, my school and the place where I live.
- I will take part in a test in school in reading and maths but I understand that I do not have to learn anything for this test.
- My parents (or whoever looks after me) and my teacher will also be interviewed about themselves and me.
- I do not have to answer questions that I do not like.
- I can stop taking part in the study at any time.

Your signature: _____

Date: _____

Your parent's signature: _____

Date: _____

Appendix G: School Record Sheet



The Economic and Social Research Institute
Whitaker Square
Sir John Rogerson's Quay
Dublin 2
Ph: 01-863 2000 Fax 01-863 2001

University of Dublin
Trinity College
College Green
Dublin 2



Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

SCHOOL RECORD SHEET, Spring 2007

School ID

School Roll No.

Date _____ day _____ Mth

Int Name _____ Int. No.

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

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 project. 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.

Your school has been one of those randomly selected to participate in the study. **All information provided will be treated in the strictest confidence. No-one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.**

An information sheet outlining in more detail the objectives of the study accompanies this form

On the middle pages of this form we would like you to record the details of all pupils in your school WHOSE DATE OF BIRTH IS BETWEEN 1st NOVEMBER 1997 AND 31st OCTOBER 1998.

Please include one child per line. The form provides up to 65 lines – i.e. 65 children in the age bracket.

In the table below we would like you to list all the teachers who teach the children in question from 1 to 8 as relevant to your school. The Teacher ID on the Teacher Questionnaire is the ID number referred to in the table below. Please also tick in column (C) to indicate whether or not any of the teachers in question is the Principal of the school.

(A) TEACHER ID WITHIN THE SCHOOL	(B) TEACHER NAME	(C) School Principal?	
		Yes	No
1		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Estimated number of pupils in age bracket in the school _____

If you have more than 40 pupils listed on the two pages above we would like you to randomly select only 40 of them for our sample. Please use the table below to decide which ones to exclude from the sample.

Read down the appropriate column to identify which students to exclude from the sample.

For example, if you have 49 pupils listed in the table above use the table below to identify which 9 students to exclude from the sample by reading down the column headed '49' and exclude pupil numbers 16, 17, 22, 30, 37, 40, 42, 48 and 49.

Pupil Numbers to EXCLUDE from the sample of children born <u>1st NOV. 1997 TO 31st OCT. 1998.</u>																								
<i>Total number of children listed on the two pages above</i>																								
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
13	4	14	2	11	5	7	16	16	4	2	5	2	1	3	4	4	3	2	14	1	3	1	1	5
	20	25	17	12	6	15	24	17	6	8	8	4	3	6	8	5	4	11	15	2	14	5	2	7
		26	20	15	12	16	28	22	18	15	13	5	5	7	9	6	8	12	16	3	16	6	3	9
			41	32	27	28	33	30	20	21	21	6	9	8	10	7	9	14	18	8	17	7	4	12
				33	29	29	34	37	24	27	22	17	10	9	12	8	10	15	20	9	18	8	5	13
					32	34	38	40	28	35	28	26	11	15	14	9	11	18	21	24	23	10	6	14
						42	39	42	35	37	31	29	14	17	15	11	13	21	26	25	25	11	8	15
							42	48	37	39	32	35	15	24	19	12	14	28	27	26	26	12	10	16
								49	39	41	35	36	16	25	25	24	23	30	28	30	27	15	11	18
									44	48	49	40	19	28	39	27	25	41	30	32	28	18	14	20
										49	50	44	38	36	40	34	33	43	33	34	30	19	15	23
											52	47	45	45	41	35	37	44	40	35	31	21	17	24
												48	47	51	44	40	39	52	41	36	41	22	23	26
													50	52	46	41	41	53	42	38	45	24	24	28
														53	54	53	46	54	43	40	49	33	29	29
															56	54	47	55	45	45	50	34	39	35
																57	48	56	47	46	51	40	41	38
																	57	57	50	47	56	52	47	41
																		59	54	50	57	55	51	44
																			55	57	58	58	53	51
																				60	61	60	55	52
																					62	62	58	54
																						63	61	57
																							63	58
																								64

Appendix H: Principal's Questionnaire



Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PRINCIPAL'S QUESTIONNAIRE

School ID

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 School Roll No.

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Date _____ day _____ mth Int Name _____ Int. No.

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Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

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.

Your school is one of those randomly selected to participate in the study. **All information provided will be treated in the strictest confidence.**

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

1. Are you male or female? Male ₁ Female ₂
2. To which age group do you belong?
20 - 29 yrs..... ₁ 30 - 39 yrs.. ₂ 40 - 49 yrs.. ₃ 50 - 59 yrs.. ₄ 60 yrs or older.. ₅
3. For how many years have you been Principal:
(a) in this school? _____ years (b) in other Primary Schools? _____ years
4. How many boys and how many girls are enrolled in the school?
Boys _____ Girls _____ Total Pupils _____
5. In addition to your duties as Principal, do you have a teaching class assigned to you?
Yes..... ₁ No..... ₂
6. How many *full-time* and *part-time* teachers work in this school? Please indicate how many are male and how many are female.

Teachers	Full-time	Part-time
Male		
Female		
Total		

7. Excluding yourself, how many *full-time* and *part-time* administrative staff work in your school?
Full-time admin. staff _____ Part-time admin. staff _____
[If none, please write none. Do not leave blank]
8. Approximately how many staff does your school currently have in the following capacities? Please indicate the number employed on a full-time and part-time basis.

	Full-time	Part-time
Learning support / resource teachers		
Language support teachers		
Special needs assistants		
Other teaching assistants		

9. How many rooms (including prefabs etc.) are used as classrooms in the school? _____ classrooms

10. Of these, how many portable classrooms (prefabs) are there in the school? _____ portable classrooms

11. How many classes (across all year-groups) are there in the school? _____ classes

12. Approximately how many pupils is the school designed for? _____ children

13. In which year was the school built? Year _____

14. Compared to other Primary Schools in the country how adequate to the needs of the school and the pupils are the school's resources in each of the following areas?

	Poor	Fair	Good	Excellent
a. Number of teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Number of classrooms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Books and worksheets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Computing facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Arts and crafts facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Sports facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Music facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Playground	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Mathematics resources / facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Library / media centre	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Staff room	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Toilet facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. Learning support provision	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. After-school facilities (e.g. homework clubs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
o. Administrative support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
p. Condition of the school building, classrooms etc.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
q. Facilities for children with disabilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

15. Does the school provide

a) a 'breakfast club' Yes, every day ... ₁ Yes, some days ₂ No..... ₃

b) free school meals at lunchtime Yes, every day ... ₁ Yes, some days ₂ No..... ₃

16. Approximately how many computers in total does the school have? _____ computers

17. Of these, how many can be used by the pupils, i.e excluding those used solely by administrative or teaching staff:

_____ used by the pupils

18. Does the school have a dedicated computer room for pupils? Yes..... ₁ No..... ₂

19. In your opinion, how important is each of the following to the ethos of the school?

	Very important	Fairly important	Not important	Not sure
a. Sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Religion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Music	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Drama	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Involvement with the community	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Involvement with parents / guardians	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Social justice / concern for disadvantaged ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Environmental awareness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Irish language and culture	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

20. Are the school buildings and other facilities (playing fields etc. if relevant) open to the local community (a) in the evenings during the week; (b) at weekends; or (c) out of term time?

a) in the evenings during the week Yes ₁ No..... ₂

b) at weekends Yes..... ₁ No..... ₂

c) out of term time Yes..... ₁ No..... ₂

21. Approximately how many of each of the following groups of pupils do you have in your school?

If none, please write 'NONE' – do not leave blank. – the same child can be recorded more than once.

- Foreign-national pupils(Number) _____
- Pupils of families from the Travelling Community(Number) _____
- Pupils with language difficulties (where native language is other than English / Irish)(Number) _____
- Pupils with physical / sensory disabilities(Number) _____
- Pupils with learning / intellectual disabilities.....(Number) _____

22. Approximately, what is the Average Daily Attendance for your school this year (2006 / 2007)?

_____ % Average Daily Attendance OR _____ Average number attending daily

23. What percentage of pupils missed 20 days or more in the 2005 / 2006 academic year (as per the NEWB figures)

_____ %

24. Approximately what percentage of the pupils in your school would you say come from the immediate area, that is, live within about 20 minutes walking distance of the school?

_____ %

25. Please indicate which of the following get involved in supporting children with emotional / behavioural problems in your school. [Please tick all that apply]

- Principal..... ₁
- Classroom Teacher..... ₂
- Learning support / resource teacher..... ₃
- Other staff member..... ₄
- External assistance [please specify] _____ . ₅

26. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely impact on their educational development? Please tick one box on each line to indicate approximate percentage.

Approximate percentage of children with each problem

None less than 10% 10-25% 26-40% More than 40%

- a) Literacy Problems ₁ ₂ ₃ ₄ ₅
- b) Numeracy Problems ₁ ₂ ₃ ₄ ₅
- c) Emotional / Behavioural problems ₁ ₂ ₃ ₄ ₅

27. Does the school have a Home-School Community Liaison Co-ordinator? Yes..... ₁ No..... ₂

28. Over the past five years, has the number of pupils coming to this school....

Increased..... ₁ Decreased ₂ Remained fairly stable ₃

29. Are all of the pupils who apply to this school generally accepted? Yes... ₁ → Go to Q.31 No.. ₂ Go to Q.30

30. What criteria are used to admit pupils [Please tick all that apply]?

- | | | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|
| Proximity to the school | Other siblings in the school | Parents attended the school | Performance on tests | Date of application | Religion | Other (Please specify below) |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ | _____ <input type="checkbox"/> ₇ |

31. Are there any other local schools to which pupils in your school might go? Yes..... ₁ No..... ₂

32. In general, do more pupils apply to come to this school than there are places available?

Yes..... ₁ No ₂

33. If there is more than 1 class in any year-group, on what basis are pupils in the school allocated to classes?

- Randomly / alphabetically..... ₁ Performance on tests ₃
- Only 1 class per year-group ₂ Other [please specify _____] .. ₄

34. Does the school hold formal parent-teacher meetings at least once per year? Yes..... ₁ No ₂

35. Approximately what percentage of parents attend parent-teacher meetings? _____ per cent

36. How important is each of the following in the school as a **curricular** activity?

	Very important	Fairly important	Not important	Not sure
a. Physical Education / Sport.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Music.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Speech and Drama.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Environmental Awareness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Awareness of Social Justice.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Scientific education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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37. And how important is each of the following in the school as an **extra-curricular** activity?

	Very important	Fairly important	Not important	Not sure
a. Physical Education / Sport.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Music.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Speech and Drama.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Environmental Awareness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Awareness of Social Justice.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Scientific education.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

38. To what extent are the following forms of discipline used in your school:

	Often	Occasionally	Rarely	Never
a. Suspension.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Expulsion / permanent exclusion.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Extra classwork.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Extra homework.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Writing of 'lines'.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Detention.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Exclusion from sports or other popular activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Verbal (phone or otherwise) report to parents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Written report to parents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Cancellation of popular lesson e.g. art.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Warning card system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Other (specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

39. Does the school have a written discipline policy? Yes... 1 No..... 2 Go to Q.41

40. To what extent were the following involved in developing this policy?

	To a great extent	To some extent	Not at all
a. Teachers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Parents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Pupils.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Board of Management.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

41. To what extent is bullying a problem in your school?

A major problem..... 1 A minor problem..... 1 No problem at all..... 3

42. Does your school have an explicit anti-bullying strategy? Yes... 1 No..... 2

43. Does your school have a written policy on bullying? Yes..... 1 No..... 2

44. Please indicate the extent to which you believe each of the following to be true of teachers in your school.

	True of nearly all	True for more than half	True for less than half	True of only a few
a. Teachers are positive about the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Teachers get a lot of help and support from colleagues	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Teachers are open to new developments and challenges	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Teachers are eager to take part in in-service training	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

45. Compared with other Primary Schools of your size would you say that the scale of day-to-day problems in running the school are? [Please tick one box only]

Much greater than in other schools	Slightly greater than in other schools	About the same as in other schools	Slightly less than in other schools	Much less than in other schools
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

46. What makes you say that? [Please describe as fully as possible]

47. Compared with other Primary Schools of your size would you say that, in general, the environment in your school is happier, as happy or less happy for pupils as in other Primary Schools

Happier 1 As happy 2 Less happy 3

48. In general terms (a) how *stressed* do you feel by your job and (b) how *satisfied* do you feel with your job?

	Very	Fairly	Not Very	Not At All
a. How stressed do you feel by your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. How satisfied do you feel with your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Thank you very much for having completed this part of *Growing Up in Ireland*

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Appendix I: Teacher-on-Self Questionnaire



Growing Up in Ireland – the national longitudinal study STRICTLY CONFIDENTIAL

TEACHER-ON-SELF QUESTIONNAIRE

School ID

School Roll No.

Teacher ID within School

Date: _____ day _____ mth

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

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All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

1. Are you male or female? Male₁ Female₂
 2. To which age group do you belong?
 20 - 29 yrs..... ₁ 30 - 39 yrs.. ₂ 40 - 49 yrs.. ₃ 50 - 59 yrs..₄ 60 yrs or older.. ₅
 3. How many years have you been teaching at primary school level? _____ years
 4. How long have you been teaching in this school? _____ years
 5. Which of the following qualifications do you hold? [Please tick all that apply]
- A primary school teaching diploma or certificate, or other primary school qualification.....₁
 - A primary degree in education (B.Ed)₂
 - A primary degree in another subject.....₃
 - A postgraduate diploma in education₄
 - A qualification in learning support, special education or resource teaching.....₅
 - A higher degree in education (PhD, Masters etc.)₆
 - A higher degree in another subject (PhD, Masters etc.)₇
 - No qualification₈
 - Other [please specify] _____₉

6. Within your regular classroom, how many children are there in each year group? If you do not teach a particular year group, write 'none' in the total row.

Class	Junior Infants	Senior Infants	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class
	Number of pupils							
Boys								
Girls								
Total								

OR I teach a particular subject(s) and do not have a regular classroom₅₅

7a. Did you do any professional training, including in-service training, in the last 12 months?

Yes..... ₁ No ₂

7b. How many days training did you do? _____ days

8. In your opinion, how many children in your classroom (including the Study Child if relevant) have any of the following long-term problems? (Some children may belong to more than one category)

- a. A limited knowledge of the main language of instruction _____ children
- b. An emotional or behavioural problem _____ children
- c. A learning / intellectual disability _____ children
- d. A physical / sensory disability _____ children

9. In a typical week, would you have any Special Needs Assistants working with you in the Study Child’s classroom?

Yes..... ₁ No ₂

10. For approximately how many hours per week? _____ hours per week

11. Approximately how many hours per week does the Study Child’s class spend on each of the following subjects, within normal school hours? Your best estimate is fine. If the class does not receive instruction in a subject, please write ‘none’.

Subject	No. of hours per week	Subject	No. of hours per week
English	hrs/wk	Social Personal Health Education (SPHE)	hrs/wk
Gaeilge	hrs/wk	Physical Education	hrs/wk
Maths	hrs/wk	Drama	hrs/wk
History	hrs/wk	Visual Arts	hrs/wk
Geography	hrs/wk	Other 1 (specify)	hrs/wk
Science	hrs/wk	Other 2 (specify)	hrs/wk
Religion	hrs/wk	Other 3 (specify)	hrs/wk
Music	hrs/wk	Other 4 (specify)	hrs/wk

12. Below we have a number of statements about teaching. Please indicate how frequently the following things happen in the Study Child’s class

	Never or almost never	Some days	Most days	Every day
Pupils copy notes from the board in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils work in pairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils work individually in class using their textbook or worksheets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homework is checked in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homework is taken up for correction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils work in groups in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You ask pupils questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils ask you questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils ask each other questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You read aloud to pupils	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils suggest subjects or topics to be covered in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils are encouraged to find things out for themselves	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You use video / DVD or audiotapes / CDs in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You use play to facilitate pupil learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils use computer facilities in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You provide differentiated activities, as appropriate, to pupils	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils get the opportunity to engage in hands-on activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The pupil’s experience and their environment is the starting point for learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You teach pupils as a whole class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

13a. How often do the children in the Study Child's class use a computer(s) in the school?

Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

13b. Do the children in the Study Child's class have use of a computer in their classroom?

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

14. Do the children in the Study Child's class use a computer to access the Internet?

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

15. On average, how many nights per week do you set homework for the children in the Study Child's class?
_____ nights

16. On a typical evening during the week, how much time do you expect children in the Study Child's class to spend on homework?

None1 31-60mins.....4
 15 mins or less.....2 1 – 1hr 30mins.....5
 16-30 mins.....3 More than 1hr 30 min.....6

17a. How often would you assess your pupil's progress using:

	Weekly	Twice a month	Monthly	Every term	Never/Almost Never
Teacher observations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Teacher-designed tasks and tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Work samples, portfolios or projects	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Teacher's questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

17b. Do you use the results of this assessment in the planning of your teaching?

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

18. How much control do you feel you have in your school over the following areas:

	No control	Slight control	Some control	Moderate control	A great deal of control
a. selecting subjects to be taught	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. deciding about the content of subjects to be taught.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. deciding about teaching techniques ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. choosing textbooks and other learning materials	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. disciplining children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. selecting the year group you teach.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

19. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

Pupils, in general:	Nearly all	More than half	Less than half	Only a few
a. Enjoy being at school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Are well-behaved in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Show respect for their teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Are rewarding to work with	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Are well behaved in the playground/school yard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20. In general, what proportion of parents attend

- a) parent teacher meetings and
- b) other meetings organised by the school?

	Nearly All	More than half	Less than half	Only a few	Not Applicable
a. Parent-teacher meetings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Other meetings organised by the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

21. What proportion of parents would approach you informally to discuss their child's progress?

Nearly All	More than half	Less than half	Only a few
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

22. Compared with other Primary Schools of your size would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers as in other Primary Schools?

	Happier		As happy		Less happy
a. Pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

23. In general terms (a) how stressed do you feel by your job and (b) how satisfied do you feel with your job?

	Very		Fairly		Not Very		Not At All
a. How stressed do you feel by your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. How satisfied do you feel with your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Thank you very much for having completed this part of *Growing Up In Ireland*

We would now like you to complete a questionnaire (one of the green ones) in respect of each Study Child who has been selected from your class(es) for inclusion in the project

Appendix J: Teacher-on-Pupil Questionnaire



Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

TEACHER-ON-PUPIL QUESTIONNAIRE

School ID

School Roll No.

Study Child's ID within School

Roll Number of Study Child _____

Teacher's ID within School

Date: _____ day _____ mth

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

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.

All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

1. Study Child's date of birth _____ day _____ mth _____ year
2. Study Child's gender Male..... ₁ Female ₂
3. What class (school year) is the study child in? _____ class
4. For how many school years (including the 2006/2007 school year) have you taught the Study Child? [If only for the current school year please record as 1 year] _____ year(s)
5. About how many days of school has the Study Child missed since the beginning of the current school year? _____ days
6. What was the single most important reason for the Study Child being absent from school? [Tick 1 box only].

a. Health reasons (illness or injuries)..... <input type="checkbox"/> ₁	f. A fear of school (school phobia)..... <input type="checkbox"/> ₆
b. Family holidays..... <input type="checkbox"/> ₂	g. Other [please specify] _____ <input type="checkbox"/> ₇
c. Other family reasons..... <input type="checkbox"/> ₃	h. Don't know the reason <input type="checkbox"/> ₈
d. Truancy..... <input type="checkbox"/> ₄	i. N.A, Study Child not absent in current year <input type="checkbox"/> ₉
e. Bullying..... <input type="checkbox"/> ₅	

7. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

	Never	Rarely	Sometimes	Often	Always
a. inadequately dressed for the weather conditions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. too tired to participate as he / she should in class?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. without a lunch / snack?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. hungry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. with a general lack of cleanliness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. late?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. How often does the Study Child arrive at school with homework not completed?

Never, - homework always or almost always completed 1

Occasionally not completed 2

Regularly not completed..... 3

Not applicable, Study Child never / rarely gets homework 4

9. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

	True	Not True	Somewhat True	Certainly True
a. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Often fights with other children or bullies them	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Often unhappy, down-hearted or tearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u. Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
w. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
x. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

10. How would you rate the Study Child's academic performance in the following areas relative to children in his / her age group. [Please tick one box on each line]

	Below average	Average	Above Average
a. Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Writing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Comprehension	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Imagination / Creativity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Oral communications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Problem solving	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

11. Does the Study Child's parent(s) / guardian(s) attend parent / teacher meetings? Yes....₁ No.....₂

12. Do any of the following limit the kind or amount of activity the Study Child can do at school? [Please tick 'Yes' or 'No' for each]

Yes	No
a. Physical disability or visual or hearing impairment.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
b. Speech impairment.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
c. Learning disability	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
d. Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
e. Home environment / problems at home	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
f. Have a limited knowledge of the main language of instruction	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
g. Discipline problems.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
h. Poor attendance	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
i. Other (please specify).....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂

13. If 'yes' to any of the questions at Q.12 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

Yes.....₁ No₂ Don't know₃

14. If yes, what extra services has the Study Child received that are specifically provided through school to support his / her learning? [Please tick all that apply]

- | | |
|--|---|
| Speech therapy..... <input type="checkbox"/> ₁ | Behavioural management programmes <input type="checkbox"/> ₃ |
| Psychological assessment <input type="checkbox"/> ₂ | Learning support / resource teaching..... <input type="checkbox"/> ₄ |
| Other [please specify]..... <input type="checkbox"/> ₅ | |

Appendix K: Mother / Lone Father Questionnaire



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Date _____ day _____ mth _____ year

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study. We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself. The whole interview with the parents / guardians and child will take about 1 hour and 40 minutes or so to complete. [Interviewer adjust as appropriate for you in the field.]

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

A1. Are you the legal parent / guardian of the Study Child who usually provides the most care to him / her.

Yes ₁ No ₂

A1a. Are you in a position to answer in respect of the Study Child

Yes ₁ No ₂ → Int. Terminate interview, reschedule

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

A3. [Show Card A3] Looking at Card A3 which of the following best describes your relationship to the Study Child? [Interviewer codes only if other persons are present at the time of interview]

- A. Biological mother / father ₁
- B. Adoptive mother / father ₂
- C. Step-mother / step-father / partner of child's parent ₃
- D. Foster mother / father ₄
- E. Grand parent ₅
- F. Aunt/uncle ₆
- G. Other relative / in law ₇
- H. Unrelated guardian..... ₈

Household Composition

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 Study Child?
- e) tick one box to best describe their current economic status

No.	First name/Initial	(A) Sex		(B) Date of Birth	(C) If DOB not available	(D) Relationship of each member TO mother/lone father and child. Use Relationship Codes from Card A5D			(E) Card A5E						
		M	F	dd mm yr	Age last birthday	Person No.	A5D1 R'SHIP TO: Mother/lone father	A5D2 R'SHIP TO: Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	INT: Put respondent (mother / lone father) on line 1 and Study Child on line 2	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	1	////		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
2		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	2		////	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
3		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	3			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
4		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	4			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
5		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	5			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
6		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	6			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
7		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	7			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
8		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	8			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
9		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	_____	_____ yrs	9			<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

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

X1a. Was <Study Child> a single birth, twin, triplet etc. Single child ₁ Twin ₂ Triplet ₃

Int: Check Household register at A5 above. If twin or triplet lives in the household administer the twin questionnaire.

X1b. Does the twin or triplet live in the household? Yes ₁ No ₂

X1c. Does <Study Child> go to the same school as twin? Yes ₁ No ₂

X1d. If not, name and address of school this child attends:

X1e. Could I ask about the study child's twin. Is he or she: Deceased ₁ Lives elsewhere..... ₂

Now I would like to ask you a few questions regarding the Study Child's health.

B. CHILD'S HEALTH

B1. How much did the Study Child weigh at birth? _____ Pounds _____ Ounces OR _____ Kilos _____ Grams Don't know 99

B2. [Show Card B2] Looking at Card B2, was the Study Child born late, on time or early?

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

B3. [Show Card B3] Looking at Card B3, what was the mode of delivery? [Int. Use codes only]

A. Normal birth.....1 D. Elective Caesarean4
B. Suction assisted birth2 E. Emergency Caesarean.....5
C. Forceps assisted birth3 F. Other [please specify].....6 Don't Know.....7

B4a. Did the Study Child have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes.....1 No.....2 Don't know3

B4b. [Show Card B4b] Looking at Card B4b, how old was Study Child when he/she came home from hospital (or special care)?

Less than 1 week1 3-6 months5
1-4 weeks.....2 7-12 months.....6
5-8 weeks.....3 More than 12 months7
9-12 weeks.....4 Don't Know8

B5. [Int. If respondent is biological mother] Did you smoke during your pregnancy with the Study Child?

Never1 Occasionally2 Daily3

B6. About how many did you smoke per day?

1-5 /day1 6-10 /day2 11-25/day3 26 or more/day4

B7. [Int. If respondent is biological mother] Did you consume alcohol during your pregnancy with the Study Child?

Never1 Occasionally2 Weekly3 Daily.....4

B8. Was the Study Child ever breastfed, even if only for a short time?

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

B9. For how many months or weeks was the Study Child breastfed?

_____ months _____ weeks Don't Know / Can't Remember..... 99

B10. [Show Card B10] Looking at Card B10, In general, how would you describe the Study Child's health in the past year?

Very healthy, no problems1
Healthy, but a few minor problems2
Sometimes quite ill.....3
Almost always unwell.....4

B11. Does the Study Child have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B12. 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]

B13. Since when has the Study Child had this problem, illness or disability? _____(mth) _____(year)

B14. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?

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

B15. *In addition* to what we have just discussed has the Study Child ever at any time in the past had any chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B16. What was the nature of this problem, illness or disability? Please describe as fully as possible.
 [Int please record diagnosis, not symptoms of the problem]

B17. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes No ₂

B18. How many separate accidents has the Study Child ever had that required hospital treatment or admission? _____ accidents

B19. How many of these accidents involved bone fractures or breaks? _____

C. CHILD'S USE OF HEALTH SERVICES

Now I'd like to ask you some questions about the Study Child's use of health services, visits to the doctor, dentist and so on.

C1. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth)

[Int. if none, write none do not leave blank] _____ nights

C2. In the last 12 months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? _____ visits

[Int. if 'none' write 'none' do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the Study Child's physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
A general practitioner (GP)	_____ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄
Another medical doctor e.g. in a hospital	_____ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄
Other professional, psychologist, psychiatrist, counsellor etc.	_____ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄

C4. Was there any time in the last 12 months when, in your opinion, the Study Child needed medical care or treatment for a health problem but he/she did not receive it?

Yes ₁ No ₂ Don't know ₃ Refused ₄

C5. Why did the Study Child not get the medical care or treatment? Was this because

[int: please tick yes or no in respect of each]:

Yes	No
a) You couldn't afford to pay	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
b) The necessary medical care wasn't available or accessible to you	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
c) You could not take time off work to visit the doctor	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
d) You wanted to wait and see if the problem got better	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
e) Study child refused / fear of doctor	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
f) Study child is still on the waiting list	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
g) Other (specify)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂

C6. Was there any time in the last 12 months when, in your opinion, the Study Child needed a dental examination or treatment but he /she did not receive it?

Yes ₁ No ₂ Don't know ₃ Refused ₄

C7. Why did the Study Child not get the dental examination or treatment? Was this because

[Int: Please tick yes or no in respect of each]

Yes	No
a) You couldn't afford to pay	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
b) The necessary dental care wasn't available or accessible to you.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
c) You could not take time off work to visit the dentist.....	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
d) You wanted to wait and see if the problem got better	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
e) Study child refused / fear of dentist	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
f) Study child still on the waiting list	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
g) Other (specify)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂

C8. Does the Study Child brush his/her teeth at least once per day? Yes ₁ No ₂

C9. Which of the following best describes how regularly the Study Child visits the dentist?

At least once a year	<input type="checkbox"/> ₁	Only when there is a problem.....	<input type="checkbox"/> ₄
Once every two years	<input type="checkbox"/> ₂	Never/Almost never	<input type="checkbox"/> ₅
Once every three years	<input type="checkbox"/> ₃		

C10. Does the Study Child currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently ₁ Yes, in the past..... ₂ No ₃

C11. [Show Card C11] Looking at Card C11, has the Study Child ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

A. Laser treatment	<input type="checkbox"/> ₁	D. Glasses.....	<input type="checkbox"/> ₄
B. Surgical operation	<input type="checkbox"/> ₂	E. Other, please specify	<input type="checkbox"/> ₅
C. Patch	<input type="checkbox"/> ₃	F. No treatment	<input type="checkbox"/> ₆

C12. Does the Study Child currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently ₁ Yes, in the past ₂ No ₃

C13 [Show Card C13] Looking at Card C13, has the Study Child ever been given any treatment for the problem? If so, what?

[Int. Tick all that apply]

A. Hearing aid	<input type="checkbox"/> ₁	D. Other, please specify	<input type="checkbox"/> ₄
B. Grommets.....	<input type="checkbox"/> ₂	E. No treatment.....	<input type="checkbox"/> ₅
C. Cochlear implant	<input type="checkbox"/> ₃		

C14. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No ₁ Yes, a little ₂ Yes, a lot ₃ Don't know ₄

C15. [Show Card C15] Looking at Card C15, in which areas does child have difficulties? What speech problems does the Study Child have? [Int: Tick all that apply. If child present use codes only]

- | | | | |
|---|---------------------------------------|-------------------------------|--|
| A. Reluctant to speak..... | <input type="checkbox"/> ₁ | F. Voice sounds unusual | <input type="checkbox"/> ₆ |
| B. Speech not clear to the family | <input type="checkbox"/> ₂ | G. Stutters, stammers | <input type="checkbox"/> ₇ |
| C. Speech not clear to others | <input type="checkbox"/> ₃ | H. Lisps | <input type="checkbox"/> ₈ |
| D. Difficulty finding words | <input type="checkbox"/> ₄ | I. Other | <input type="checkbox"/> ₉ |
| E. Difficulty putting words together..... | <input type="checkbox"/> ₅ | J. Don't know | <input type="checkbox"/> ₉₉ |

C16. Does the Study Child usually require ongoing support to be able to move around?

Yes..... ₁ No ₂

C17. What supports does the Study Child require? [Int. Tick yes or no for each]

- | | Yes | No |
|-------------------------|---------------------------------------|---------------------------------------|
| A. Braces..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| B. Crutches..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| C. A stick..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| D. Wheelchair | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| E. Other (specify)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

C18. Does the Study Child need the help of another person to get around in the wheelchair?

Yes..... ₁ No ₂

C19. Is Study Child right or left-handed?

Right handed..... ₁ Left handed ₂

D. CHILD'S DIET AND EXERCISE

D1. [Show Card D1] Looking at Card D1, in the last 24 hours has the Study Child had the following foods and drinks once, more than once, or not at all?

- | | Once | More than
Once | Not
At All | Don't
know |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. Fresh fruit | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| B. Fruit juice | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| C. Meat / Chicken / Fish | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| D. Eggs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| E. Cooked vegetables..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| F. Raw vegetables or salad | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| G. Meat pie, hamburger, hot dog, sausage or sausage roll | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| H. Hot chips or French fries | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| I. Crisps or savoury snacks..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| J. Bread | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| K. Potatoes/ Pasta/ Rice | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| L. Cereals | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| M. Biscuits, doughnuts, cake, pie or chocolate | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| N. Cheese/yoghurt/ fromage frais..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| O. Low fat Cheese/ low fat yoghurt..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| P. Water (tap water / still water/ sparkling water) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| Q. Soft drinks / minerals / cordial / squash (not diet)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| R. Soft drinks / minerals / cordial / squash (diet)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| S. Full cream milk or full cream milk products | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| T. Skimmed milk or skimmed milk products | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

D2. [Show Card D2] Looking at Card D2, If codes S or T are 1 or 2 ask:

Approximately, how much milk did the Study Child drink in the last 24 hours? [Int: This refers to the total amount of all milk full cream and skimmed that was drunk.

- Up to ½ pint (Approx ¼ litre)..... ₁
 ½ to 1 pint (Approx ¼ - ½ litre) ₂
 1- ½ pints (Approx ½ - 1litre) ₃
 More than 1 ½ pint (More than 1 litre) ₄

D3. Does the Study Child usually have something to eat before going to school? Yes..... 1 No 2

D4. [Show Card D4] Looking at Card D4, which of the following does he/she usually eat? [Int. Tick all that apply]

- | | | | |
|-----------------------|----------------------------|--------------------------|----------------------------|
| A. Cereal..... | <input type="checkbox"/> 1 | E. Cooked breakfast..... | <input type="checkbox"/> 5 |
| B. Toast / Bread..... | <input type="checkbox"/> 2 | F. Yoghurt / Cheese..... | <input type="checkbox"/> 6 |
| C. Fruit..... | <input type="checkbox"/> 3 | G. Eggs..... | <input type="checkbox"/> 7 |
| D. Porridge..... | <input type="checkbox"/> 4 | H. Other Specify..... | <input type="checkbox"/> 8 |

D5. Does the Study Child usually have a meal in the evening during the week?

Yes..... 1 No 2

D6. [Show Card D6] Looking at Card D6, who would usually eat with the Study Child at that meal [Int. Tick all that apply]

- | | | | |
|---|----------------------------|---|----------------------------|
| A. Father..... | <input type="checkbox"/> 1 | E. Other unrelated adults (childminder, nanny etc)..... | <input type="checkbox"/> 5 |
| B. Mother..... | <input type="checkbox"/> 2 | F. Friend(s)..... | <input type="checkbox"/> 6 |
| C. Brothers / Sisters/ other children in the household..... | <input type="checkbox"/> 3 | G. Someone else (specify)..... | <input type="checkbox"/> 7 |
| D. Other relatives..... | <input type="checkbox"/> 4 | H. No one / child eats alone..... | <input type="checkbox"/> 8 |

D7. Does the Study Child usually sit at a table for this meal? Yes 1 No..... 2

D8. [Show Card D8] Looking at Card D8, is the Study Child on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

- | | | | |
|----------------------|----------------------------|-------------------|--|
| No..... | <input type="checkbox"/> 1 | Yes, coeliac..... | <input type="checkbox"/> 4 |
| Yes, vegetarian..... | <input type="checkbox"/> 2 | Yes, other..... | <input type="checkbox"/> 5 Specify _____ |
| Yes, vegan..... | <input type="checkbox"/> 3 | | |

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

D9. [Show Card D9] Looking at Card D9, do you think the Study Child is: [Int: Use codes only if child is present at time of interview]

- Very underweight..... 1
- Moderately underweight..... 2
- Slightly underweight..... 3
- About the right weight..... 4
- Slightly overweight..... 5
- Moderately overweight..... 6
- Very overweight..... 7
- Don't know..... 8

D10. [Show Card D10] Looking at Card D10, how many times in the past 14 days has the Study Child done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

- none..... 1
- 1 to 2 days..... 2
- 3 to 5 days..... 3
- 6 to 8 days..... 4
- 9 or more days..... 5

D11. [Show Card D11] Looking at Card D11, how many times in the past 14 days has the Study Child done at least 20 minutes of light exercise that was not hard enough to make him / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

- none..... 1
- 1 to 2 days..... 2
- 3 to 5 days..... 3
- 6 to 8 days..... 4
- 9 or more days..... 5

D12. [Show Card D12] How far away is the school from the Study Child's home (one-way distance)?

- Less than 1/2 mile (1km)..... 1
- 1/2 to 1 mile (1-2km)..... 2
- 1-5 miles (2-8km)..... 3
- More than 5 miles away (8km)..... 4
- Attends boarding school..... 5

D13. How does the Study Child usually (a) go to school and (b) come home from school?

[Int tick one box in Col A and B]

	A. Going	B. Coming home
1. He/she walks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2. By public transport.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3. School bus/coach.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4. By car.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5. Rides a bicycle.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6. Other (please describe).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

D14. How long does it usually take the Study Child (a) to go to school (b) to come home from school?

[Int. tick one box on Col A and Col B]

	A. Going	B. Coming home
Less than 5 mins.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
5-less 10 mins.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
10-less 20 mins.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
20-less 30 mins.....	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
30 mins or more.....	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅

E. RESPONDENT'S HEALTH

Now I'd like to ask you some questions about your own health.

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

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

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

Yes.....₁ No.....₂

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

[Int. please record diagnosis – not symptoms of the problem.]

E4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

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

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

E6. 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 the Study Child?

In the past.....₁ Currently.....₂ No.....₃

E7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child?

Yes ₁..... No ₂

E8. What is the relationship of that person to the Study Child? [Tick all that apply]

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

E9. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card.....₁ Yes, doctor only card.....₂ Not covered.....₃

E10. Does the family have private medical insurance?

Yes, in full1

Yes, partially2

No3

Don't Know4

E11. Does that insurance include the cost of GP visits?

Yes, in full1

Yes, partially2

No3

Don't Know4

E12. Can I just check, are you currently pregnant?

Yes1

No2

E13. Approximately how many weeks? _____ weeks

Time Section Ended

--	--	--	--

(24 hour clock)

F. RESPONDENT'S LIFESTYLE

Now I'd like to ask you some questions about your lifestyle.

F1. Do you currently smoke daily, occasionally or not at all?

Daily1

Occasionally2

Not at all3

F2. Have you ever smoked? Was it:

Daily1

Occasionally ...2

Never3

F3. About how many cigarettes or cigars do/did you smoke on average each day?

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

F4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis.....1

Yes, on an occasional basis.....2

Never3

F5. [Show Card F5] Looking at Card F5, which of the following best describes how often you usually drink alcohol?

Never1

Less than once a month2

1-2 times a month3

1-2 times a week4

3-4 times a week5

5-6 times a week6

Every day7

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

F6. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

Pints of Beer _____

Glasses of Wine _____

Measures of Spirits _____

F7. [Show Card F7] Looking at Card F7, do you think that you are:

Very underweight1

Moderately underweight2

Slightly underweight3

About the right weight4

Slightly overweight5

Moderately overweight6

Very overweight.7

Don't know8

F8. How often do you try to lose weight through dieting?

Very often1

Often2

Sometimes3

Rarely4

Never5

F9. What is your height without shoes? _____ feet _____ inches **OR** Metres _____

F10. What is your weight without clothes and shoes? _____ stones _____ lbs **OR** _____ Kilograms

G. CHILD'S ACTIVITIES

Now I would like to ask you about some of the Study Child's day-to-day activities.

G1. [Show Card G1] Looking at Card G1, on a normal weekday during term time, how many hours does the Study Child spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

- | | |
|--|--|
| None <input type="checkbox"/> 1 | 3 hours to less than 5 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more..... <input type="checkbox"/> 6 |

G2. [Show Card G2] Looking at Card G2, on a normal weekday during term time, about how many hours does the Study Child spend reading for pleasure [NOT during school hours]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

- | | |
|---|--|
| None <input type="checkbox"/> 1 | 5 hours to less than 7 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 7 hours or more..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | Child can't read <input type="checkbox"/> 7 |
| 3 hours to less than 5 hours <input type="checkbox"/> 4 | |

G3. [Show Card G3] Looking at Card G3, on a normal weekday, during term-time, about how much time does the Study Child spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- | | |
|--|--|
| None <input type="checkbox"/> 1 | 3 hours to less than 5 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more..... <input type="checkbox"/> 6 |

G4. [Show Card G4] Looking at Card G4, on a normal weekday, during term-time, about how much time does the Study Child spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- | | |
|--|--|
| None <input type="checkbox"/> 1 | 3 hours to less than 5 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more..... <input type="checkbox"/> 6 |

G5. Does the Study Child have the following in his/her bedroom?

- | | Yes | No | | Yes | No |
|------------------------|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Television..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Computer or laptop | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Video/DVD player | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Games console (playstation etc...)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

G6. On an average week how much money would you say you give the Study Child to spend him/herself?
 € _____

H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Study Child's emotional well-being.

H1. [Show Card H1] Looking at Card H1, has the Study Child ever experienced any of the following:
 [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW)

- A. Death of a parent..... 1
- B. Death of close family member (please specify) 2 _____
- C. Death of close friend 3
- D. Divorce/separation of parents 4
- E. Moving house 5
- F. Moving country 6
- G. Stay in foster home/ residential care 7
- H. Serious illness/injury 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in the immediate family..... 10
- K. Mental disorder in immediate family..... 11
- L. Conflict between parents 12
- M. Parent in prison..... 13
- N. Other disturbing event (please specify) 14 _____
- O. None of the above..... 15

H2. [Show Card H2] Listed on Card H2, is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1,2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
	1	2	3
A. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Constantly fidgeting or squirming.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Often fights with other children or bullies them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Generally liked by other children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Often volunteers to help others (parents, teachers, other children).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Steals from home, school or elsewhere.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W. Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. Many fears, easily scared.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y. Sees tasks through to the end, good attention span.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H3. [Show Card H3] Looking at Card H3, thinking about the Study Child's temperament, how characteristic of the Study Child are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

	1. Not Characteristic	2. Occasionally characteristic	3. Somewhat characteristic	4. Characteristic	5. Very characteristic
A. Child tends to be shy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Child cries easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Child likes to be with people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Child is always on the go.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Child prefers playing with others rather than alone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Child tends to be somewhat emotional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. When child moves about, he/she usually moves slowly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Child makes friends easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Child is off and running as soon as he/she wakes up in the morning.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Child finds people more stimulating than anything else. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Child often fusses and cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Child is very sociable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Child is very energetic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Child takes a long time to warm up to strangers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Child gets upset easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Child is something of a loner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Child prefers quiet, inactive games to more active ones.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. When alone, child feels isolated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Child reacts intensely when upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Child is very friendly with strangers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. CHILD'S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when the Study Child was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naionra etc?

Yes ₁ No..... ₂

J2. [Show Card J2] Looking at Card J2, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

- | | | | |
|--|---------------------------------------|---|--|
| Child minded at home by me or resident partner | <input type="checkbox"/> ₁ | Paid childminder in his/her own home | <input type="checkbox"/> ₉ |
| Looking after him/herself or cared for by a sibling..... | <input type="checkbox"/> ₂ | Au Pair / Nanny | <input type="checkbox"/> ₁₀ |
| Child minded by non-resident partner..... | <input type="checkbox"/> ₃ | Paid after-school care in group setting | <input type="checkbox"/> ₁₁ |
| Unpaid relative (or family friend) in your own home | <input type="checkbox"/> ₄ | Homework club | <input type="checkbox"/> ₁₂ |
| Unpaid relative (or family friend) in his/her own home | <input type="checkbox"/> ₅ | After-school activity-based facility..... | <input type="checkbox"/> ₁₃ |
| Paid relative (or family friend) in your own home | <input type="checkbox"/> ₆ | Special needs facility | <input type="checkbox"/> ₁₄ |
| Paid relative (or family friend) in his/her own home..... | <input type="checkbox"/> ₇ | Activity Camps (sport recreation arts/crafts etc) | <input type="checkbox"/> ₁₅ |
| Paid childminder in your own home..... | <input type="checkbox"/> ₈ | Other (specify) _____ | <input type="checkbox"/> ₁₆ |

J3. Approximately how many hours per week does the Study Child spend in this main form of childcare

_____ hours per week₁

J4. Approximately how many days per week does the Study Child spend in this main form of childcare

_____ days per week₁

J5. [Int. Ask if NOT codes 1-5 at J2]: Approximately how much does this childcare for the Study Child typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ _____ per Week..... ₁ Fortnight..... ₂ Month..... ₄

J6. [Show Card J6] Looking at Card J6, during an average week does the Study Child participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

<u>Activity</u>	Participate in activity?		Pay for activity?	
	Yes	No	Yes	No
Sports/Fitness club (gym., GAA, soccer, hockey etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Cultural activities (dance, ballet, music, arts, drama etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Youth club.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Homework club.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the Study Child's teacher?

Yes..... ₁ No..... ₂

J8. [Show Card J8] Looking at Card J8, during the last school year, about how many days was Study Child absent from school for any reason?

0 days	<input type="checkbox"/> 1	11 to 20 days.....	<input type="checkbox"/> 5
1 - 3 days	<input type="checkbox"/> 2	More than 20 days.....	<input type="checkbox"/> 6
4 to 6 days	<input type="checkbox"/> 3	Not in school last year.....	<input type="checkbox"/> 7
7 to 10 days	<input type="checkbox"/> 4		

J9. [Show Card J9] Looking at Card J9, what was the main reason for Study Child being absent from school?

Health reasons (illness or injuries)	<input type="checkbox"/> 1	A problem with the teacher	<input type="checkbox"/> 6
Problems with transportation	<input type="checkbox"/> 2	A problem with children at school	<input type="checkbox"/> 7
Problems with the weather	<input type="checkbox"/> 3	Difficulties with childcare arrangements.....	<input type="checkbox"/> 8
A family vacation.....	<input type="checkbox"/> 4	Other (specify) _____	<input type="checkbox"/> 9
A fear of school (school phobia)	<input type="checkbox"/> 5		

J10. [Show Card J10] Looking at Card J10, how often is the Study Child given homework?

Never.....	<input type="checkbox"/> 1	→ Go to J13	Once a week.....	<input type="checkbox"/> 5
Less than once a month.....	<input type="checkbox"/> 2		A few times a week	<input type="checkbox"/> 6
Once a month.....	<input type="checkbox"/> 3		Daily.....	<input type="checkbox"/> 7
A few times a month	<input type="checkbox"/> 4		Don't Know	<input type="checkbox"/> 8

J11. [Show Card J11] Looking at Card J11, on days when the Study Child is given homework, how much time does he or she usually spend doing homework?

0 to 15 minutes	<input type="checkbox"/> 1	1.5 to less than 2 hours.....	<input type="checkbox"/> 5
16 to 30 minutes	<input type="checkbox"/> 2	2 to less than 3 hours.....	<input type="checkbox"/> 6
31 minutes to less than one hour.....	<input type="checkbox"/> 3	3 to less than 4 hours.....	<input type="checkbox"/> 7
1 to less than 1.5 hours	<input type="checkbox"/> 4	4 hours or more.....	<input type="checkbox"/> 8

J12. How often do you or your spouse/partner provide help with the Study Child's homework?

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Child rarely gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

J13. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child's schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

Poor	<input type="checkbox"/> 1	Above average	<input type="checkbox"/> 4
Below average	<input type="checkbox"/> 2	Excellent.....	<input type="checkbox"/> 5
Average.....	<input type="checkbox"/> 3		

J14. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child's schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age?

Poor	<input type="checkbox"/> 1	Above average.....	<input type="checkbox"/> 4
Below average	<input type="checkbox"/> 2	Excellent.....	<input type="checkbox"/> 5
Average.....	<input type="checkbox"/> 3		

J15. About how many days a week does the Study Child do things with friends outside of school hours?

Never .. 1 1 day a week 2 2-3 days a week .. 3 4-5 days a week .. 4 6-7 days a week .. 5

J16. About how many close friends does the Study Child have?

None 1 1 2 2 or 3 3 4 or 5 4 6 or more 5

J17. [Show Card J17] Looking at Card J17, taking everything into account, how far do you expect the Study Child will go in his/her education or training?

- Junior Certificate or equivalent 1
- Leaving Certificate or equivalent 2
- An apprenticeship or trade 3
- Diploma/Certificate 4
- Degree 5
- Postgraduate/higher degree 6
- Don't know 7

J18. To your knowledge, has the Study Child been a victim of bullying in the last year?

- Yes 1 No 2

J19. [Show Card J19] Looking at Card J19, what form did the bullying take? [Int. tick all that apply]

- | | |
|---|---|
| A. Physical bullying..... <input type="checkbox"/> 1 | D. Written messages/notes etc..... <input type="checkbox"/> 5 |
| B. Verbal bullying..... <input type="checkbox"/> 2 | E. Exclusion..... <input type="checkbox"/> 6 |
| C. Electronic [phone messaging, emails, Bebo etc]..... <input type="checkbox"/> 3 | F. Other (specify)..... <input type="checkbox"/> 7 |

J20. [Show Card J20] Looking at Card J20, what was the reason for the bullying?

- | | |
|---|---|
| A. Ethnicity..... <input type="checkbox"/> 1 | E. Physical appearance (clothes, glasses, weight etc)..... <input type="checkbox"/> 5 |
| B. Physical/Learning disability..... <input type="checkbox"/> 2 | F. Gender role <input type="checkbox"/> 6 |
| C. Religion <input type="checkbox"/> 3 | G. Teacher's pet <input type="checkbox"/> 7 |
| D. Class performance <input type="checkbox"/> 4 | H. Family background <input type="checkbox"/> 8 |
| | I. Other (specify)..... <input type="checkbox"/> 9 |

J21. Do you think the Study Child has a Specific Learning Difficulty, Communication or Co-ordination Disorder

- Yes 1 No 2

J22. [Show Card J22] Looking at Card J22, what is the nature of the difficulty or disorder? [Int. tick all that apply]

- | | |
|---|--|
| A. Dyslexia (incl. Dysgraphia, dyscalculia)..... <input type="checkbox"/> 1 | E. Speech & Language Difficulty..... <input type="checkbox"/> 5 |
| B. ADHD (Attention Deficit Hyperactivity Disorder) <input type="checkbox"/> 2 | F. Dyspraxia..... <input type="checkbox"/> 6 |
| C. Autism..... <input type="checkbox"/> 3 | G. Slow progress (reasons unclear)..... <input type="checkbox"/> 7 |
| D. Aspergers Syndrome..... <input type="checkbox"/> 4 | H. Other (specify)..... <input type="checkbox"/> 8 |

J23. Was it diagnosed by a professional?

- Yes 1 No 2 Awaiting consultation 3

J24. How long ago was it diagnosed?

- | | |
|--|---|
| Last 6 months <input type="checkbox"/> 1 | 1-2 years..... <input type="checkbox"/> 3 |
| 6-12 months..... <input type="checkbox"/> 2 | Longer than 2 years..... <input type="checkbox"/> 4 |

J25. About how many children's books does the Study Child have access to in your home now, including any library books? Would you estimate:

- | | |
|---|--|
| None <input type="checkbox"/> 1 | 21 to 30..... <input type="checkbox"/> 4 |
| Less than 10 <input type="checkbox"/> 2 | More than 30..... <input type="checkbox"/> 5 |
| 10 to 20 <input type="checkbox"/> 3 | |

J26. Do you use the Public Library for the Study Child? Yes 1 No 2

K: FAMILY CONTEXT

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

K1. Do you feel you have fun with the Study Child every day? Yes₁ No₂

K2. [Show Card K2] Looking at Card K2, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
A. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. My child values his/her relationship with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. When I praise my child, he/she beams with pride.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. My child reacts strongly to separation from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. My child is overly dependent on me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. My child easily becomes angry at me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. My child tries to please me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
P. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
R. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
S. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
T. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
U. Dealing with my child drains my energy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
V. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
W. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
X. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Z. I often think about my child when at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AA. My child whines or cries when he/she wants something from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AB. My child is sneaky or manipulative with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AC. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AD. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

N.A.
₆

K3. [Show Card K3] Looking at Card K3, how often do you do the following when the Study Child misbehaves

	Never	Rarely	Now and Again	Regularly	Always	Can't say
A. Discuss/Explain why behaviour was wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
B. Ignore him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
C. Smack him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
D. Shout or yell at him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
E. Send him/her out of the room or to their bedroom.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
F. Take away treats/pocket money.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
G. Tell him/her off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
H. Bribe him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
I. Ground him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

K4. [Show Card K4] Looking at Card K4, now, I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g., gardening, cooking, cleaning, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (including going shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K5. [Show Card K5] Looking at Card K5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Don't have
A. Grandparents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7
B. Uncles/Aunts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7
C. Cousins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7

K6. Please tell me how strongly you agree or disagree with the following.

	Strongly Disagree	Disagree	Neither Agree nor disagree	Agree	Strongly Agree	NA
Because of your work responsibilities:						
A. You have missed out on home or family activities that you would have liked to have taken part in.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Your family time is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your family responsibilities:						
C. You have to turn down work activities or opportunities you would prefer to take on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. The time you spend working is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

K7. Does the Study Child belong to any religious denomination Yes 1 No 2

K8. [Show Card K8/K12] Looking at Card K8/K12, if yes, which one

Christian – no denomination	<input type="checkbox"/> 1
Roman Catholic	<input type="checkbox"/> 2
Anglican/Church of Ireland/Episcopalian.....	<input type="checkbox"/> 3
Other Protestant.....	<input type="checkbox"/> 4
Jewish.....	<input type="checkbox"/> 5
Muslim.....	<input type="checkbox"/> 6
Other (specify)	<input type="checkbox"/> 7

K9. How regularly does the Study Child attend religious service?

Daily	Weekly	Monthly	Less	Special Often	Never Occasions	Refused	N/a to their religion
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

K10. In general, would you describe yourself as a religious or spiritual person?

Not at all.....1 A little2 Quite.....3 Very much so4 Extremely5

K11. Do you belong to any religious denomination

Yes1 No2

K12. [Show Card K8/K12] Looking at Card K8/ K12, If yes, which one

- Christian – no denomination1
- Roman Catholic2
- Anglican/Church of Ireland/Episcopalian3
- Other Protestant4
- Jewish5
- Muslim.....6
- Other (specify)7

K13. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

Very unfairly1 Quite unfairly2 Fairly3 Don't have partner.....4

K14. [Show Card K14] I would now like to ask some questions about the Study Child's behaviour over the last 12 months please tell me whether the following 7 statements are true or false for him/her.

- | | True | False |
|---|----------------------------|----------------------------|
| A. Often started fights or bullies, threatens or intimidates others..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| B. Has been physically cruel to other people or animals..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| C. Deliberately destroyed or damaged property..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| D. Often lied to obtain goods or favours (i.e., 'cons' others)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| E. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| F. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| G. Often truanted from school..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

L: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

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

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

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

With great difficulty With difficulty With some difficulty Fairly easily Easily Very easily

1 2 3 4 5 6

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

Yes₁ No₂

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

Yes₁ No₂

L5. Why was that?

Didn't want to.....	<input type="checkbox"/> ₁	Couldn't leave the children.....	<input type="checkbox"/> ₄
Have a full social life in other ways.....	<input type="checkbox"/> ₂	Illness.....	<input type="checkbox"/> ₅
Couldn't afford to.....	<input type="checkbox"/> ₃	Other (specify).....	<input type="checkbox"/> ₆

L6. Thinking back to when you were 16 years olds, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

With great difficulty With difficulty With some difficulty Fairly easily Easily Very easily

₁ ₂ ₃ ₄ ₅ ₆

L7. I would now like to ask you some questions about your accommodation: Is this accommodation a:

House.....₁
 Apartment / Flat/ Bedsit₂
 Other (specify)₃

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

Owner occupied (with or without a mortgage).....₁
 Being purchased from a Local Authority under a Tenant Purchase Scheme₂
 Rented from a Local Authority₃
 Rented from a Voluntary Body.....₄
 Rented from a Private Landlord.....₅
 Living with and paying rent to your (or your partner's) parent(s).....₆
 Occupied free of rent with your (or your partner's) parent(s)₇
 Occupied free of rent from your or your partner's job₈

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

L10. Does the Study Child have his/her own bedroom? Yes₁ No.....₂

L11. How many others does the Study Child share a bedroom with? _____

L12. [Show Card L12] Looking at Card L12, which of these descriptions BEST describes your usual situation in regard to work?

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

L13. 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

L14. 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]

L15. Do you supervise or manage any personnel in your job?

Yes 1 No 2 **If less than 30 hours per wk at L13 Go to L22d, otherwise to L22e**

L16. How many? _____

L17. How many employees (if any) do you have? _____ employees N A 99
If less than 30 hours per week at L13 Go to L22d, otherwise to L22e

L18. Apart from holiday or casual work, have you ever had a full-time job?.. Yes 1... No 2 **Go to L22a**

L19. In what year did you last work in that full-time job? _____ year

L20. When you last worked in that full-time job were you?

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

L21. 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]

L22a. Do you currently have a part time job outside the home? Yes 1.....No 2 **Go to L22d**

L22b. On average, how many hours per week do you work in that part-time job? _____ hours

L22c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L22d. [Show Card L22d] From the reasons listed on Card L22d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

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

Now go to L22e

L22e. What is the occupation of your spouse/partner? (What does he/she mainly do in their job) – if relevant

[Int. If no spouse/partner enter NA – not applicable]

HOUSEHOLD INCOME

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

L23. Looking at Card L23/L24, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INT. Tick 'Yes' or 'No' for each in Col. A] [Card L23 / L24]

L24. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card L23 / L24]

	<u>A</u>		<u>B</u>		
	<u>Receive?</u>		<u>Largest Source</u>		
	<u>Yes</u>	<u>No</u>	<u>1</u>	<u>2</u>	<u>3</u>
A. Wages or Salaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Income from Self-Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Income from Farming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Children's Allowance/ Child Benefit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Other Social Welfare Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

L25. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI only? Include income from all sources and from all household members.

Dont.Know.....99 € _____ per Week.....1 Month.....2 Year 3

[INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L26. If exact figure given go to L28]

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

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

<u>HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI</u>			
Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000.....	A <input type="checkbox"/> 1 → Section A, Card L27
€231 to under €350.....	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> 2 → Section B, Card L27
€351 to under €460.....	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> 3 → Section C, Card L27
€461 to under €575.....	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> 4 → Section D, Card L27
€576 to under €800.....	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> 5 → Section E, Card L27
€801 to under €925.....	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> 6 → Section F, Card L27
€926 to under €1,150.....	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> 7 → Section G, Card L27
€1,151 to under €1,500.....	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> 8 → Section H, Card L27
€1,501 to under €1,850.....	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> 9 → Section I, Card L27
€1,851 or more.....	€8,001 or more	€96,001 or more	J <input type="checkbox"/> 10 → Section J, Card L27
		Refused	<input type="checkbox"/> 77 Don't Know
			<input type="checkbox"/> 88

L27. Would that be [Int: *Show Card L27* and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

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

L28. Does anyone in your household currently receive Children's Allowance/Child Benefit?

Yes ... ₁ No ... ₂

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ → Go to L30 No ₂ → Go to L31a

L30. (*Card L30*) Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L30, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

Social Welfare Payment		Social Welfare Payment	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> ₁	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> ₂
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> ₃	Back to Work Enterprise Allowance	<input type="checkbox"/> ₆
Farm Assist	<input type="checkbox"/> ₄	Part-time Job Incentive Scheme	<input type="checkbox"/> ₇
Back to Work Allowance (Employees)	<input type="checkbox"/> ₅	Back to Education Allowance	<input type="checkbox"/> ₈
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> ₉		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₀	Deserted Wife's Allowance	<input type="checkbox"/> ₁₄
Deserted Wife's Benefit	<input type="checkbox"/> ₁₁	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₅
Widowed Parent Grant	<input type="checkbox"/> ₁₂	One-Parent Family Payment	<input type="checkbox"/> ₁₆
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₃		

CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> 17	Health & Safety Benefit	<input type="checkbox"/> 19
Adoptive Benefit	<input type="checkbox"/> 18	Guardian's Payment (Contributory)	<input type="checkbox"/> 20
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> 21
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> 22	Injury Benefit	<input type="checkbox"/> 28
Invalidity Pension	<input type="checkbox"/> 23	Incapacity Supplement	<input type="checkbox"/> 29
Disability Allowance	<input type="checkbox"/> 24	Disablement Benefit	<input type="checkbox"/> 30
Blind Pension	<input type="checkbox"/> 25	Medical Care Scheme	<input type="checkbox"/> 31
Carer's Benefit	<input type="checkbox"/> 26	Constant Attendance Allowance	<input type="checkbox"/> 32
Carer's Allowance	<input type="checkbox"/> 27	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> 33
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> 34	State Pension Non-Contributory	<input type="checkbox"/> 36
State Pension (Contributory)	<input type="checkbox"/> 35	Pre-Retirement Allowance	<input type="checkbox"/> 37

L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes 1 No... 2

L31b. How much does the household receive per week in rent or mortgage supplement? €-----

L32. **[Card L32]** Looking at Card L32 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

None 1 Less 5 % 2 5% to less 20% 3 20% to less 50% 4 50% to less 75% 5 75% to less than 100% 6 100% 7

COUPLE / LONE PARENT INCOME – income of family unit of <study child>

L33. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Only respondent and/ or spouse/partner 1 → Go to L37 Other households members 1 → Go to L34

L34. Now I would like you to think **ONLY OF THE INCOME WHICH YOUR AND YOUR PARTNER / SPOUSE RECEIVE**. If you added up all the income sources from **YOU AND YOUR PARTNER** what would be the **COMBINED TOTAL NET INCOME OF THE TWO OF YOU**, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above and from **BOTH YOU AND YOUR PARTNER / SPOUSE**.

D.K. 99 € _____ per Week 1 Month 2 Year 3
 [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L35. If exact figure given go to L37

L35 [Show Card L35] I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on Card L35 we have a scale of incomes, and we would like to know into which group the combined total NET income of you and your spouse / partner falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above but only for you and your partner. Looking at the card could you tell me the letter of the group into which the combined income of you and your spouse / partner falls, after deductions for tax and PRSI.

[Int.: Tick the letter of the group Couple/one parent falls into, after deductions for tax and PRSI only]

COMBINED NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI FOR RESPONDENT AND PARTNER			
Per Week	Per Month	Per Year	Category
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card L36
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> ₂ → Section B, Card L36
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> ₃ → Section C, Card L36
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> ₄ → Section D, Card L36
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> ₅ → Section E, Card L36
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> ₆ → Section F, Card L36
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> ₇ → Section G, Card L36
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> ₈ → Section H, Card L36
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> ₉ → Section I, Card L36
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card L36
Refused		<input type="checkbox"/> ₇₇	Don't Know
			<input type="checkbox"/> ₈₈

L36. Would that be [Int: **Show Card L36** and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

A	Per week	under €75	<input type="checkbox"/> ₁	€75 to €150	<input type="checkbox"/> ₂	€151 to €230	<input type="checkbox"/> ₃
	Per month	€0 to €300	<input type="checkbox"/> ₁	€301 to €650	<input type="checkbox"/> ₂	€651 to €1,000	<input type="checkbox"/> ₃
	Per year	€0 to €4,000	<input type="checkbox"/> ₁	€4,001 to €8,000	<input type="checkbox"/> ₂	€8,001 to €12,000	<input type="checkbox"/> ₃
B	Per week	€231 to €270	<input type="checkbox"/> ₁	€271 to €310	<input type="checkbox"/> ₂	€311 to €350	<input type="checkbox"/> ₃
	Per month	€1,001 to €1,150	<input type="checkbox"/> ₁	€1,151 to €1,350	<input type="checkbox"/> ₂	€1,351 to €1,500	<input type="checkbox"/> ₃
	Per year	€12,001 to €14,000	<input type="checkbox"/> ₁	€14,001 to €16,000	<input type="checkbox"/> ₂	€16,001 to €18,000	<input type="checkbox"/> ₃
C	Per week	€351 to €390	<input type="checkbox"/> ₁	€391 to €420	<input type="checkbox"/> ₂	€421 to €460	<input type="checkbox"/> ₃
	Per month	€1,501 to €1,700	<input type="checkbox"/> ₁	€1,701 to €1,800	<input type="checkbox"/> ₂	€1,801 to €2,000	<input type="checkbox"/> ₃
	Per year	€18,001 to €20,000	<input type="checkbox"/> ₁	€20,001 to €22,000	<input type="checkbox"/> ₂	€22,001 to €24,000	<input type="checkbox"/> ₃
D	Per week	€461 to €500	<input type="checkbox"/> ₁	€501 to €535	<input type="checkbox"/> ₂	€536 to €575	<input type="checkbox"/> ₃
	Per month	€2,001 to €2,150	<input type="checkbox"/> ₁	€2,151 to €2,300	<input type="checkbox"/> ₂	€2,301 to €2,500	<input type="checkbox"/> ₃
	Per year	€24,001 to €26,000	<input type="checkbox"/> ₁	€26,001 to €28,000	<input type="checkbox"/> ₂	€28,001 to €30,000	<input type="checkbox"/> ₃
E	Per week	€576 to €650	<input type="checkbox"/> ₁	€651 to €750	<input type="checkbox"/> ₂	€751 to €800	<input type="checkbox"/> ₃
	Per month	€2,501 to €2,800	<input type="checkbox"/> ₁	€2,801 to €3,250	<input type="checkbox"/> ₂	€3,251 to €3,500	<input type="checkbox"/> ₃
	Per year	€30,001 to €34,000	<input type="checkbox"/> ₁	€34,001 to €38,000	<input type="checkbox"/> ₂	€38,001 to €42,000	<input type="checkbox"/> ₃
F	Per week	€801 to €850	<input type="checkbox"/> ₁	€851 to €880	<input type="checkbox"/> ₂	€881 to €925	<input type="checkbox"/> ₃
	Per month	€3,501 to €3,650	<input type="checkbox"/> ₁	€3,651 to €3,800	<input type="checkbox"/> ₂	€3,801 to €4,000	<input type="checkbox"/> ₃
	Per year	€42,001 to €44,000	<input type="checkbox"/> ₁	€44,001 to €46,000	<input type="checkbox"/> ₂	€46,001 to €48,000	<input type="checkbox"/> ₃
G	Per week	€926 to €1,000	<input type="checkbox"/> ₁	€1,001 to €1,050	<input type="checkbox"/> ₂	€1,051 to €1,150	<input type="checkbox"/> ₃
	Per month	€4,001 to €4,300	<input type="checkbox"/> ₁	€4,301 to €4,600	<input type="checkbox"/> ₂	€4,601 to €5,000	<input type="checkbox"/> ₃
	Per year	€48,001 to €52,000	<input type="checkbox"/> ₁	€52,001 to €56,000	<input type="checkbox"/> ₂	€56,001 to €60,000	<input type="checkbox"/> ₃
H	Per week	€1,151 to €1,250	<input type="checkbox"/> ₁	€1,251 to €1,375	<input type="checkbox"/> ₂	€1,376 to €1,500	<input type="checkbox"/> ₃
	Per month	€5,001 to €5,500	<input type="checkbox"/> ₁	€5,501 to €6,000	<input type="checkbox"/> ₂	€6,001 to €6,500	<input type="checkbox"/> ₃
	Per year	€60,001 to €66,000	<input type="checkbox"/> ₁	€66,001 to €72,000	<input type="checkbox"/> ₂	€72,001 to €78,000	<input type="checkbox"/> ₃
I	Per week	€1,501 to €1,600	<input type="checkbox"/> ₁	€1,601 to €1,750	<input type="checkbox"/> ₂	€1,751 to €1,850	<input type="checkbox"/> ₃
	Per month	€6,501 to €7,000	<input type="checkbox"/> ₁	€7,001 to €7,500	<input type="checkbox"/> ₂	€7,501 to €8,000	<input type="checkbox"/> ₃
	Per year	€78,001 to €84,000	<input type="checkbox"/> ₁	€84,001 to €90,000	<input type="checkbox"/> ₂	€90,001 to €96,000	<input type="checkbox"/> ₃
J	Per week	€1,851 to €2,100	<input type="checkbox"/> ₁	€2,101 to €2,400	<input type="checkbox"/> ₂	€2,401 or more	<input type="checkbox"/> ₃
	Per month	€8,001 to €9,250	<input type="checkbox"/> ₁	€9,251 to €10,500	<input type="checkbox"/> ₂	€10,501 or more	<input type="checkbox"/> ₃
	Per year	€96,000 to €110,000	<input type="checkbox"/> ₁	€11,0001 to €125,000	<input type="checkbox"/> ₂	€125,001 or more	<input type="checkbox"/> ₃

L37. [Card L37] Looking at Card L37, what is the highest level of education you have completed to date?

- Primary or less
- Intermediate/ junior/ Group Certificate or equivalent
- Leaving Certificate or equivalent
- Diploma/ Certificate
- Primary degree
- Postgraduate/ Higher degree
- Refusal

₁
 ₂
 ₃
 ₄
 ₅
 ₆
 ₈₈

L38. [Card L38] Looking at Card L38, what language or languages do you and your partner speak with the study child most often at home? [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

[If English and any other language other than Irish is spoken at home, ask:]

L38a. Is English your native language? Yes _1 → **Go to L41** No _2

[Int: Ask L39 and L40 only if any language other than Irish or English is usually spoken at home see L38 above]

L39. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?

Yes _1 No _2

L40. Can you usually read and fill out forms you might have to deal with in your own language?

Yes _1 No _2

L41. As you may know many people have problems with reading. Can I just check can you read aloud to a child from a children's story book written in English?

Yes _1 No..... _2

L42. Can you usually read and fill out forms you might have to deal with in English?

Yes _1 No..... _2

L43. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes _1 No _2

L44. Are you a citizen of Ireland? Yes..... _1 No _2 Don't know ... _8

L45. What citizenship do you hold? _____ Don't know _8

L46. Were you born in Ireland? Yes..... _1 No _2 Don't know ... _8

L47. In which country were you born? _____ Don't know _8

L48. How long ago did you first come to live in Ireland?

- Within the last year _1
- 1-5 years ago _2
- 6-10 years ago _3
- 11-20 years ago _4
- More than 20 years ago _5
- Don't Know _8

L49. And what about the Study Child. Is he / she a citizen of Ireland? Yes..... _1 No... _2 DK _8

L50. What citizenship does he / she hold? _____ Don't know _8

L51. Was the Study Child born in Ireland? Yes..... _1 No..... _2

L52. In which country was he/she born? _____ Don't know _8

L53. How long ago did the Study Child first come to live in Ireland?

- Within the last year _1
- 1-5 years ago _2
- 6-10 years ago _3
- Don't Know _8

L54. [Card L54] Looking at Card L54, What is your ethnic or cultural background?

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

L55. Does anyone other than yourself and/ or your spouse / partner provide care to the Study Child on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder's home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

- Yes, regular care 8 hrs per week or more 1 No regular care 8 hrs per wk or more..... 2 → Go to M1

L56. Is this care provided in:

- the child's home 1
a relative's home 2
home of carer – non-relative 3
centre – (crèche, after-school etc.)..... 4

L57. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?

- Yes 1
No, does not wish regular carer to be contacted 2
No, does not have contact details for regular carer 3

Interviewer:
record contact details of regular carer on the Work Assignment Sheet

M. Neighbourhood / Community

Finally, we would like to ask you some questions about your local area.

M1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

- Yes 1 No 2

M2. How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

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

M3. To what extent do you agree or disagree with these statements about your local area?

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

M4. I am going to read out a range of services. Could you tell me whether these services are available in or within relatively easy access of YOUR LOCAL AREA?

- | | Available? | | | Available? | |
|-------------------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|
| | Yes | No | | Yes | No |
| 1. Regular public transport | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 5. Social Welfare Office | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2. GP or health clinic..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 6. Banking/ Credit Union | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3. Schools (primary or secondary).. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 7. Essential grocery shopping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4. Library | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 8. Recreational facilities appropriate to a 9-yr old | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

M5. Do you have any family living in this area?

Yes _1 No _2

M6. Would you describe the place where the household is situated as being.....?

- In open country _1
- In a village (200-1,499) _2
- In a town (1,500-2,999) _3
- In a town (3,000-4,999) _4
- In a town (5,000-9,999) _5
- In a town (10,000 or more) _6

- Waterford city _7
- Galway city _8
- Limerick city _9
- Cork city _10
- Dublin city (incl. Dun Laoghaire) _11
- Dublin county (outside Dublin city) urban _12
- Dublin county (outside Dublin city) rural _13

Appendix L: Mother / Lone Father Supplementary Questionnaire



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Date ____ ____ ____
Day mth year

S0. We have a few final questions that we would like to ask you. As some of these may be considered sensitive we have included them in a section for you to complete by yourself. However if you would like me to administer it I am happy to do so. So would you like me to administer this questionnaire to you or would you like to complete it yourself?

Administer it₁ Self-complete₂

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

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

Yes.....₁ → **Go to S2** No.....₂ → **Go to S4**

S2. Have there been any period(s) of 3 months or longer when the Study Child didn't live with you?

Yes.....₁ No.....₂ **Go to S14**

S3. How many periods of 3 months or longer when the Study Child didn't live with you?

One.....₁ Two.....₂ Three.....₃ Four or more.....₄

NOW PLEASE GO TO S14

S4. Are you the adoptive parent of the Study Child?

Yes.....₁ No.....₂ → **Go to S9**

S5. Was that a domestic or an inter-country adoption?

Domestic.....₁ Inter-country.....₂

S6. Was that a within family adoption?

Yes.....₁ No.....₂

S7. From which country?

S8. What age was the Study Child when you adopted him / her? _____ years _____ months

NOW PLEASE GO TO S14

S9. Are you the foster parent of the Study Child?

Yes.....₁ No.....₂ → **Go to S14**

S10. How long has the Study Child been with your family? _____ yrs _____ mths _____ wks

S11. Do you anticipate that this will be a long-term foster placement? Yes.....₁ No.....₂

S12. How many previous foster placements has the Study Child been in?

_____ previous placements Don't Know.....₉₉

S13. Immediately before coming to live with you was the Study Child living with another foster family, his / her own family or in institutional care?

Another foster family.....₁ Own family.....₂ Institutional care.....₃

NOW PLEASE GO TO S14

S14. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife 1 **Go to S18**
- Married and separated from husband / wife 2 **Go to S15**
- Divorced 3 **Go to S15**
- Widowed 4 **Go to S15**
- Never married 5 **Go to S17**

S15. In what year did you marry your (former) spouse? _____(year)

S16. Since when have you been living apart / spouse deceased? _____(year)

S17. May I just check whether you are currently living with someone in the household as a couple?

- Yes 1 No 2 **Go to S26**

S18. Since when have you and your spouse or partner been living together? _____ (mth) _____(year)

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days 1 **→Go to S20**
- At least once a week 2 **→Go to S20**
- Less than once a week 3 **→Go to S20**
- Hardly ever 4 **→Go to S20**
- Never 5 **→Go to S23**

S20. How often would you argue about the child(ren)?

- Most days 1
- At least once a week 2
- Less than once a week 3
- Hardly ever 4
- Never 5

S21. When you and your partner argue, how often do you

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

S22. And to end an argument, how often would you

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

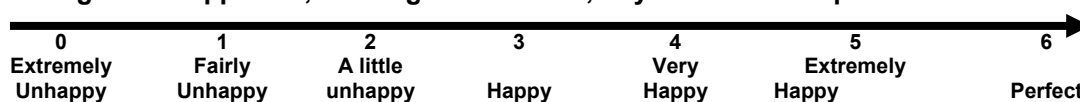
S23. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | Always
Agree | Almost
Always
Agree | Occasionally
Disagree | Frequently
Disagree | Almost
Always
Disagree | Always
Disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|----------------------------|
| Philosophy of life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Aims, goals and things believed important | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Amount of time spent together | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S24. How often would you say the following events occur between you and your partner?

- | | Never | Less than
once a month | Once or
twice a month | Once or
twice a week | Once a
week | More
often |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Have a stimulating exchange of ideas | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Calmly discuss something together | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Work together on a project | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S25. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S26. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes.....1 No.....2 → Go to S28

S27. How many?

One1 Two2 Three or more.....3

S28. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes.....1 No.....2 → Go to S30

S29. Was this: [Tick all that apply]

Before the Study Child was born1 When Study Child was 1 – 4 yrs old3
 In first year of Study Child's life2 When Study Child was 5 - 9 yrs old4

S30. Listed on this card are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the *past week*.

Rarely or none of the time (less than 1 day) Some or a little of the time (1-2 days) Occasionally or a moderate amount of the time (3-4 days) Most or all of the time (5-7 days)

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. I felt I could not shake off the blues even with help from my family or friends..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. I felt depressed..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. I thought my life had been a failure..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. I felt fearful..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5. My sleep was restless..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6. I felt lonely..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. I had crying spells..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8. I felt sad..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

S31. Thinking back over the last year how often have you taken any of the following?

- | | Never | Now and again | Monthly | Weekly | Daily |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Sleeping pills..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. Tranquillisers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Pills for depression..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. Cannabis / marijuana..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. Painkillers (aspirin, paracetamol, etc.)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| F. Amphetamines or other stimulants..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| G. Heroin, methadone, crack, cocaine..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| H. Anticonvulsants..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| I. Steroids..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S32. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes.....1 No.....2 → Go to S34

S33. Have you ever been to prison? Yes.....1 No.....2

S34. Can we check, does the Study Child's father live here with you or elsewhere?

Lives here1 → Go to S50

Deceased.....2 → Go to S50

Temporarily lives elsewhere3 → Go to S50

Lives elsewhere4 → Go to S35

S35. Were you ever married to or did you ever live with the Study Child's father?

Yes, married to...1 Yes, lived with...2 No 3 Go to S37 Adoptive / Foster parent 4 Go to S50

S36. When did you separate or split up with the Study Child's father?

Spouse / Partner died1

In the last 4 years.....2

Longer than 4 years ago but less than 103

Before child was born4

S37. What was the nature of your relationship with the Study Child's father when you became pregnant with the study child? (Please tick one box only).

- | | | | |
|--------------------------------------|----------------------------|---|----------------------------|
| Married and living together | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting / living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 4 | | |

S38. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

- Formal.....1 Informal.....2 No custody arrangement.....3

S39. Briefly describe that arrangement

S40. Do you and the Study Child's father have shared parenting of the Study Child on a regular basis?

- Yes1 No2

S41. Please describe the nature of this shared parenting

S42. How far does the Study Child's father live from here?

- | | | | |
|--|----------------------------|--|----------------------------|
| Within ½ hour's drive from here..... | <input type="checkbox"/> 1 | More than 1 hour's drive from here | <input type="checkbox"/> 3 |
| Between ½ and 1 hour's drive from here.. | <input type="checkbox"/> 2 | Outside the country..... | <input type="checkbox"/> 4 |

S43. How often does the Study Child have contact with his / her father (incl. talking on the phone, texting, emailing etc.)?

- | | | | |
|-----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily | <input type="checkbox"/> 1 | Monthly | <input type="checkbox"/> 5 |
| Once or twice a week | <input type="checkbox"/> 2 | Less than once a month | <input type="checkbox"/> 6 |
| Weekly | <input type="checkbox"/> 3 | Less than once a year | <input type="checkbox"/> 7 |
| Every second week / weekend | <input type="checkbox"/> 4 | Other (please specify)..... | <input type="checkbox"/> 8 |

S44. Does the Study Child's father make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he never makes any payment.....1 **S45. How much does he pay per week / fortnight / month?**
- Yes, he makes a regular payment.....2 €_____ per Week....1 Fortnight...2 Month
- Yes, he makes payments as required3 **S46. About how much per year? €_____ per year**

S47. How often do you talk to the Study Child's father about the Study Child?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | Several times a week | About once a week | A few times a month | Several times a year | Never |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S48. How well do you get on with the Study Child's father? Would you say your relationship is?

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S49. We would like to send a short questionnaire to the Study Child's father. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the Study Child's father?

- Yes1
- No, I do not wish other parent to be contacted2
- No, I do not have contact details for other parent3

Please give contact details to interviewer

S50. What is your date of birth? (DD/MM/YYYY) _____(day) _____(mth) _____(yr)

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

Appendix M: Father / Partner Questionnaire



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GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
FATHER/PARTNER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Date _____ day _____ mth _____ year

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>'s parents and also the child him / herself. The whole interview with the parents and child 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

A1. [Show Card A1] Looking at Card A1, which of the following best describes your relationship with the Study Child?

[Interviewer codes only if other persons are present at time of interview]

- A. Biological parent (mother/ father) 1
- B. Adoptive parent (mother/ father) 2
- C. Step-parent (mother/ father)/partner of child's parent 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

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

B: RESPONDENT'S HEALTH

Now I'd like to ask you some questions about your own health.

B1. In general, how would you say your current health is?

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

B2. Do you have any chronic physical or mental health problem, illness or disability?

Yes _1 No _2

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

B4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

B5. Are you hampered in your daily activities by this problem, illness or disability?

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

[Int. Ask only if respondent is female]

B6. Can I just check, are you currently pregnant? Yes _1 No _2

B7. Approximately how many weeks? _____ weeks

C: RESPONDENT'S LIFESTYLE

Now I'd like to ask you to ask you some questions about your lifestyle.

C1. Do you currently smoke daily, occasionally or not at all?

Daily _1 Occasionally _2 Not at all _3

C2. Have you ever smoked? Was it:

Daily _1 Occasionally ... _2 Never _3

C3. About how many cigarettes or cigars do/did you smoke on average each day?

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

C4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis _1 Yes, on an occasional basis _2 Never _3

C5. [Show Card C5] Looking at Card C5, which of the following best describes how often you usually drink alcohol?

Never _1
Less than once a month _2
1-2 times a month _3
1-2 times a week _4
3-4 times a week _5
5-6 times a week _6
Every day _7

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

C6. And on an average week, how many pints of beer, glasses of wine, and measures of spirit would you drink?

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

C7. [Show Card C7] Looking at Card C7, do you think that you are:

Very underweight _1 Slightly overweight _5
Moderately underweight _2 Moderately overweight _6
Slightly underweight _3 Very overweight _7
About the right weight _4 Don't know _8

C8. How often do you try to lose weight through dieting?

Very often _1 Often _2 Sometimes _3 Rarely _4 Never _5

C9. What is your height without shoes? _____ feet _____ inches **OR** Metres _____

C10. What is your weight without clothes and shoes? _____ stones _____ lbs **OR** _____ Kilograms

D: FAMILY CONTEXT

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

D1. Do you feel you have fun with the Study Child every day? Yes ₁ No ₂

D2. [Show Card D2] Here are some statements about the relationship between you and your child. Please describe the degree to which each of the statements currently applies.

		Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies	
A. I share an affectionate, warm relationship with my child..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. If upset, my child will seek comfort from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. My child values his/her relationship with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H. When I praise my child, he/she beams with pride.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I. My child reacts strongly to separation from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
J. My child spontaneously shares information about himself/ herself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K. My child is overly dependent on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
L. My child easily becomes angry at me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
M. My child tries to please me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
P. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
S. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
T. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
U. Dealing with my child drains my energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
V. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
W. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
X. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A.
Z. I often think about my child when at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ₆
AA. My child whines or cries when he/she wants something from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AB. My child is sneaky or manipulative with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AC. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AD. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

D3. Please tell me how strongly you agree or disagree with the following.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	N/A
Because of your work responsibilities:						
A. You have missed out on home or family activities that you would have liked to have taken part in.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Your family time is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your family responsibilities:						
C. You have to turn down work activities or opportunities you would prefer to take on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. The time you spend working is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

D4. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have a partner.. 4

D5. [Show Card D5] Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

Showing my child love and affection	_____
Taking time to play with my child	_____
Taking care of my child financially	_____
Giving my child moral and ethical guidance	_____
Making sure my child is safe and protected	_____
Teaching my child and encouraging his or her curiosity	_____
Other (specify)	_____

D6. In general, would you describe yourself as a religious or spiritual person?

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

E: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

E1. [Show Card E1] Looking at Card E1, what is the highest level of education you have completed to date?

Primary or less	<input type="checkbox"/> 1	Primary degree	<input type="checkbox"/> 5
Intermediate/ Junior/ Group Certificate or equivalent	<input type="checkbox"/> 2	Postgraduate/ Higher degree	<input type="checkbox"/> 6
Leaving Certificate or equivalent	<input type="checkbox"/> 3	Refusal	<input type="checkbox"/> 88
Diploma/ Certificate	<input type="checkbox"/> 4		

E2. [Show Card E2] Looking at Card E2, what language or languages do you and your partner speak most often at home to the Study Child?

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

E2a. Is English your native language? Yes _1 → Go to E5 No _2

E3. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's storybook in your own language?

Yes _1 No _2

E4. Can you usually read and fill out forms you might have to deal with in your own language?

Yes _1 No _2

E5. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in English?

Yes _1 No _2

E6. Can you usually read and fill out forms you might have to deal with in English?

Yes _1 No _2

E7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

Yes _1 No _2

E8. [Show Card E8] Looking at Card E8, which of these descriptions **BEST** describes your usual situation in regard to work?

- | | | | |
|---|-----------------------------|--|------------------------------|
| Employee (incl. apprenticeship or Community Employment) | <input type="checkbox"/> _1 | Student full-time | <input type="checkbox"/> _4 |
| Self employed outside farming | <input type="checkbox"/> _2 | On State training scheme (FAS, Failte Ireland etc.)..... | <input type="checkbox"/> _5 |
| Farmer | <input type="checkbox"/> _3 | Unemployed, actively looking for a job..... | <input type="checkbox"/> _6 |
| | | Long-term sickness or disability | <input type="checkbox"/> _7 |
| | | Home duties / looking after home or family | <input type="checkbox"/> _8 |
| | | Retired | <input type="checkbox"/> _9 |
| | | Other (specify) | <input type="checkbox"/> _10 |

E9. 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

E10. 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]

E11. Do you supervise or manage any personnel in your job?

Yes _1 No _2 If less than 30 hours per wk at E9 Go to E18d, otherwise to E19

E12. How many? _____

E13. How many employees (if any) do you have? _____ employees N A _99

If less than 30 hours per week at E9 Go to E18d, otherwise to E19

E14. Apart from holiday or casual work, have you ever had a full-time job?.. Yes _1... No _2 Go to E18

E15. In what year did you last work in that full-time job? _____ year

E16. When you last worked in that full-time job were you?

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

E17. 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]

E18a. Do you currently have a part time job outside the home? Yes _1.....No _2 **Go to E18d**

E18b. On average, how many hours per week do you work in that part-time job? _____ hours

E18c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E18d. [*Show Card e18d*] From the reasons listed on Card E18d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

- | | | | |
|---|-----------------------------|--|-----------------------------|
| I can't find a job..... | <input type="checkbox"/> _1 | I cannot earn enough to pay for childcare..... | <input type="checkbox"/> _5 |
| I choose not to work..... | <input type="checkbox"/> _2 | I cannot find suitable childcare..... | <input type="checkbox"/> _6 |
| I am caring for an elderly or ill relative or friend..... | <input type="checkbox"/> _3 | There are no suitable jobs available for me | <input type="checkbox"/> _7 |
| I prefer be at home to look after my children myself | <input type="checkbox"/> _4 | My family would lose Social Welfare or medical benefits if I was earning | <input type="checkbox"/> _8 |
| | | Other reason (specify)..... | <input type="checkbox"/> _9 |

Now go to E19

E19. Are you a citizen of Ireland? Yes..... _1 No _2 Don't know _8

E20. What citizenship do you hold? _____ Don't know _8

E21. Were you born in Ireland? Yes..... _1 No _2 Don't know _8

E22. In which country were you born? _____ Don't know..... _8

E23. How long ago did you first come to live in Ireland?

- | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Within the last year | 1-5 years ago | 6-10 years ago | 11-20 years ago | More than 20 years ago | Don't Know |
| <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 | <input type="checkbox"/> _8 |

E24. [*Show Card E24*] What is your ethnic or cultural background?

- | | | | |
|----------------------------------|-----------------------------|--|-----------------------------|
| Irish | <input type="checkbox"/> _1 | Any other Black background | <input type="checkbox"/> _5 |
| Irish Traveller | <input type="checkbox"/> _2 | Chinese | <input type="checkbox"/> _6 |
| Any other white background | <input type="checkbox"/> _3 | Any other Asian background | <input type="checkbox"/> _7 |
| African | <input type="checkbox"/> _4 | Other (incl. Mixed background) (specify) | <input type="checkbox"/> _8 |

E25. What is your date of birth? _____ day _____ month _____ year

[Interviewer:]

E26. Is respondent male or female? Male..... _1 Female..... _2

Appendix N: Father / Partner Supplementary Questionnaire



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Date ____ ____ ____
Day mth year

S0. We have a few final questions that we would like to ask you. As some of these may be considered sensitive we have included them in a section for you to complete by yourself. However if you would like me to administer it I am happy to do so. So would you like me to administer this questionnaire to you or would you like to complete it yourself?

Administer it₁ Self-complete₂

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

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

Yes₁ → **Go to S2** No₂ → **Go to S4**

S2. Have there been any period(s) of 3 months or longer when the Study Child didn't live with you?

Yes₁ No₂ **Go to S14**

S3. How many periods of 3 months or longer when the Study Child didn't live with you?

One₁ Two₂ Three₃ Four or more₄

NOW PLEASE GO TO S14

S4. Are you the adoptive parent of the Study Child?

Yes₁ No₂ → **Go to S9**

S5. Was that a domestic or an inter-country adoption?

Domestic₁ Inter-country₂

S6. Was that a within family adoption?

Yes₁ No₂

S7. From which country?

S8. What age was the Study Child when you adopted him / her? _____ years _____ months

NOW PLEASE GO TO S14

S9. Are you the foster parent of the Study Child?

Yes₁ No₂ → **Go to S14**

S10. How long has the Study Child been with your family? _____ yrs _____ mths _____ wks

S11. Do you anticipate that this will be a long-term foster placement? Yes₁ No₂

S12. How many previous foster placements has the Study Child been in?

_____ previous placements Don't Know₉₉

S13. Immediately before coming to live with you was the Study Child living with another foster family, his / her own family or in institutional care?

Another foster family₁ Own family₂ Institutional care₃

NOW PLEASE GO TO S14

S14. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife 1 **Go to S18**
- Married and separated from husband / wife 2 **Go to S15**
- Divorced 3 **Go to S15**
- Widowed 4 **Go to S15**
- Never married 5 **Go to S17**

S15. In what year did you marry your (former) spouse? _____(year)

S16. Since when have you been living apart / spouse deceased? _____(year)

S17. May I just check whether you are currently living with someone in the household as a couple?

- Yes 1 No 2 **Go to S26**

S18. Since when have you and your spouse or partner been living together? _____ (mth) _____(year)

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days 1 **→Go to S20**
- At least once a week 2 **→Go to S20**
- Less than once a week 3 **→Go to S20**
- Hardly ever 4 **→Go to S20**
- Never 5 **→Go to S23**

S20. How often would you argue about the child(ren)?

- Most days 1
- At least once a week 2
- Less than once a week 3
- Hardly ever 4
- Never 5

S21. When you and your partner argue, how often do you

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

S22. And to end an argument, how often would you

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

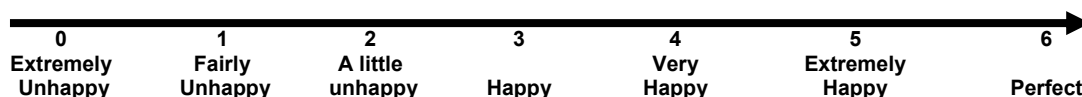
S23. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | Always
Agree | Almost
Always
Agree | Occasionally
Disagree | Frequently
Disagree | Almost
Always
Disagree | Always
Disagree |
|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|----------------------------|
| Philosophy of life..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Aims, goals and things believed important..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Amount of time spent together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S24. How often would you say the following events occur between you and your partner?

- | | Never | Less than
once a month | Once or
twice a month | Once or
twice a week | Once a
week | More
often |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Have a stimulating exchange of ideas..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Calmly discuss something together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| Work together on a project | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S25. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.



S26. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes.....1 No.....2 →Go to S28

S27. How many?

One1 Two2 Three or more.....3

S28. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes.....1 No.....2 →Go to S30

S29. Was this: [Tick all that apply]

Before the Study Child was born1 When Study Child was 1 – 4 yrs old3
 In first year of Study Child's life2 When Study Child was 5 - 9 yrs old.....4

S30. Listed on this card are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the *past week*.

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

S31. Thinking back over the last year how often have you taken any of the following?

	Never	Now and again	Monthly	Weekly	Daily
A. Sleeping pills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Tranquillisers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Pills for depression.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Cannabis / marijuana	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Amphetamines or other stimulants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Heroin, methadone, crack, cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Anticonvulsants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Steroids.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S32. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes.....1 No.....2 →Go to S34

S33. Have you ever been to prison? Yes1 No.....2

S34. Can we check, does the Study Child's mother live here with you or elsewhere?

Lives here1 →Go to S50
 Deceased.....2 →Go to S50
 Temporarily lives elsewhere3 →Go to S50
 Lives elsewhere4 →Go to S35

S35. Were you ever married to or did you ever live with the Study Child's mother?

Yes, married to...1 Yes, lived with...2 No 3 Go to S37 Adoptive / Foster parent 4 Go to S50

S36. When did you separate or split up with the Study Child's mother?

Spouse / Partner died1
 In the last 4 years.....2
 Longer than 4 years ago but less than 103
 Before child was born4

S37. What was the nature of your relationship with the Study Child's mother when she became pregnant with the study child? (Please tick one box only).

- | | | | |
|--------------------------------------|----------------------------|---|----------------------------|
| Married and living together | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting / living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 4 | | |

S38. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

- Formal.....1 Informal.....2 No custody arrangement.....3

S39. Briefly describe that arrangement

S40. Do you and the Study Child's mother have shared parenting of the Study Child on a regular basis?

- Yes1 No2

S41. Please describe the nature of this shared parenting

S42. How far does the Study Child's mother live from here?

- | | | | |
|--|----------------------------|--|----------------------------|
| Within ½ hour's drive from here..... | <input type="checkbox"/> 1 | More than 1 hour's drive from here | <input type="checkbox"/> 3 |
| Between ½ and 1 hour's drive from here.. | <input type="checkbox"/> 2 | Outside the country..... | <input type="checkbox"/> 4 |

S43. How often does the Study Child have contact with his / her mother (incl. talking on the phone, texting, emailing etc.)?

- | | | | |
|-----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily | <input type="checkbox"/> 1 | Monthly | <input type="checkbox"/> 5 |
| Once or twice a week | <input type="checkbox"/> 2 | Less than once a month | <input type="checkbox"/> 6 |
| Weekly | <input type="checkbox"/> 3 | Less than once a year | <input type="checkbox"/> 7 |
| Every second week / weekend | <input type="checkbox"/> 4 | Other (please specify)..... | <input type="checkbox"/> 8 |

S44. Does the Study Child's 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, she never makes any payment.....1 **S45. How much does she pay per week / fortnight / month?**
- Yes, she makes a regular payment.....2 €_____ per Week....1 Fortnight....2 Month
- Yes, she makes payments as required3 **S46. About how much per year? €_____ per year**

S47. How often do you talk to the Study Child's mother about the Study Child?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Every day | Several times a week | About once a week | A few times a month | Several times a year | Never |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S48. How well do you get on with the Study Child's mother? Would you say your relationship is?

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S49. We would like to send a short questionnaire to the Study Child's 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 mother?

- Yes1
- No, I do not wish other parent to be contacted2
- No, I do not have contact details for other parent3

Please give contact details to interviewer

S50. What is your date of birth? (DD/MM/YYYY) _____(day) _____(mth) _____(yr)

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

Appendix O: Child Main Questionnaire

Main Questionnaire for 9 year olds

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Time Section Started (24 hour clock) Date: ____ / ____ / ____



Instructions

Welcome to the Growing up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

There are a number of questions which I will read out to you and which I would like you to answer. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's ok.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you **really think**. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes No 2



First think about school

Section A: School

1. What do you think about school?

Always like it Sometimes like it Never like it
1 2 3

2. How well do you think you are doing in your school work?

Well Average/Ok Poorly
1 2 3

3. Do you like the following subjects?

	Always like it	Sometimes like it	Never like it
a. Maths	1	2	3
b. Reading	1	2	3
c. Irish	1	2	3

4. How often do you get homework?

Never 1-2 times a week 3-4 times a week Almost every day
1 2 3 4

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes) than:

a. Most of your classmates

Better off About the same Worse off
1 2 3

b. Most of your neighbours

Better off About the same Worse off
1 2 3

c. Other families in Ireland

Better off About the same Worse off
1 2 3

Now think about the food that you eat

Section B: Food

6. We would like you to think back to what you ate yesterday. Did you eat the following?

	No	One Serving	More than one serving
a. Fresh fruit	1	2	3
b. Cooked vegetables	1	2	3
c. Meat pie, hamburger, hot dog, sausage or sausage roll (any of these)	1	2	3
d. Chips or French fries	1	2	3
e. Crisps or savoury snacks	1	2	3
f. Biscuits, doughnuts, cake, pie or chocolate (any of these).....	1	2	3
g. Milk.....	1	2	3
h. Cheese or yoghurt.....	1	2	3
i. Fizzy drinks or diet drinks.....	1	2	3
j. Bread, Pasta, Rice, Cereal (any of these).....	1	2	3

Section C: Activities

Can you think about the activities that you do?

7. Which of the following have you done *with your parents* within the last week (tick yes or no in respect of each)

	Yes	No
a. Eaten together	1	2
b. Visited relations	1	2
c. Sat and watched TV	1	2
d. Chatted.....	1	2
e. Went to the park	1	2
f. Gone swimming	1	2
g. Played games at home – board games and so on	1	2
h. Played games outside	1	2
i. Read something together	1	2

8. Do you have a computer at home? Yes..... 1 No..... 2 **Go to Q12**

9. Do you use it? A lot..... 1 A little..... 2 Never 3 **Go to Q12**

10. What do you use it for? (tick yes or no in respect of each)

	Yes	No
a. Playing games.....	1	2
b. Chatrooms (Websites where you have live chats with friends).....	1	2
c. Watching movies/downloading music.....	1	2
d. E-mailing	1	2
e. Instant messaging (Live email and texts on the web).....	1	2
f. Surfing the internet for fun	1	2
g. Doing homework	1	2
h. Surfing the internet for school projects	1	2

11. Are you allowed to use the internet without your parents or another adult checking what you are doing?

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

12. Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best.

- Hanging out with friends
- Chatting to friends on phone or computer
- Playing sport
- Watching TV.....
- Playing computer games
- Reading
- Playing games outside
- Listening to music
- Talking to your family
- Something else (Please write it down).....

13. What is your favourite hobby or activity? _____

14. How often do you play sport?

Never 1-2 times a week 3-4 times a week Almost every day

1 Go to Q15..... 2 Go to Q16..... 3 Go to Q16..... 4 Go to Q16

15. Please tell us what is your MAIN reason for not playing sport?

[Please tick one box only]

- You do not like team games 1
- You are no good at games 2
- You have no opportunities to play 3
- You feel people laugh at you because of your size 4
- You have a disability which prevents you from playing 5
- You prefer to watch sports on TV 6
- You do not fit in with the sporty crowd..... 7
- You do not like to get dirty or sweaty 8
- You are not competitive..... 9
- You prefer to play computer games..... 10

16. How often do you take exercise (e.g. running, cycling, swim) for 20 minutes or more ?

Never 1-2 times a week 3-4 times a week Almost every day

1..... 2 3 4

17. How often do you read for fun (not for school)?

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

18. Do you have your own mobile phone? Yes 1 No 2

19. Below is a list of things that people do. Can you tell me which ones you would generally be expected to do for yourself:

	Yes	No
a. Shower or bathe	1	2
b. Make breakfast.....	1	2
c. Get yourself up in the morning.....	1	2
d. Make a packed lunch	1	2
e. Make dinner	1	2
f. Tidy your bedroom.....	1	2
g. Make your bed.....	1	2

20. Do you do any of these chores at home?

	Often	Occasionally	Never
a. Help with cooking for the family	1	2	3
b. Hoovering / cleaning	1	2	3
c. Helping in the garden	1	2	3
d. Washing the dishes / Emptying the dishwasher	1	2	3
e. Putting out the bin / recycling	1	2	3
f. Cleaning the car	1	2	3
g. Helping with your younger brothers or sisters ..	1	2	3
h. Helping an elderly or sick relative in the family.	1	2	3

21a. Do you have a long term illness, disability or medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?

Yes	No	Don't Know
1 Go to Q21b	2 Go to Q22.	3 Go to Q22.

21b. If yes, does your long term illness, disability or medical condition affect your attendance or participation at school?

Yes No
1 2

22. How would you describe yourself?

Very skinny A bit skinny Just the right size A bit overweight Very overweight
1..... 2..... 3..... 4..... 5

23. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing. For this next section add up all the time you spent in physical activity each day.

Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day?

No days 1 day 2 days 3 days 4 days 5 days 6 days 7 days
0..... 1..... 2..... 3..... 4..... 5..... 6..... 7



Section D: Likes and Dislikes

24. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.

25. Think about the person whom you most admire. Who would that be?

Would it be: Please tick one only

- A person on television (TV star)..... 1
- A film star 2
- A teacher 3
- A church leader..... 4
- A footballer or sports star 5
- Mum or dad..... 6
- A pop star / singer / rapper 7
- A politician 8
- A footballer's wife..... 9
- Someone else (please write down who) _____ 10

26. Can you finish off each of the 3 sentences with your own words?

a. The thing that makes me most happy is

b. I am most afraid of

c. I like living in Ireland because

27. Is there a pet in your family? Yes 1 No..... 2

If you don't have a pet then you are now finished the questionnaire.

If you do have a pet please answer two more questions

That is the end of this part of the interview.

Time Section Ended

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(24 hour clock)

28. What pets do you have? [Tick all that apply]

Cat Dog Goldfish Rabbit Other (Please write down)

1 2 3 4 5

29. What do you like best about your pet(s)? (Tick all that apply)

- a. They are fun to be with..... 1
- b. I like to look after them 2
- c. They make me feel loved 3
- d. I like to feed them 4
- e. I like to take them for walks..... 5
- f. I can talk to them..... 6
- g. I like to cuddle them 7

That is the end of this part of the interview.

Time Section Ended

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(24 hour clock)

Appendix P: Child Supplementary Questionnaire

Core Sensitive Questionnaire for 9 year olds

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Date: ____ / ____ / ____



Instructions

Welcome to the Growing Up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

We would like you to complete the following questions in this answer booklet. Some of the questions are about where you live, your school and your family.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you **really think**.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes No



Think about where you live

Section A: Where you live

	Yes	No
1. Do you like living around here?	1 ...	2
2. Do you have plenty of friends to play with around here?	1 ...	2
3. Are there good places to play near your house?	1 ...	2
4. Do you think there is too much traffic near where you live? ...	1 ...	2
5. Is there a green area for you to play near where you live?	1 ...	2
6. Are the streets dirty around where you live?	1 ...	2
7. Are there youth clubs near where you live?	1 ...	2
8. Is there a playground near where you live?	1 ...	2
9. Do you think there is a lot of graffiti near where you live?	1 ...	2
10. Is there public transport to school (like a bus or train)?	1 ...	2
11. Are there activities to do after school around here?	1 ...	2
12. Are there places for children to play safely near your house?	1 ...	2
13. Are adults living around here usually nice to you?	1 ...	2
14. Do you feel safe living around here?	1 ...	2
15. Are adults around here generally nice to children?	1 ...	2

Now think about school

Section B: School

16. Do you look forward to going to school?

Always Sometimes Never
 1 2 3

17. Do you like your teacher?

Always Sometimes Never
 1 2 3

18. Thinking back over the last year would you say that you picked on someone (either a child or an adult)?

Yes..... 1 No..... 2 (If you have answered no, please skip to Question 20)

19. How did you pick on them?

	Yes	No
a. By shoving, pushing, hitting	1.....	2
b. Name calling, slagging	1.....	2
c. Text messaging, emails, Bebo etc	1.....	2
d. Written messages / notes etc.....	1.....	2
e. Leaving them out of games / chats	1.....	2
f. In other ways [please write it down]_____	1.....	2

20. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes..... 1 No..... 2 (If you have answered no, please skip to Question 22)

21. A. How did they pick on you?

	Yes	No
a. By shoving, pushing, hitting	1.....	2
b. Name calling, slagging	1.....	2
c. Text messaging, emails, Bebo etc	1.....	2
d. Written messages / notes etc.....	1.....	2
e. Leaving you out of games / chats	1.....	2
f. In other ways [please write it down]_____	1.....	2

21. B. If you were picked on, did this upset you?

A lot A little Not at all

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



Section C: Family

22. Do you have brothers or sisters? Yes 1 No 2

23. Do you get on with them?

Always Sometimes Never
1 2 3

24. If you have a problem who would you talk to about it?

Please tick all the people you would talk to

Mum Dad Mum's partner Dad's partner Teacher Friends Another relative (Who?)
1 2 3 4 5 6 7 _____

25. Can you tell me how often you have a say in what the family does (such as what to watch on TV, what to do at weekends, where to go on family outings or holidays)?

Always Sometimes Never
1 2 3

That is the end of this part of the questionnaire. The interviewer will now give you another part to complete.

Thank you for all your help.

Appendix Q: Child on Mum Questionnaire

Self-Complete Questionnaire for 9 year olds (M)

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Date: ____ / ____ / ____

We would now like to ask you some questions about your mum!

1. Do you think your mum encourages you to do well at school?

Always Sometimes Never

1 2 3

2. How well do you get on with your mum?

Very well Fairly well You and your mum do not get on

1 2 3

**3. Here are some things you might think about your mum.
Please tick the answer that suits you best.**

a. Does your mum really expect you to follow family rules?

Always Sometimes Never

1 2 3

b. Does your mum like you to tell her when you are worried?

Always Sometimes Never

1 2 3

c. Does your mum usually praise you for doing well?

Always Sometimes Never

1 2 3

d. Does your mum really let you get away with things?

Always Sometimes Never

1 2 3

e. Does your mum punish you if you do not behave yourself?

Always Sometimes Never
 1 2 3

f. Can you count on your mum to help you out if you have a problem?

Always Sometimes Never
 1 2 3

g. Does your mum point out ways you could do better?

Always Sometimes Never
 1 2 3

h. Does your mum spend time just talking to you?

Always Sometimes Never
 1 2 3

i. Does your mum let you know when you do something wrong?

Always Sometimes Never
 1 2 3

j. Do you and your mum do things together that are just for fun?

Always Sometimes Never
 1 2 3

4. When you are bold how often does your mum?

	Always	Sometimes	Never
a. Explain to you what you have done wrong	1.....	2.....	3
b. Ignore you	1.....	2.....	3
c. Smack you	1.....	2.....	3
d. Shout at you	1.....	2.....	3
e. Send you out of the room or to your bedroom	1.....	2.....	3
f. Stop your treats or pocket money	1.....	2.....	3
g. Give out to you	1.....	2.....	3
h. Offer you treats to be good.....	1.....	2.....	3
i. Ground you	1.....	2.....	3

Appendix R: Child on Dad Questionnaire

Self-Complete Questionnaire for 9 year olds (D)

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Date: ____ / ____ / ____

We would now like to ask you some questions about your dad!

1. Do you think your dad encourages you to do well at school?

Always Sometimes Never
1 2 3

2. How well do you get on with your dad?

Very well Fairly well You and your dad do not get on
1 2 3

3. Here are some things you might think about your dad. Please tick the answer that suits you best.

a. Does your dad really expect you to follow family rules?

Always Sometimes Never
1 2 3

b. Does your dad like you to tell him when you are worried?

Always Sometimes Never
1 2 3

c. Does your dad usually praise you for doing well?

Always Sometimes Never
1 2 3

d. Does your dad really let you get away with things?

Always Sometimes Never
1 2 3

e. Does your dad punish you if you do not behave yourself?

Always Sometimes Never
 1 2 3

f. Can you count on your dad to help you out if you have a problem?

Always Sometimes Never
 1 2 3

g. Does your dad point out ways you could do better?

Always Sometimes Never
 1 2 3

h. Does your dad spend time just talking to you?

Always Sometimes Never
 1 2 3

i. Does your dad let you know when you do something wrong?

Always Sometimes Never
 1 2 3

j. Do you and your dad do things together that are just for fun?

Always Sometimes Never
 1 2 3

4. When you are bold how often does your dad?

	Always	Sometimes	Never
a. Explain to you what you have done wrong	1.....	2.....	3
b. Ignore you	1.....	2.....	3
c. Smack you	1.....	2.....	3
d. Shout at you	1.....	2.....	3
e. Send you out of the room or to your bedroom	1.....	2.....	3
f. Stop your treats or pocket money	1.....	2.....	3
g. Give out to you	1.....	2.....	3
h. Offer you treats to be good.....	1.....	2.....	3
i. Ground you	1.....	2.....	3

Appendix S: Child on Mum's Partner Questionnaire

Self-Complete Questionnaire for 9 year olds (MP)

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Date: ____ / ____ / ____

We would now like to ask you some questions about your step dad or your mum's boyfriend who lives at home with you!

1. Do you think he encourages you to do well at school?

Always Sometimes Never
1 2 3

2. How well do you get on with him?

Very well Fairly well You and him do not get on
1 2 3

3. Here are some things you might think about him. Please tick the answer that suits you best.

a. Does he really expect you to follow family rules?

Always Sometimes Never
1 2 3

b. Does he like you to tell him when you are worried?

Always Sometimes Never
1 2 3

c. Does he usually praise you for doing well?

Always Sometimes Never
1 2 3

d. Does he really let you get away with things?

Always Sometimes Never
1 2 3

e. Does he punish you if you do not behave yourself?

Always	Sometimes	Never
1	2	3

f. Can you count on him to help you out if you have a problem?

Always	Sometimes	Never
1	2	3

g. Does he point out ways you could do better?

Always	Sometimes	Never
1	2	3

h. Does he spend time just talking to you?

Always	Sometimes	Never
1	2	3

i. Does he let you know when you do something wrong?

Always	Sometimes	Never
1	2	3

j. Do you and him do things together that are just for fun?

Always	Sometimes	Never
1	2	3

4. When you are bold how often does he?

	Always	Sometimes	Never
a. Explain to you what you have done wrong	1.....	2.....	3
b. Ignore you	1.....	2.....	3
c. Smack you	1.....	2.....	3
d. Shout at you	1.....	2.....	3
e. Send you out of the room or to your bedroom	1.....	2.....	3
f. Stop your treats or pocket money	1.....	2.....	3
g. Give out to you	1.....	2.....	3
h. Offer you treats to be good.....	1.....	2.....	3
i. Ground you	1.....	2.....	3

Appendix T: Child on Dad's Partner Questionnaire

Self-Complete Questionnaire for 9 year olds (DP)

AREA HOUSEHOLD RESPONDENT

Interviewer Name: _____ Interviewer Number:

Date: ____ / ____ / ____

We would now like to ask you some questions about your step mum or your dad's girlfriend who lives at home with you!

1. Do you think she encourages you to do well at school?

Always Sometimes Never

1 2 3

2. How well do you get on with her?

Very well Fairly well You and her do not get on

1 2 3

3. Here are some things you might think about her. Please tick the answer that suits you best.

a. Does she really expect you to follow family rules?

Always Sometimes Never

1 2 3

b. Does she like you to tell her when you are worried?

Always Sometimes Never

1 2 3

c. Does she usually praise you for doing well?

Always Sometimes Never

1 2 3

d. Does she really let you get away with things?

Always Sometimes Never

1 2 3

Page 2

e. Does she punish you if you do not behave yourself?

Always Sometimes Never

1 2 3

f. Can you count on her to help you out if you have a problem?

Always Sometimes Never

1 2 3

g. Does she point out ways you could do better?

Always Sometimes Never

1 2 3

h. Does she spend time just talking to you?

Always Sometimes Never

1 2 3

i. Does she let you know when you do something wrong?

Always Sometimes Never

1 2 3

j. Do you and her do things together that are just for fun?

Always Sometimes Never

1 2 3

4. When you are bold how often does she?

Always Sometimes Never

a. Explain to you what you

have done wrong 1 2 3

b. Ignore you 1 2 3

c. Smack you 1 2 3

d. Shout at you 1 2 3

e. Send you out of the room

or to your bedroom 1 2 3

f. Stop your treats or pocket money 1 2 3

g. Give out to you 1 2 3

h. Offer you treats to be good 1 2 3

i. Ground you 1 2 3

Appendix U: Non-Resident Parent Questionnaire



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



University of Dublin
Trinity College
College Green
Dublin 2



Growing Up in Ireland – national study of children Strictly Confidential

Non Resident Parent Questionnaire

Area Code

Household Code

Date ___ day ___ month ___ year

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 8632000 and ask for the **Growing Up in Ireland** team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child? _____ days _____ weeks _____ months

Q2. How many nights do you and the study child spend together in a typical month? _____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? _____ days

Q4. How long does a typical contact occasion last? _____ days or _____ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:

Nowhere near
enough

Not quite
enough

About right

A little too much

Way too much

 ₁
 ₂
 ₃
 ₄
 ₅

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.

- Work commitments ₁
- Commitments to other family/new partner ₂
- Physical distance between self and child ₃
- Other parent is uncooperative ₄
- Court-imposed custody rules ₅
- Other _____ ₆

Q7. When you are spending time with the study child, where do you like to bring him or her? A list of places is given below. Please place a '1' beside the location where you spend most time, a '2' beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

Rank

- At your home
- At the other parent's home
- At another relative's home (e.g. child's grandparents).....
- Recreational/amenity area (e.g. park, swimming pool).....
- Shopping centre /cinema /McDonald's etc
- Specific events (e.g. football match)
- Other

Q8. Please tick one box below to indicate how you arrived at the current arrangements for time spent with your child

- Court-imposed arrangements 1
- Formal, negotiated arrangements other than legal (e.g. counsellor) 2
- Mutual arrangement with no third party negotiator 3
- No regular arrangements 4

Q9. Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing my child love and affection
- Taking time to play with my child.....
- Taking care of my child financially.....
- Giving my child moral and ethical guidance
- Making sure my child is safe and protected
- Teaching my child and encouraging his or her curiosity
- Other (specify)

Q10. Do you use any of the following to communicate with the study child? Please tick all that apply

- Landline phone 1
- Mobile phone 2
- Internet chat-room 3
- MSN Messenger or similar 4
- Email 5
- Other 6

Q11. How many hours of communication, outside of personal visits, do you have with the study child in a typical month? (Your best estimate is fine) _____ number of hours

Q12. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".

Excellent 1 2 3 4 5 Very Poor

Q13. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

- | | Every day | At least once a week | At least once a month | Several times a year | Rarely or never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Prepare a meal for the child at home | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Put the child to bed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Help the child with his/her homework | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Take the child to doctor /dentist /hairdresser etc | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Take the child to or from school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

We would like to record some information about the kind of financial support you provide for the study child and his or her household.

Q14. Do you pay anything directly towards the rent or mortgage due on the child's home (i.e. the house or apartment where the child resides with his or her mother, NOT your own home)?

- Yes, I pay the full amount due ₁
 Yes, I pay a contribution ₂
 No, I don't pay towards the rent or mortgage directly ₃ **Go to Q16**
 There is no rent or mortgage owing on the home ₄ **Go to Q16**

Q15. If you pay all or part of the mortgage or rent, how much do you pay per month?
 € _____ Per month

Q16. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

- Never ... ₁
 Yes.....₂ **REGULAR** payment of € _____ per month (excluding direct rent/mortgage payment)
 Yes.....₃ **an IRREGULAR** payment, as required (e.g. back to school) to the approximate value of
 € _____ per year

Q17. If you give a regular payment as in Q16 above, how did you decide on the amount/schedule?
 (Please tick one box only)

- Your decision ₁
 Mutual agreement with mother ₂
 Legally imposed arrangement ₃

Q18. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

- Never₁ Yes, occasionally₂ Yes, frequently₃

Q19. What was the status of your relationship with the study child's mother when she became pregnant with the study child? (Please tick one box only).

- Married and living together ₁ **Go to Q20**
 Cohabiting/living as married ₂ **Go to Q20**
 Separated ₃ **Go to Q20**
 Divorced ₄ **Go to Q20**
 Going out but not living together ₅ **Go to Q20**
 Just friends ₆ **Go to Q21**
 No relationship ₇ **Go to Q21**

Q20. What age was the study child when you separated or split up with the study child's mother for the first time?

AGE _____ years and _____ months OR Separated before birth₁

Q21. Are you named on the study child's birth certificate?

- Yes₁ No₂ Not sure₃

Q22. If you have never been married to the Study Child's mother have you ever applied for guardianship of Study Child?

- No₁ Yes, through mother only₂ Yes, through court₃

Q23. If yes, was this application successful? Yes.....₁ No.....₂ Ongoing.....₃

Q24. How often do you talk about the Study Child with the Study Child's mother?

- Every day₁
 Several times a week₂
 About once a week₃
 A few times a month₄
 Several times a year₅
 Not at all ₆

Q25. How well do you get on with the Study Child's mother? Would you say your relationship is . . . ?

Very positive ₁ Somewhat positive ₂ Neutral ₃ Somewhat negative ₄ Very negative ₅

Q26. Often parents have to make major decisions concerning the child, such as about education. Please indicate the degree of influence you feel you have in major decisions concerning the study child's:

	A lot of influence	Some influence	No influence
Discipline	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Values and attitudes	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Finally, we just have a few questions about you.

Q27. What is your date of birth?

Day		Month		Year					

Q28. How old were you when your first ever child was born? _____ years

Q29. How would you describe your current employment status?

Working for payment or profit	<input type="checkbox"/> ₁	Retired from employment	<input type="checkbox"/> ₆
Looking for first regular job	<input type="checkbox"/> ₂	Unable to work due to permanent	
Unemployed	<input type="checkbox"/> ₃	sickness or disability	<input type="checkbox"/> ₇
Student or pupil	<input type="checkbox"/> ₄	Other (please specify) _____	<input type="checkbox"/> ₈
Looking after home/family	<input type="checkbox"/> ₅		

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.

Q31. What is the highest level of education that you have completed? (Please tick one box only)

No formal education	<input type="checkbox"/> ₁	Certificate	<input type="checkbox"/> ₆
Primary	<input type="checkbox"/> ₂	Diploma	<input type="checkbox"/> ₇
Junior Cert. or equivalent	<input type="checkbox"/> ₃	Degree	<input type="checkbox"/> ₈
Leaving Cert. or equivalent	<input type="checkbox"/> ₄	Postgraduate Degree	<input type="checkbox"/> ₉
Trade Qualification	<input type="checkbox"/> ₅		

Q32. Which of the following best describes your current marital status?

Single	<input type="checkbox"/> ₁	Separated	<input type="checkbox"/> ₄
First marriage (or cohabitation)	<input type="checkbox"/> ₂	Divorced	<input type="checkbox"/> ₅
Remarried (or cohabitating) following		Widowed	<input type="checkbox"/> ₆
Divorce	<input type="checkbox"/> ₃	Remarried (or cohabitating) following	
		Widowhood	<input type="checkbox"/> ₇

Q33. Are you currently living with a partner?

Yes ₁ No..... ₂

Q34. If yes, how long have you been in this relationship? _____ years or _____ months

Q35. How many other children (not including the study child) do you have?

None..... ₁ _____ by same parent as Study Child _____ by a different partner(s)

Q36. What is your nationality? _____

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

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

Excellent ₁ Very good ₂ Good ₃ Fair ₄ Poor ₅

**THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.
IF YOU HAVE ANY QUERIES ABOUT THIS PROJECT PLEASE PHONE
THE GROWING UP IN IRELAND TEAM AT 01-8632000**

Appendix V: Centre-Based Carer Questionnaire



GROWING UP IN IRELAND – national study of children
Strictly Confidential – CENTRE-BASED CARE

Area Code Centre Code Date ____ day ____ month ____ year

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 01-8632000 and ask for the **Growing Up in Ireland** team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

First of all, we would like to ask you some things about the study child in particular.

Q1. How long has the study child been attending this centre? ____ years ____ months ____ weeks

Q2. How many hours per week does the study child attend the centre? ____ hours

Q3. How many days per week does the study child attend the centre? ____ days

Q4. Compared with other children, do you think this child is . . . ?

Much easier to get on with than average ₁ More difficult to get on with than average ₄
Easier to get on with than average..... ₂ Much more difficult to get on with than average... ₅
About average ₃

Q5. We would like to know how the study child spends his or her time while in the centre's care. There follows a list of activities that a 9 year-old might engage in. Please indicate how often he or she participates in each activity.

	All of the time	Frequently	Occasionally	Rarely	Never
Watching television/videos/DVD's.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Using a computer.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Reading	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Doing homework.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Playing.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Q6. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

Very easy ₁ Somewhat easy ₂ Neither easy nor difficult ₃ Somewhat difficult ₄ Very difficult ₅

We would also like some general information about the care centre.

Q7. Are you registered with the Health Service Executive?

Yes ₁ No ₂ Not sure ₃

Q8. On a typical day, how many children are in the centre (excluding study child)? _____ no. of children

Q9. What ages are these children? (Please indicate the number of children in these age categories)

0 – 11 months	_____	7-9 years.....	_____
1- 3 years	_____	10 - 12 years	_____
4-6 years	_____	12 years and over	_____

Q10. If there is more than 5 years between the ages of the oldest and youngest child, are the younger children segregated from the older?

Yes ₁ No ₂ Sometimes ₃

Q11. How many children in the centre (excluding the study child) are from a non-English speaking family background? _____ children

Q12. How many children in the centre (excluding the study child) have a mental or physical disability? _____ children

Q13. How many staff (whole-time equivalents) are employed in the centre to look after the children (do not include administrative or maintenance staff, etc)? _____ no. of staff

Q14. How many of these staff have a formal childcare qualification? _____ no. of staff

Q15. We would like you to think about the facilities that are available to the Study Child attending the centre. A list of suggestions is given below. Please tick all that are currently available to him / her.

- | | | | |
|--|----------------------------|----------------------------|-----------------------------|
| Supervised outdoor play | <input type="checkbox"/> 1 | Internet | <input type="checkbox"/> 7 |
| Sports equipment (footballs, trampolines, etc) ... | <input type="checkbox"/> 2 | Musical equipment | <input type="checkbox"/> 8 |
| Educational toys (e.g. meccano, etc) | <input type="checkbox"/> 3 | Arts materials | <input type="checkbox"/> 9 |
| Other toys (dolls, teddies, etc) | <input type="checkbox"/> 4 | Pretend play items | <input type="checkbox"/> 10 |
| Television/video/DVD | <input type="checkbox"/> 5 | Organised team games | <input type="checkbox"/> 11 |
| Other (please specify) _____ | | | <input type="checkbox"/> 12 |

Q16. How many children's books are available to children to read/look at? Do you estimate

- | | | | |
|-------------------------|----------------------------|--------------------|----------------------------|
| None | <input type="checkbox"/> 1 | 21 – 30 | <input type="checkbox"/> 4 |
| Less than 10 | <input type="checkbox"/> 2 | More than 30 | <input type="checkbox"/> 5 |
| Between 10 and 20 | <input type="checkbox"/> 3 | | |

Q17. Are parents allowed to leave sick children into the centre?

- Never..... 1 Rarely 2 Frequently 3 Always..... 4

Finally, we would like to know some things about you.

Q18. Are you (a) the Director of the centre..... 1 (b) an employee of the centre..... 2

Q19. What is your date of birth?
Day Month Year

Q20. Are you? Male..... 1 Female 2

Q21. What is your nationality? _____

Q22. Which of the following best describes the type of care your centre provides?

- | | | | |
|---------------------------------|----------------------------|------------------------------|----------------------------|
| After-school supervision | <input type="checkbox"/> 1 | Youth centre | <input type="checkbox"/> 3 |
| Study group/homework club | <input type="checkbox"/> 2 | Other (please specify) _____ | <input type="checkbox"/> 4 |

Q23. What is your highest level of qualification in childcare or related discipline (e.g. teaching, nursing, Montessori)?

- | | | | |
|-------------------------------|----------------------------|---------------------------|----------------------------|
| No formal qualification | <input type="checkbox"/> 1 | Degree | <input type="checkbox"/> 4 |
| Certificate | <input type="checkbox"/> 2 | Postgraduate Degree | <input type="checkbox"/> 5 |
| Diploma | <input type="checkbox"/> 3 | | |

Q24. Please indicate the subject area in which the qualification was obtained:

- | | | | |
|------------------------------------|----------------------------|-----------------------------------|----------------------------|
| Childcare | <input type="checkbox"/> 1 | Special needs assistance | <input type="checkbox"/> 5 |
| National school teaching | <input type="checkbox"/> 2 | Speech and language therapy | <input type="checkbox"/> 6 |
| Other education | <input type="checkbox"/> 3 | Nursing | <input type="checkbox"/> 7 |
| Child psychology/development | <input type="checkbox"/> 4 | Other | <input type="checkbox"/> 8 |

Q25. When did you receive this qualification? Year: _____

Q26. Have you undertaken any other training relevant to caring for children? Tick all that apply

- | | | | |
|------------------------------------|----------------------------|-----------------------------------|-----------------------------|
| Childcare | <input type="checkbox"/> 1 | Special needs assistance | <input type="checkbox"/> 7 |
| National school teaching | <input type="checkbox"/> 2 | Speech and language therapy | <input type="checkbox"/> 8 |
| Other education | <input type="checkbox"/> 3 | Nursing | <input type="checkbox"/> 9 |
| Child psychology/development | <input type="checkbox"/> 4 | Other | <input type="checkbox"/> 10 |
| Nutrition/Diet | <input type="checkbox"/> 5 | First aid | <input type="checkbox"/> 11 |
| Sign language | <input type="checkbox"/> 6 | | |

Q27. Is caring for children your main occupation? Yes 1 No 2

Q28. If no, please describe your main occupation as fully as possible

Q29. How many hours do you work each week in child care? _____ hours

Q30. How long have you worked in this particular care centre? _____ years _____ months

Q31. Overall, are you happy working in childcare?

- | | | | | |
|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| Very Happy | Happy | Neither happy or
Unhappy | Unhappy | Very unhappy |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE ENCLOSED PRE-PAID ENVELOPE.**

Appendix W: Home-Based Carer Questionnaire

GROWING UP IN IRELAND – national study of children
Strictly Confidential – HOME-BASED CARE

Area Code Household Code Date ____ day ____ month ____ year

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 01-8632000 and ask for the **Growing Up in Ireland** team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

First of all, we would like to ask you some questions about caring for the study child in particular.

Q1. Which of the following best describes your relationship to the study child?

- | | | | |
|------------------------|----------------------------|--------------------------------|----------------------------|
| Grandmother | <input type="checkbox"/> 1 | Neighbour | <input type="checkbox"/> 5 |
| Grandfather | <input type="checkbox"/> 2 | Nanny/au pair | <input type="checkbox"/> 6 |
| Other relative | <input type="checkbox"/> 3 | Registered childminder | <input type="checkbox"/> 7 |
| Friend of parent | <input type="checkbox"/> 4 | Unregistered childminder | <input type="checkbox"/> 8 |

Q2. Do you live in the home of the study child (include granny flat or guest accommodation as part of the child's home)?

- Yes 1 No 2

Q3. Do you care for the study child in his / her own home, in your home or somewhere else?

- Study Child's home..... 1
My own home 2
Somewhere else (please specify where) _____ 3

Q4. How long have you been caring for the study child? _____ years _____ months _____ weeks

Q5. How many hours per week do you care for the study child? _____ hours

Q6. How many days per week do you care for the study child? _____ days

Q7. We would like to know how the study child spends his or her time while in your care. There follows a list of activities that a 9 year-old might engage in. Please indicate how often he or she participates in each activity.

	All the time	Frequently	Occasionally	Rarely	Never
Watching television/videos/DVD's	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Using a computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Reading	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Playing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Q8. Please think about your relationship with the study child. How easy or difficult do you find getting on with the child?

- | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Very easy | Somewhat easy | Neither easy nor difficult | Somewhat difficult | Very difficult |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

We would also like some general information on the environment in which you look after the study child

Q9. On a typical day, how many children are in your care (excluding the study child, but including your own children)?

_____ children

Q10. What ages are these children? (Please indicate the number of children in these age categories, again excluding the Study Child)

- | | | | |
|---------------------|-------|-------------------------|-------|
| 0 – 11 months | _____ | 7-9 years..... | _____ |
| 1- 3 years | _____ | 10 - 12 years | _____ |
| 4-6 years | _____ | 12 years and over | _____ |

Q11. When you are minding the Study Child how many children's books are available to the study child to read/look at? Do you estimate....

- None..... 1
- Less than 10..... 2
- Between 10 and 20 3
- 21 – 30 4
- More than 30 5

Q12. Do you look after the study child when he or she is sick?

- Never 1 Rarely 2 Frequently 3 Always 4

Finally, we would like to know some things about you.

Q13. What is your date of birth?

Day		Month		Year			

Q14. What is your gender?

- Male 1 Female..... 2

Q15. What is your nationality? _____

Q16. Which of the following best describes your current employment status?

- Working for payment or profit 1
- Looking after home/family 5
- Looking for first regular job 2
- Retired from employment..... 6
- Unemployed 3
- Unable to work due to permanent sickness or disability 7
- Student or pupil 4
- Other (please specify) 8

Q17. Is caring for children your main occupation?

- Yes 1 No 2

Q18. If no, please tell us your main occupation using precise terms (e.g. 'national school teacher' instead of 'teacher').

Q19. What is the highest level of education that you have completed?

- | | |
|--|--|
| No formal education <input type="checkbox"/> 1 | Certificate <input type="checkbox"/> 5 |
| Primary <input type="checkbox"/> 2 | Diploma <input type="checkbox"/> 6 |
| Junior Cert. or equivalent <input type="checkbox"/> 3 | Degree <input type="checkbox"/> 7 |
| Leaving Cert. or equivalent <input type="checkbox"/> 4 | Postgraduate Degree <input type="checkbox"/> 8 |

Q20. Do you have any childcare or childcare related qualifications (e.g. teaching, nursing, montessori) excluding your experience of raising your own children?

- No..... 1
- Yes, certificate level of less than one year's duration 2
- Yes, certificate level or above of greater than one year's duration 3

Q21. Have you undertaken any other training relevant to caring for children? Tick all that apply

- | | |
|---|--|
| Childcare <input type="checkbox"/> 1 | Special needs assistance <input type="checkbox"/> 7 |
| National school teaching <input type="checkbox"/> 2 | Speech and language therapy <input type="checkbox"/> 8 |
| Other education <input type="checkbox"/> 3 | Nursing <input type="checkbox"/> 9 |
| Child psychology/development <input type="checkbox"/> 4 | Other <input type="checkbox"/> 10 |
| Nutrition/Diet <input type="checkbox"/> 5 | First aid <input type="checkbox"/> 11 |
| Sign language <input type="checkbox"/> 6 | |

Q22. How long have you worked in a childcare situation? _____ years _____ months

Q23. How many hours do you work each week in childcare? _____ hours

**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**

Appendix X: Time-Use Diary

T1. Would you describe the diary day as: [Tick all that apply]

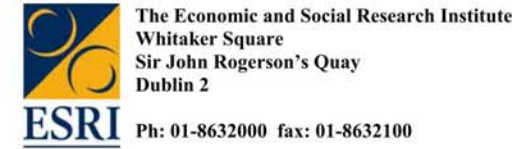
An ordinary day	<input type="checkbox"/>	1	A family member was away from home	<input type="checkbox"/>	6
A holiday or family celebration	<input type="checkbox"/>	2	One of the Study Child's parents was ill	<input type="checkbox"/>	7
A school holiday	<input type="checkbox"/>	3	The Study Child was ill	<input type="checkbox"/>	8
A parent took some time off work	<input type="checkbox"/>	4	We had guests staying with us	<input type="checkbox"/>	9
The family dealt with a crisis	<input type="checkbox"/>	5		<input type="checkbox"/>	10

T2. When did you fill in the diary? Please tick (✓) one box.

- Now and then during the diary day..... 1
 At the end of the diary day..... 2
 The day after the diary day..... 3
 Later..... 4

T3. About how many days after? _____ days after

T4. Did you complete it with Study Child? Yes..... 1 No..... 2



University of Dublin
Trinity College
College Green
Dublin 2



Area Code Household Code Respondent Code

GROWING UP IN IRELAND – the national longitudinal study of children

Time Use Diary

STRICTLY CONFIDENTIAL

As part of the *Growing Up in Ireland* project we would like to record details on how 9-year old children in Ireland spend their time.

We would like you to complete the enclosed time-use diary with the Study Child as shown by the interviewer. Simply mark the booklet to indicate what the Study Child was doing for each quarter hour in the day. To do this draw an arrow through the relevant 15 minute slots to indicate what the Study Child was doing.

If a child was engaged in a number of activities in any given 15-minute time period we would like you to record their MAIN activity – for example if the child was watching TV and also eating a snack and if you consider his/her main activity to be watching the TV at that time then record this in row 15 – Watching TV and Videos/DVDs rather than in row 4 on Eating/Drinking.

Once again we would like to assure you that all of the information provided will be treated in the strictest confidence and will not be revealed in any way which could be associated with your name or address.

Day on which we would like this diary to be completed:

DAY _____ DATE _____

PLEASE RETURN THIS COMPLETED TIMEUSE DIARY IN THE ENCLOSED PRE-PAID ENVELOPE TO THE ECONOMIC AND SOCIAL RESEARCH INSTITUTE (ESRI).

THE ASSISTANCE OF YOU AND YOUR FAMILY IN THE GROWING UP IN IRELAND PROJECT IS GREATLY APPRECIATED AND WILL HOPEFULLY ASSIST ALL CHILDREN IN IRELAND OVER THE COMING YEARS.

<i>Activity</i>	<i>am</i>											
	00.00 am 15 30 45	01.00 am 15 30 45	02.00 am 15 30 45	03.00 am 15 30 45	04.00 am 15 30 45	05.00 am 15 30 45	06.00 am 15 30 45	07.00 am 15 30 45	08.00 am 15 30 45	09.00 am 15 30 45	10.00 am 15 30 45	11.00 am 15 30 45
1. SLEEPING												
2. RESTING/RELAXING (doing nothing, 'time out')												
3. PERSONAL CARE (washing, dressing, toilet)												
4. EATING/DRINKING/HAVING A MEAL												
5. TRAVELLING TO AND FROM SCHOOL												
6. OTHER TRAVELLING (incl. leisure and domestic trips; dropping to games, matches etc)												
7. AT SCHOOL												
8. HOMEWORK												
9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet,dance)												
10. PLAYING BOARD GAMES, CARDS etc.(card games, snakes & ladders, Monopoly, Trivial Pursuit etc)												
11. GENERAL PLAY (with toys, dolls,cars etc;dressing up,'playing house',imaginary or make believe games)												
12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc.)												
13. COMPUTER/INTERNET /PLAY STATION / X-BOX etc. (playing on computer, with computer games)												
14. EMAIL/ BEBO / MSN / TEXTING/ ON THE PHONE (contacting, messaging friends or others)												
15. WATCHING TV AND VIDEOS/DVDS etc												
16. READING BOOKS, COMICS, MAGAZINES ETC.												
17. HOUSEHOLD CHORES / HOUSEWORK												
18. VISITS TO A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY												
19. ON A FAMILY OUTING (a trip out as a family)												
20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)												
21. RELIGIOUS ACTIVITY (attending religious services, prayer etc.)												
22. NOT SURE												

<i>Activity</i>	<i>pm</i>											
	12.00 noon 15 30 45	01.00 pm 15 30 45	02.00 pm 15 30 45	03.00 pm 15 30 45	04.00 pm 15 30 45	05.00 pm 15 30 45	06.00 pm 15 30 45	07.00 pm 15 30 45	08.00 pm 15 30 45	09.00 pm 15 30 45	10.00 pm 15 30 45	11.00 pm 15 30 45
1. SLEEPING												
2. RESTING/RELAXING (doing nothing, 'time out')												
3. PERSONAL CARE (washing, dressing, toilet)												
4. EATING/DRINKING/HAVING A MEAL												
5. TRAVELLING TO AND FROM SCHOOL												
6. OTHER TRAVELLING (incl. leisure and domestic trips; dropping to games, matches etc)												
7. AT SCHOOL												
8. HOMEWORK												
9. PHYSICAL PLAY/EXERCISE/SPORTS (playground, running, chasing, football, judo, ballet,dance)												
10. PLAYING BOARD GAMES, CARDS etc.(card games, snakes & ladders, Monopoly, Trivial Pursuit etc)												
11. GENERAL PLAY (with toys, dolls,cars etc;dressing up,'playing house',imaginary or make believe games)												
12. HOBBIES AND OTHER LEISURE ACTIVITIES (crafts, model making, painting, music practice etc.)												
13. COMPUTER/INTERNET /PLAY STATION / X-BOX etc. (playing on computer, with computer games)												
14. EMAIL/ BEBO / MSN / TEXTING/ ON THE PHONE (contacting, messaging friends or others)												
15. WATCHING TV AND VIDEOS/DVDS etc												
16. READING BOOKS, COMICS, MAGAZINES ETC.												
17. HOUSEHOLD CHORES / HOUSEWORK												
18. VISITS TO A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY												
19. ON A FAMILY OUTING (a trip out as a family)												
20. ON A SHOPPING TRIP (shopping for groceries, clothes etc.)												
21. RELIGIOUS ACTIVITY (attending religious services, prayer etc.)												
22. NOT SURE												

/OVER

Appendix Y: Mother / Lone Father Questionnaire, Twin Module



The Economic and Social
Research Institute
Whitaker Square
Sir John Rogerson's Quay



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL

MOTHER or LONE FATHER QUESTIONNAIRE – TWIN MODULE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

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

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study.

We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself.

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

A0. Person number of twin covered by this questionnaire (from household register – main survey)

Respondent code of twin

A1. Are you the parent / guardian of the <Study Child's twin> who usually provides the most care to him / her.

Yes.....₁ No.....₂

A2. Int: Record gender of parent 1 Male₁ Female₂

A3. [Show Card A3] Which of the following best describes your relationship with <the Study Child's twin>?
[Interviewer use codes only]

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

A4. Does <Study Child> go to the same school as twin? Yes₁ No.....₂

If not, name and address of school this child attends: _____

A4. Are the twins :

Identical₁ Fraternal₂ Not sure₃

Note: By identical we mean that both babies came from a single egg that separated after fertilisation (they would have identical DNA); by fraternal we mean that each baby came from different eggs that were fertilised at the same time (DNA would be similar but not identical)

A5. Can the following people usually tell the twins apart?

	Always/most of the time	Sometimes	Never/hardly ever
You.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other family members.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other people.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

A6. At what age did you first start to notice differences, if any, between the twins in terms of . . ?

Height	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Weight	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Facial features	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Voice	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Personality	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂

A7. Which twin was born first? _____ (child's first name only)

A8. Were the twins a result of fertility treatment? Yes ₁ No ₂

A8a. If yes, please specify the type of fertility treatment _____

A9. Are you personally a twin (or triplet)? Yes ₁ No ₂

A10. Have you had any other multiple births? Yes ₁ No ₂

_____ number of other children in multiple births

A11. Have any of the following women in your family had multiple births? (Tick all that apply)

Your mother	<input type="checkbox"/> ₁	Twins' father's mother.....	<input type="checkbox"/> ₄
Your maternal grandmother.....	<input type="checkbox"/> ₂	Twins' father's maternal grandmother	<input type="checkbox"/> ₅
Your paternal grandmother.....	<input type="checkbox"/> ₃	Twins' father's paternal grandmother	<input type="checkbox"/> ₆
Other close blood relative (please specify) _____			<input type="checkbox"/> ₇

A12. Compared to typical siblings of a similar age, would you say that the twins' relationship is?

Much closer	Somewhat closer	About the same	Somewhat more distant	Much more distant
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A13. Please complete the following sentences:

a) The most challenging thing about parenting twins is:

b) The most rewarding thing about parenting twins is:

B. CHILD'S HEALTH

B1. How much did the <Study Child's twin> weigh at birth? _____ Pounds _____ Ounces OR
 _____ Kilos _____ Grams Don't know 99

B2. [Show Card B2] Was the <Study Child's twin> born late, on time or early?

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

B3. [Show Card B3] What was the mode of delivery? [Int. Use codes only]

- A. Normal birth.....1 D. Elective Caesarean.....4
 B. Suction assisted birth.....2 E. Emergency Caesarean.....5
 C. Forceps assisted birth.....3 F. Other [please specify].....6 Don't Know.....7

B4a. Did the <Study Child's twin> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

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

B4b. How old was Study Child when he/she came home from hospital (or special care)?

- Less than 1 week.....1 3-6 months.....5
 1-4 weeks.....2 7-12 months.....6
 5-8 weeks.....3 More than 12 months.....7
 9-12 weeks.....4 Don't Know.....8

B5. Was the <Study Child's twin> ever breastfed, even if only for a short time?

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

B6. For how many months was the Study Child breastfed? _____ months DK / Can't Remember... 99

B7. [Show Card B7] In general, how would you describe the <Study Child's twin> health in the past year?

(a) In the past year

- Very healthy, no problems.....1
 Healthy, but a few minor problems.....2
 Sometimes quite ill.....3
 Almost always unwell.....4

B8. Does the <Study Child's twin> have any on-going chronic physical or mental health problem, illness or disability?

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

B9. What is the nature of this illness or disability? Please describe as fully as possible. [Int please record diagnosis, not symptoms of the problem]

B10. Since when has the <Study Child's twin> had this illness or disability? _____ (mth) _____ (year)

B11. Is the <Study Child's twin> hampered in his/her daily activities by this physical or mental health problem?

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

B12. In addition to what we have just discussed has the <Study Child's twin> ever at any time in the past had any chronic physical or mental health problem, illness or disability?

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

B13. What was the nature of this illness or disability? Please describe as fully as possible.

[Int please record diagnosis, not symptoms of the problem]

B14. Most children have accidents at some time. Has the <Study Child's twin> ever had an accident or injury that required hospital treatment or admission?

Yes No

B15. How many separate accidents has the <Study Child's twin> ever had that required hospital treatment or admission?

_____ accidents

B16. How many of these accidents involved bone fractures or breaks? _____

C. CHILD'S USE OF HEALTH SERVICES

C1. About how many nights has the <Study Child's twin> spent in hospital over his/her lifetime? [Int. if none, write none]

_____ nights

C2. In the last 12 months how visits has <Study Child's twin> made to the A&E (Accident and Emergency) department of a hospital?

_____ visits

[Int. if 'none' write 'none' do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the physical, emotional or mental health of the <Study Child's twin>?

	N times	None	Don't know	Refused
A general practitioner (GP)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another medical doctor e.g. in a hospital	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professional, psychologist, psychiatrist, counsellor etc.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. Was there any time in the last 12 months when, in your opinion, the <Study Child's twin> needed a medical examination or treatment for a health problem but he/she did not receive it?

Yes No Don't know Refused

C5. Why did the <Study Child's twin> not get the medical care or treatment? Was this because

[int: please tick yes or no in respect of each]:

	Yes	No
a) You couldn't afford to pay	<input type="checkbox"/>	<input type="checkbox"/>
b) The necessary medical care wasn't available or accessible to you	<input type="checkbox"/>	<input type="checkbox"/>
c) You could not take time off work to visit the doctor	<input type="checkbox"/>	<input type="checkbox"/>
d) Wanted to wait and see if the problem got better	<input type="checkbox"/>	<input type="checkbox"/>
e) Child refused / fear of doctor	<input type="checkbox"/>	<input type="checkbox"/>
f) Still on the waiting list	<input type="checkbox"/>	<input type="checkbox"/>
g) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

C6. Was there any time in the last 12 months when, in your opinion, the <Study Child's twin> needed a dental examination or treatment but he /she did not receive it?

Yes No Don't know Refused

C7. Why did the <Study Child's twin> not get the dental care or treatment? Was this because

[Int: Please tick yes or no in respect of each]

	Yes	No
a) You couldn't afford to pay	<input type="checkbox"/>	<input type="checkbox"/>
b) The necessary dental care wasn't available or accessible to you	<input type="checkbox"/>	<input type="checkbox"/>
c) You could not take time off work to visit the dentist	<input type="checkbox"/>	<input type="checkbox"/>
d) Wanted to wait and see if the problem got better	<input type="checkbox"/>	<input type="checkbox"/>
e) Child refused / fear of dentist	<input type="checkbox"/>	<input type="checkbox"/>
f) Still on the waiting list	<input type="checkbox"/>	<input type="checkbox"/>
g) Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

C8. Does the <Study Child's twin> brush his/her teeth at least once per day? Yes No

C9. Which of the following best describes how regularly the <Study Child's twin> visits the dentist?

At least once a year 1 Only when there is a problem 4
 Once every two years 2 Never/Almost never 5
 Once every three years 3

C10. Does the <Study Child's twin> currently or at any time in the past have / had any sort of sight problem requiring correction?

Yes, currently..... 1 Yes, in the past 2 No 3

C11. [Show Card C11] Has the <Study Child's twin> ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

Laser treatment..... 1 Glasses 4
 Surgical operation 2 Other, please specify 5 _____
 Patch 3 No treatment 6

C12. Does the <Study Child's twin> currently or at any time in the past have /had any sort of hearing problem requiring correction?

Yes, currently..... 1 Yes, in the past..... 2 No 3

C13 [Show Card C13] Has the <Study Child's twin> ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

Hearing aid..... 1 Other, please specify 4 _____
 Grommets 2 No treatment 5
 Cochlear implant 3

C14. Do you have any concerns about how the <Study Child's twin> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No..... 1 Yes, a little..... 2 Yes, a lot 3 Don't know..... 4

C15. [Show Card C15] In which areas does child have difficulties? What speech problems does the Study Child have? [Int: Tick all that apply. If child present use codes only]

A. Reluctant to speak 1 F. Voice sounds unusual..... 6
 B. Speech not clear to the family 2 G. Stutters, stammers or lisps 7
 C. Speech not clear to others 3 H. Lisps 8
 D. Difficulty finding words..... 4 I. Other 9
 E. Difficulty putting words together 5 J. Don't know 99

C16. Does the <Study Child's twin> usually require ongoing support to be able to move around?

Yes 1 No..... 2

C17. What supports does the <Study Child's twin> require? [Int. Tick all that apply]

Braces..... 1 Crutches..... 2 A stick 3 Wheelchair 4

C18. Does the <Study Child's twin> need the help of another person to get around in the wheelchair?

Yes 1 No..... 2

C19. Is <Study Child's twin> right or left-handed? Right handed..... 1 Left handed 2

D. CHILD'S DIET AND EXERCISE

D1. [Show Card D1] In the last 24 hours has the <Study Child's twin> had the following foods and drinks once, more than once, or not at all?

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

D2. If codes 19 or 20 are 1 or 2 ask: Approximately, how much milk did the <Study Child's twin> drink in the last 24 hours?

Up to ½ pint ₁ ½-1 pint ₂ 1-1½ pints ₃ More than 1½ pints ₄ D K ₉

D3. Does the <Study Child's twin> usually have something to eat before school? Yes..... ₁ No ₂

D4. Which of the following does he/she usually eat? [Int. Tick all that apply]

Cereal..... <input type="checkbox"/> ₁	Cooked breakfast <input type="checkbox"/> ₅
Toast / Bread <input type="checkbox"/> ₂	Yoghurt / Cheese <input type="checkbox"/> ₆
Fruit <input type="checkbox"/> ₃	Eggs <input type="checkbox"/> ₇
Porridge..... <input type="checkbox"/> ₄	Other Specify <input type="checkbox"/> ₈

D5. Does the <Study Child's twin> usually have a meal in the evening during the week?

Yes ₁ No ₂

D6. Who would usually eat with the <Study Child's twin> at that meal [Int. Tick all that apply]

Father..... <input type="checkbox"/> ₁	Other unrelated adults (childminder, nanny etc) <input type="checkbox"/> ₅
Mother <input type="checkbox"/> ₂	Friend(s) <input type="checkbox"/> ₆
Brothers / Sisters/ other children in the household.. <input type="checkbox"/> ₃	Someone else (specify)..... <input type="checkbox"/> ₇
Other relatives..... <input type="checkbox"/> ₄	No one / child eats alone..... <input type="checkbox"/> ₈

D7 Does the <Study Child's twin> usually sit at a table for this meal? Yes ₁ No..... ₂

D8. Is <Study Child's twin> on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

No <input type="checkbox"/> ₁	Yes, coeliac <input type="checkbox"/> ₄
Yes, vegetarian <input type="checkbox"/> ₂	Yes, other (specify) <input type="checkbox"/> ₅
Yes, vegan <input type="checkbox"/> ₃	

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

D9. [Show Card D9] Do you think the <Study Child's twin> is:

- Very underweight..... 1
- Moderately underweight..... 2
- Slightly underweight..... 3
- About the right weight..... 4
- Slightly overweight..... 5
- Moderately overweight..... 6
- Very overweight..... 7
- Don't know..... 8

D10. [Show Card D10] How many times in the past 14 days has the <Study Child's twin> done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

- none..... 1
- 1 to 2 days..... 2
- 3 to 5 days..... 3
- 6 to 8 days..... 4
- 9 or more days..... 5

D11. [Show Card D11] How many times in the past 14 days has the <Study Child's twin> done at least 20 minutes of light exercise that was not hard enough to make his / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

- none..... 1
- 1 to 2 days..... 2
- 3 to 5 days..... 3
- 6 to 8 days..... 4
- 9 or more days..... 5

D12. How far away is the school from the <Study Child's twin>'s home (one-way distance)?

- Less than ½mile (1km)..... 1
- ½ to 1 mile (1-2km)..... 2
- 1-5 miles (2-8km)..... 3
- More than 5 miles away (8km)..... 4
- Attends boarding school..... 5

D13. How does the <Study Child's twin> usually (a) go to school and (b) come home from school?

[Int tick one box in Col A and B]

- | | A. Going | B. Coming home |
|---------------------------------|----------------------------|----------------------------|
| 1. He/she walks..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 2. By public transport..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 3. School bus/coach..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 4. By car..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 5. Rides a bicycle..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 6. Other (please describe)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

D14. How long does it usually take the <Study Child's twin> (a) to go to school (b) to come home from school?[Int. tick one box on Col A and Col B]

- | | A. Going | B. Coming home |
|-----------------------|----------------------------|----------------------------|
| Less than 5 mins..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| 5-less 10 mins..... | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| 10-less 20 mins..... | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| 20-less 30 mins..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| 30 mins or more..... | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |

G. CHILD'S ACTIVITIES

G1. [Show Card G1] On a normal weekday during term time, how many hours does the <Study Child's twin> spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

- | | |
|--|--|
| None..... <input type="checkbox"/> 1 | 3 hours to less than 5 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more..... <input type="checkbox"/> 6 |

G2. [Show Card G2] On a normal weekday during term time, about how many hours does the <Study Child's twin> spend reading for pleasure? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

- | | |
|--|--|
| None..... <input type="checkbox"/> 1 | 5 hours to less than 7 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 7 hours or more..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | Child can't read <input type="checkbox"/> 7 |
| 3 hours to less than 5 hours..... <input type="checkbox"/> 4 | |

G3. [Show Card G3] On a normal weekday, during term-time, about how much time does the <Study Child's twin> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in class.

- | | |
|--|--|
| None..... <input type="checkbox"/> 1 | 3 hours to less than 5 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more..... <input type="checkbox"/> 6 |

G4. [Show Card G4] On a normal weekday, during term-time, about how much time does the <Study Child's twin> spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in class.

- | | |
|--|--|
| None..... <input type="checkbox"/> 1 | 3 hours to less than 5 hours..... <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours..... <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more..... <input type="checkbox"/> 6 |

G5. Does the <Study Child's twin> have the following in his/her bedroom?

- | | Yes | No | | Yes | No |
|------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|
| Television..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Computer or laptop | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Video/DVD player | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Games console (playstation etc...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

G6. On an average week how much money would you say you give the <Study Child's twin> to spend him/herself? € _____

H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

H1. [Show Card H1] Looking at this card, has the <Study Child's twin> ever experienced any of the following, at any time in their life : [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- A. Death of parent(s)..... 1
- B. Death of close family member (please specify)..... 2 _____
- C. Death of close friend 3
- D. Divorce/separation of parents 4
- E. Moving house 5
- F. Moving country 6
- G. Stay in foster home/ residential care..... 7
- H. Serious illness/injury..... 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in immediate family 10
- K. Mental disorder in immediate family 11
- L. Conflict between parents 12
- M. Parent in prison..... 13
- N. Other disturbing event (please specify) 14 _____

H2. [Show Card H2] I am going to read a number of statements which could be used to describe the child's behaviour over the past six months. Please tell me whether or not you consider each to be 'not true', 'somewhat true' or 'certainly true'. Use answers A, B, C and so on as on the card if you like.

	Not True	Somewhat True	Certainly True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Thinks things out before acting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

H3. [Show Card H3] Thinking about the <Study Child's twin's> temperament, how characteristic of the <Study Child's twin> are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

	1.Not Characteristic	2.Occasionally characteristic	3.Somewhat characteristic	4.Characteristic	5.Very characteristic
A. Child tends to be shy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Child cries easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Child likes to be with people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Child is always on the go.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Child prefers playing with others rather than alone.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Child tends to be somewhat emotional.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. When child moves about, he usually moves slowly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Child makes friends easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Child is off and running as soon as he wakes up in the morning.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Child finds people more stimulating than anything else....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Child often fusses and cries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Child is very sociable.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. Child is very energetic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. Child takes a long time to warm up to strangers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. Child gets upset easily.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Child is something of a loner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. Child prefers quiet, inactive games to more active ones.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. When alone, child feels isolated.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
S. Child reacts intensely when upset.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
T. Child is very friendly with strangers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

J. CHILD'S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when <Study Child's twin> was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naionra etc?

Yes₁ No.....₂

J2. [Show Card J2] What is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the <Study Child's twin>. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

Child minded at home by me or resident partner <input type="checkbox"/> ₁	Paid childminder in his/her own home <input type="checkbox"/> ₉
Looking after him/herself or cared for by a sibling <input type="checkbox"/> ₂	Au Pair / Nanny <input type="checkbox"/> ₁₀
Child minded by non-resident partner..... <input type="checkbox"/> ₃	Paid after-school care in group setting <input type="checkbox"/> ₁₁
Unpaid relative (or family friend) in your own home <input type="checkbox"/> ₄	Homework club <input type="checkbox"/> ₁₂
Unpaid relative (or family friend) in his/her own home .. <input type="checkbox"/> ₅	After-school activity-based facility..... <input type="checkbox"/> ₁₃
Paid relative (or family friend) in your own home..... <input type="checkbox"/> ₆	Special needs facility <input type="checkbox"/> ₁₄
Paid relative (or family friend) in his/her own home..... <input type="checkbox"/> ₇	Activity Camps (sport recreation arts/crafts etc) . <input type="checkbox"/> ₁₅
Paid childminder in your own home..... <input type="checkbox"/> ₈	Other <input type="checkbox"/> ₁₆

J3. Approximately how many hours per week does the <Study Child's twin> spend in this main form of childcare
 _____ hours per week₁ Not relevant, at home with parent/guardian₂

J4. Approximately how many days per week does the <Study Child's twin> spend in this main form of childcare
 _____ days per week₁ Not relevant, at home with parent/guardian₂

J5. [Int. Ask if NOT codes 1-5 at J2]: Approximately how much does this childcare for the <Study Child's twin> typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ _____ per Week.....₁ Fortnight.....₂ Month.....₄

J6. [Show Card J6] During an average week does the <Study Child's twin> participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

<u>Activity</u>	Participate in activity?		Pay for activity?	
	Yes	No	Yes	No
Sports/Fitness club (gym., GAA, soccer, hockey etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Cultural activities (dance, ballet, music, arts, drama etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Youth club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Homework club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the <Study Child's twin's> teacher?
 Yes.....₁ No.....₂

J8. [Show Card J8] During the last school year, about how many days was <Study Child's twin> absent from school for any reason?

- | | | | |
|--------------------|----------------------------|------------------------------|----------------------------|
| 0 days | <input type="checkbox"/> 1 | 11 to 20 days..... | <input type="checkbox"/> 5 |
| 1 - 3 days | <input type="checkbox"/> 2 | More than 20 days..... | <input type="checkbox"/> 6 |
| 4 to 6 days..... | <input type="checkbox"/> 3 | Not in school last year..... | <input type="checkbox"/> 7 |
| 7 to 10 days | <input type="checkbox"/> 4 | | |

J9. [Show Card J9] What was the main reason for <Study Child's twin> being absent from school?

- | | | | |
|--|----------------------------|---|----------------------------|
| Health reasons (illness or injuries) | <input type="checkbox"/> 1 | A problem with the teacher | <input type="checkbox"/> 6 |
| Problems with transportation | <input type="checkbox"/> 2 | A problem with children at school | <input type="checkbox"/> 7 |
| Problems with the weather..... | <input type="checkbox"/> 3 | Difficulties with childcare arrangements..... | <input type="checkbox"/> 8 |
| A family vacation..... | <input type="checkbox"/> 4 | Other | <input type="checkbox"/> 9 |
| A fear of school (school phobia) | <input type="checkbox"/> 5 | | |

J10. How often is the <Study Child's twin> given homework? [Card J10]

- | | | | |
|-----------------------------|----------------------------|--------------------------|----------------------------|
| Never..... | <input type="checkbox"/> 1 | Once a week | <input type="checkbox"/> 5 |
| Less than once a month..... | <input type="checkbox"/> 2 | A few times a week | <input type="checkbox"/> 6 |
| Once a month..... | <input type="checkbox"/> 3 | Daily | <input type="checkbox"/> 7 |
| A few times a month | <input type="checkbox"/> 4 | Don't Know | <input type="checkbox"/> 8 |

J11. On days when the <Study Child's twin> is given homework, how much time does he or she usually spend doing homework? [Card J11]

- | | | | |
|---------------------------------------|----------------------------|-------------------------------|----------------------------|
| 0 to 15 minutes | <input type="checkbox"/> 1 | 1.5 to less than 2 hours..... | <input type="checkbox"/> 5 |
| 16 to 30 minutes | <input type="checkbox"/> 2 | 2 to less than 3 hours..... | <input type="checkbox"/> 6 |
| 31 minutes to less than one hour..... | <input type="checkbox"/> 3 | 3 to less than 4 hours..... | <input type="checkbox"/> 7 |
| 1 to less than 1.5 hours..... | <input type="checkbox"/> 4 | 4 hours or more..... | <input type="checkbox"/> 8 |

J12. How often do you or your spouse/partner provide help with the <Study Child's twin's> homework?

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|
| Always/
Nearly Always | Regularly | Now and Again | Rarely | Never | Child rarely
gets homework |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

J13. Based on your knowledge of the <Study Child's twin's> schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is: [Card J13/J14]

- | | | | |
|---------------------|----------------------------|--------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average..... | <input type="checkbox"/> 4 |
| Below average | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | | |

J14. Based on your knowledge of the <Study Child's twin's> schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age? [Still Card J13/J14]

- | | | | |
|---------------------|----------------------------|--------------------|----------------------------|
| Poor..... | <input type="checkbox"/> 1 | Above average..... | <input type="checkbox"/> 4 |
| Below average | <input type="checkbox"/> 2 | Excellent..... | <input type="checkbox"/> 5 |
| Average..... | <input type="checkbox"/> 3 | | |

J15. About how many days a week does the <Study Child's twin> do things with friends outside of school hours?

- Never... 1 1 day a week....2 2-3 days a week..3 4-5 days a week..4 6-7 days a week..5

J16. About how many close friends does the <Study Child's twin> have?

- None..... 1 12 2 or 33 4 or 54 6 or more5

J17. [Show Card J17] Taking everything into account, how far do you expect the <Study Child's twin> will go in his/her education or training?

- Junior Certificate or equivalent 1
- Leaving Certificate or equivalent 2
- An apprenticeship or trade..... 3
- Diploma/Certificate..... 4
- Degree 5
- Postgraduate/higher degree 6
- Don't know 8

J18. To your knowledge, has the <Study Child's twin> been a victim of bullying in the last year?

- Yes 1 No 2

J19. [Show Card J19] What form did the bullying take?

- Physical bullying..... 1
- Verbal bullying..... 2
- Electronic [phone messaging, emails, Bebo etc].... 3
- Written messages/notes etc..... 5
- Exclusion..... 6
- Other (specify) _____ 7

J20. [Show Card J20] What was the reason for the bullying?

- Ethnicity..... 1
- Physical/Learning disability..... 2
- Religion..... 3
- Class performance..... 4
- Physical appearance (clothes, glasses, weight etc)..... 5
- Gender role..... 6
- Teacher's pet..... 7
- Family background..... 8
- Other (specify)..... 9

J21. Do you think the <Study Child's twin> has a Specific Learning Difficulty, Communication or Coordination Disorder

- Yes 1 No 2

J22. [Show Card J22] If yes, what is the nature of the difficulty or disorder?

- Dyslexia (incl. Dysgraphia, dyscalculia)..... 1
- ADHD..... 2
- Autism..... 3
- Aspergers Syndrome..... 4
- Speech & Language Difficulty..... 5
- Dyspraxia..... 6
- Slow progress (reasons unclear)..... 7

J23. Was it diagnosed by a professional?

- Yes 1 No 2 Awaiting consultation 3

J24. How long ago was it diagnosed?

- Last 6 months 1
- 6-12 months..... 2
- 1-2 years..... 3
- Longer than 2 years..... 4

J25. About how many children's books does <Study Child's twin> have access to in your home now, including any library books? Would you estimate:

- None..... 1
- Less than 10 2
- 10 to 20 3
- 21 to 30..... 4
- More than 30..... 5

J26. Do you use the Public Library for the <Study Child's twin>?`Yes 1 No 2

K: FAMILY CONTEXT

K1. Do you feel you have fun with the <Study Child's twin> every day? Yes ₁ No ₂

K2. [Show Card K2] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely Applies
A. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. My child values his/her relationship with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. When I praise my child, he/she beams with pride.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. My child reacts strongly to separation from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. My child is overly dependent on me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. My child easily becomes angry at me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. My child tries to please me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
P. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
R. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
S. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
T. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
U. Dealing with my child drains my energy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
V. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
W. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
X. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Z. I often think about my child when at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AA. My child whines or cries when he/she wants something from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AB. My child is sneaky or manipulative with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AC. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
AD. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

K3. [Show Card K3] How often do you do the following when the <Study Child's twin> misbehaves

	Never	Rarely	Now and again	Regularly	Always	Can't say
A. Discuss/Explain why behaviour was wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
B. Ignore him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
C. Smack him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
D. Shout or yell at him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
E. Send him/her out of the room or to their bedroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
F. Take away treats/pocket money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
G. Tell him/her off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
H. Bribe him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
I. Ground him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

K4. [Show Card K4] Now, I'd like to ask you about the time the <Study Child's twin> spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g., gardening, cooking, cleaning, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (including going shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K5. [Show Card K5] How often does the <Study Child's twin> get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Don't have
Grandparents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7
Uncles/Aunts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7
Cousins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7

K8. Does the <Study Child's twin> belong to any religious denomination Yes 1 No 2

K9. [Show Card K9] If yes, which one

Christian – no denomination	<input type="checkbox"/> 1
Roman Catholic	<input type="checkbox"/> 2
Anglican/Church of Ireland/Episcopalian	<input type="checkbox"/> 3
Other Protestant	<input type="checkbox"/> 4
Jewish	<input type="checkbox"/> 5
Muslim	<input type="checkbox"/> 6
Other (specify)	<input type="checkbox"/> 7
Refuse/no answer	<input type="checkbox"/> 9

K10. How regularly does the <Study Child's twin> attend religious service?

Daily	Weekly	Monthly	Less Often	Special Occasions	Never	Refused	N/a to their religion
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

K11. How fair or unfair would you say the household tasks are distributed between you and your partner?

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner..... 4

L1. Does the <Study Child's twin> have his/her own bedroom? Yes ₁ No.... ₂

L2. How many others does the Study Child share a bedroom with? _____

L3. And is <Study Child's twin> a citizen of Ireland? Yes ₁ No..... ₂ DK ₈

L4. What citizenship does he / she hold? _____ Don't know..... ₈

L5. Was the <Study Child's twin> born in Ireland? Yes..... ₁ No..... ₂

L6. In which country was he/she born? _____ Don't know ₈

L7. How long ago did he/she first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	Don't Know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈₈

L8. Does anyone other than yourself and/ or your spouse / partner provide care to the <Study Child's twin> on a regular basis for 8 or more hours each week? This could be in your own home, in a child-minder's home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative. Int Refer back to question J2 page 12 of the questionnaire

Yes, regular care 8 hrs per week or more ₁ No regular care 8 hrs per wk or more..... ₂ → Go to L61

L9. Is this care provided in:

the child's home	<input type="checkbox"/> ₁
a relative's home	<input type="checkbox"/> ₂
home of carer – non-relative	<input type="checkbox"/> ₃
centre – crèche, after-school etc.).....	<input type="checkbox"/> ₄

L10. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to the Study Child?

Yes ₁
No, does not wish regular carer to be interviewed ₂
No, does not have contact details for regular carer ₃

Interviewer:
record contact details of regular carer on the
Work Assignment Sheet

Time Interview Ended

(24 hour clock)

Appendix Z: Father / Partner Questionnaire, Twin Module



The Economic and Social
Research Institute
Whitaker Square
Sir John Rogerson's Quay



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

FATHER QUESTIONNAIRE – TWIN MODULE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

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

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. It is being undertaken by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. I have an information leaflet here about the study. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>'s twin.

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.

A0. Person number of twin covered by this questionnaire (from household register – main survey)

Respondent code of twin

D: FAMILY CONTEXT

D1. Do you feel you have fun with the <Study Child's twin>every day? Yes₁ No ₂

D2. [Show Card D2] Here are some statements about the relationship between you and the <Study Child's twin>. Please describe the degree to which each of the statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
I share an affectionate, warm relationship with my child. ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child and I always seem to be struggling with each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
If upset, my child will seek comfort from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child values his/her relationship with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child does not want to accept help when he/she needs it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
When I praise my child, he/she beams with pride.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child reacts strongly to separation from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child is overly dependent on me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child easily becomes angry at me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child tries to please me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child feels that I treat him/her unfairly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child asks for my help when he/she really does not need help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child sees me as a source of punishment and criticism.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dealing with my child drains my energy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I often think about my child when at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child whines or cries when he/she wants something from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is sneaky or manipulative with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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Time Section Ended

(24 hour clock)

Appendix AA: Work Assignment Sheet

NLSCI MAIN 9 year old cohort

Outcomes

- | | |
|-----------------------|---------------------------------|
| 1 ... Completed | 2 ... No contact |
| 3 ... Refused | 4 ... Unavailable |
| 5 ... Cannot locate | 6 ... Mother felt too sensitive |
| 7 ... Other (specify) | |



INTERVIEWER 0 Mr James Williams

Area 42

Household 38

Child's Name: Michael Mouse

Date of Birth: 04-Jun-98

Time Diary Day: Thursday

Mother's name: Minnie Mouse

Father's name: Mr Mouse

GPS readings

Household Outcome (from list above)

A

B

Address: 4 Burlington Road, Dublin 4

Parent phone numbers 000-9999999

SECTION A Who lives in household?	If yes, Interview Completed?		If no, why not?	SECTION B Child questionnaire (Yellow Card)	Which applies?		Which completed?		If no, why not?	
	Y	N			Y	N	Y	N		Y
Mother/Lone Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Sensitive CORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Father/Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Sensitive MUM (M)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Sensitive DAD (D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twin of Study Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Sensitive Mum's Partner (MP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Child Sensitive Dad's Partner (DP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Don't know/refused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION C
Is there a NON RESIDENT PARENT? Y N

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

Name _____

Address _____

Phone _____

SECTION D
Is there a REGULAR CHILD MINDER? Home based... ₁ Centre based ₂ None. ₃

Name of carer/centre _____

Address of carer/centre _____

Phone _____

SECTION E

	HEIGHT in cms				WEIGHT in Kgs			
Mother/lone father								
Father/partner								
Child								

Piers Harris required? YES

Completed? YES NO

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

Appendix AB – Drumcondra Reading Test, Level 4

EDUCATIONAL RESEARCH CENTRE, ST PATRICK'S
COLLEGE, DUBLIN 9

Drumcondra Primary Reading Test - Revised

GROWING UP IN IRELAND

**National Longitudinal Study of
Children in Ireland, Spring 2007**

LEVEL 3 FORM A

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Appendix AC– Drumcondra Maths. Test Level 4

EDUCATIONAL RESEARCH CENTRE, ST PATRICK'S COLLEGE, DUBLIN 9

**DRUMCONDRA PRIMARY
MATHEMATICS
TEST – REVISED**

GROWING UP IN IRELAND

**National Longitudinal Study of
Children in Ireland, Spring 2007**

LEVEL 3 FORM A

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