



**GROWING UP IN IRELAND**

**QUESTIONNAIRES FOR**

**COHORT '08 AT 9 YEARS**

**(WAVE 5 OF THE INFANT COHORT AT 9 YEARS)**

September 2019

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15M

**GROWING UP IN IRELAND  
STRICTLY CONFIDENTIAL**

**INFANT COHORT AT 9 YEARS**

**PRIMARY CAREGIVER QUESTIONNAIRE**

GROUP  HOUSEHOLD  CHILD NUMBER

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

DATE: \_\_\_\_ dd \_\_\_\_ mm \_\_\_\_ yy

About 4 years have passed since we visited you and your family, when <child> was 5 years of age. We would like to interview the parents/guardians of <child> as well as <child> him/herself. The whole interview with the parents/guardians and child will take about \_\_\_\_ minutes to complete [INTERVIEWER: ADJUST AS APPROPRIATE FOR YOU IN THE FIELD].

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence and will not be provided to anyone in a manner which would allow it to be associated with you or your family. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of a child or other vulnerable person, they may have to tell someone who can help.

*Growing Up in Ireland* is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with the Central Statistics Office. A contribution in support of the study is also being provided by The Atlantic Philanthropies.

The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

**Section A – Household Composition**

A1a. Is <primary caregiver at Previous wave> still resident in the household?

Yes ..... 1 No ..... 2 Go to A7a Resident but not available to do PCG 3 Go to A7a

A1b. Do you have a spouse/partner who lives here with you in the household?

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

**A1c. When we last visited your home in [MM/YYYY] you told us that [number of people resident at Previous wave] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.**

**A2. \*\*\*The name, sex, date of birth, and relationship of each person to the <primary respondent at Previous wave> and <child> will be checked and edited where necessary and their residency in the household at Current wave confirmed.\*\*\***

No.	First name	Sex		Date of Birth	If DOB not available	Still resident?		Relationship of each member to PCG and child.	(E) [CARD PES]							
									Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
																R'SHIP TO:
		M	F			Y	N	CARD REL PCG	CARD REL Study Child							
1		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>	////								
2		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>	////								
3		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
4		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
5		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
6		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
7		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						
8		<input type="checkbox"/>	<input type="checkbox"/>	____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>						

Interviewer: PCG should be on line 1. Study Child should be on line 2. SCG on line 3 (if relevant).

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]**  
**[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT PREVIOUS WAVE - ADD THEM TO THE NEW GRID BELOW]**

**A3a. Is anyone else currently living with you in the household whom we have not recorded above?**  
**[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID LAST TIME ANSWER 'Yes' TO THIS QUESTION AND ADD THEM TO THE NEW GRID BELOW]**

Yes ..... 1 No..... 2 Go to A4

**A3b. How many people have joined the household since we last spoke?**

No	First Name	Sex		Date of Birth	If DOB not available	Relationship of each member to PCG and child		Since when have they been living with you		Resident	[CARD PES]									
											Month	Year	Y/N	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
		M	F																	
21		<input type="checkbox"/>	<input type="checkbox"/>	____							<input type="checkbox"/>									
22		<input type="checkbox"/>	<input type="checkbox"/>	____							<input type="checkbox"/>									
23		<input type="checkbox"/>	<input type="checkbox"/>	____							<input type="checkbox"/>									
24		<input type="checkbox"/>	<input type="checkbox"/>	____							<input type="checkbox"/>									
25		<input type="checkbox"/>	<input type="checkbox"/>	____							<input type="checkbox"/>									

**[INTERVIEWER: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]**

A4. So that's a total of \_\_\_\_\_ people who live here in the household at present. Is that correct?

Yes ..... 1

No..... 2

→ [INTERVIEWER: CHECK HOUSEHOLD GRID]

[INTERVIEWER ASK ONLY IF <PREVIOUS WAVE PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE.]

A5. When we last visited your home in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?

Yes ..... 1

No..... 2

Go to A9a

A6a. Why is that? -----  
-----

[INTERVIEWER IF PRIMARY CAREGIVER FROM PREVIOUS WAVE HAS A RESIDENT SPOUSE PARTNER IDENTIFIED AT A2 ABOVE THEN:]

A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?

Yes ..... 1

No ..... 2

[INTERVIEWER: PLEASE ESTABLISH WHO IS THE PRIMARY CAREGIVER OF <CHILD> AT THIS TIME] Go to A9a

[INTERVIEWER IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE ASK A7a – A9.]

A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?

Yes ..... 1

No ..... 2

→ [INTERVIEWER: ASK TO SPEAK TO PCG]

A7b. [CARD A7B] Can you please tell me which of the following best describes your relationship to <child>? [INTERVIEWER USE CODES ONLY]

Biological mother/ father ..... 1

Grandparent ..... 5

Adoptive mother/ father ..... 2

Aunt/uncle ..... 6

Step-mother / Step-father / Partner of child's parent .... 3

Other relative/ in law ..... 7

Foster mother / father ..... 4

Unrelated guardian..... 8

A7c. Do you have a spouse/partner who lives here with you in the household?

Yes ..... 1

No..... 2

A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? \_\_\_\_\_ persons

No.	First name/Initial	Sex M F	Date of Birth	If DOB not available	Was this Person Resident at Previous wave?		Relationship of each member to PCG and child.		(E) [CARD PES]							
					Y	N	R'SHIP TO: CARD REL PCG	R'SHIP TO: CARD REL Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
51		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>	///		<input type="checkbox"/>							
52		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>	///		<input type="checkbox"/>							
53		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>							
54		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>							
55		<input type="checkbox"/> <input type="checkbox"/>	_____		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>							

**A8b. Was that person born into the household or did they join for another reason?**

Born into the household ..... <sub>1</sub>

Joined for another reason (specify) \_\_\_\_\_ <sub>2</sub>

**A8c. Since when has this person being living here in the household?** \_\_\_\_\_ month \_\_\_\_\_ year

**Go to A9a**

**A9a. Does <child> have any full, half or step brother(s) or sister(s) who live outside the household?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>

**A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household?** \_\_\_\_\_ n

**A9c. [CARD A9C] For each full/half/step brother/sister who lives outside the household, can you tell me:**

**1) their sex**

**2) their Date of Birth (DOB)**

**3) their relationship to <child>**

1. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Relationship to <child> [CARD A9c]

2. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Relationship to <child> [CARD A9c]

3. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Relationship to <child> [CARD A9c]

## Section B - Child's Sleep and Relationships

**B1. On a normal day, what time in the evening does <child> usually go to bed? \_\_\_\_\_ (24 hour clock)**

**B2. On a normal day, what time does <child> wake up at in the morning? \_\_\_\_\_ (24 hour clock)**

**B4. [CARD B4] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.**

	Definitely does not apply	Does not really apply	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. 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
g. My child spontaneously shares information about his/herself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. 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
i. 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
j. 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
k. 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
l. 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
m. 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
n. 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
o. 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

**B5. [CARD B5] How often do you do the following when <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"/> 6
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"/> 6
c. 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"/> 6
d. Send him/her out of the room or to his/her bedroom or naughty step .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. 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"/> 6
f. 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"/> 6
g. 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"/> 6
h. 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"/> 6

## Section C - Child's physical health and development

**C1. [CARD C1] In general, how would you describe <child's> current health?**

- Very healthy, no problems ..... 1  
 Healthy, but a few minor problems ..... 2  
 Sometimes quite ill ..... 3  
 Almost always unwell ..... 4

**C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?**

- Yes ..... 1                      No ..... 2 → **Go to C10**

**C3. [CARD C3] What longstanding illness, condition or disability does <child> have?**

**[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]**

- |   |                             |
|---|-----------------------------|
| Asthma.....   | <input type="checkbox"/> 1  |
| Cystic Fibrosis.....  | <input type="checkbox"/> 2  |
| Heart abnormalities.....  | <input type="checkbox"/> 3  |
| Eczema or any kind of skin allergy .....                                    | <input type="checkbox"/> 4  |
| Any kind of respiratory allergy (including hayfever) .....                  | <input type="checkbox"/> 5  |
| Any kind of food or digestive allergy or food intolerance .....             | <input type="checkbox"/> 6  |
| Problem with non-food allergies, such as to dust, animals or medicine ..... | <input type="checkbox"/> 7  |
| Bone, joint or muscle problems.....   | <input type="checkbox"/> 8  |
| A problem using his/her arms or legs .....                                  | <input type="checkbox"/> 9  |
| A problem using his/her hands or fingers .....                              | <input type="checkbox"/> 10 |
| Hyperactivity/Problems with attention ADD / ADHD .....                      | <input type="checkbox"/> 11 |
| Severe behavioural problems .....   | <input type="checkbox"/> 12 |
| Autism Spectrum Disorder .....  | <input type="checkbox"/> 13 |
| Other psychological or emotional condition .....                            | <input type="checkbox"/> 14 |
| Intellectual disability .....   | <input type="checkbox"/> 15 |
| Diabetes .....  | <input type="checkbox"/> 16 |
| Kidney disease.....   | <input type="checkbox"/> 17 |
| Migrainous headaches.....   | <input type="checkbox"/> 18 |
| Epilepsy or seizures.....   | <input type="checkbox"/> 19 |
| Down syndrome .....   | <input type="checkbox"/> 20 |
| Spina bifida/hydrocephalis .....  | <input type="checkbox"/> 21 |
| Cerebral palsy.....   | <input type="checkbox"/> 22 |
| Other (please specify).....   | <input type="checkbox"/> 23 |

**[INTERVIEWER – CODE FOR UP TO 3 ILLNESSES]**

**C4. Has this illness, condition or disability been diagnosed by a medical professional?**

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

**C5. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ year**

**C6. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ month**

**C7. Do any of these illnesses hamper <child> in his/her daily activities?**

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

**C8. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance**

- a. Food 1:** \_\_\_\_\_              **b. Food 2:** \_\_\_\_\_              **c. Food 3:** \_\_\_\_\_

**C9. Does <child> currently take any medication (including inhalers) for this longstanding illness, condition or disability; something that has been prescribed by a doctor or that you buy over the counter in the pharmacy? Don't include vitamin supplements unless they have been recommended or prescribed by a doctor. To be sure I get the name of the medication completely correct, it would help if you could show me the actual labels.**

**[INTERVIEWER: CODE UP TO FIVE AND FOR EACH. INCLUDE WHEN THE CHILD MOST RECENTLY STARTED TO TAKE THE MEDICATION]**

	Medication	Year started
1		
2		
3		
4		
5		

**C10. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction?**

**[INTERVIEWER: EXPLAIN THAT 'CORRECTION' INCLUDES BEING PRESCRIBED GLASSES]**

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

**C11. Has this sight problem been diagnosed by a professional?**

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

**C12. What is the nature of this sight problem?** \_\_\_\_\_

**C13. Since when has <child> had this sight problem?** \_\_\_\_\_ year

**C14. Since when has <child> had this sight problem?** \_\_\_\_\_ month

**C15. Does this sight problem hamper <child> in his/her daily activities?**

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

**C16. Has <child> ever had grommets inserted in his / her eardrums?**

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

**C17. When? Year \_\_\_\_\_ Month \_\_\_\_\_**

**C18. Does <child> currently have, or at any time in the past had, any other sort of hearing problem requiring correction?**

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

**C19. Has this hearing problem been diagnosed by a professional?**

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

**C20. What is the nature of this hearing problem?**

**C21. Since when has <child> had this hearing problem?** \_\_\_\_\_ year

**C22. Since when has <child> had this hearing problem?** \_\_\_\_\_ month

**C23. Does this hearing problem hamper <child> in his/her daily activities?**

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

C24. Does <child> usually require ongoing support to be able to move around?

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

C25. What supports does <child> require? [INTERVIEWER: 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

C26. Does <child> need the help of another person to get around in the wheelchair?

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

C27. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

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

C28. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? \_\_\_\_\_ N

C29. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

	Yes	No
a) An inhaler .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
b) Antibiotics .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
c) A nebuliser .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2

C30. [CARD C30] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INTERVIEWER: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

a. A general practitioner (GP) .....	_____ N
b. Out-of-hours GP service .....	_____ N
c. A paediatrician / consultant / hospital doctor .....	_____ N
d. A public health nurse .....	_____ N
e. A practice nurse (i.e. a nurse in a GP's surgery/clinic).....	_____ N
f. A psychiatrist/psychologist.....	_____ N
g. Accident and Emergency.....	_____ N
h. A private walk-in clinic or medical centre e.g. Swiftcare.....	_____ N
i. A social worker.....	_____ N
j. A speech therapist .....	_____ N
k. Other medical professional (please specify).....	_____ N

C31. Has <child> received a course of antibiotics in the past 12 months?

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

C32. In total, how many courses of antibiotics has <child> received in the past 12 months? \_\_\_\_\_ N

C33. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? \_\_\_\_\_ nights [INTERVIEWER: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

C34. Most children have accidents at some time. Since the last time we interviewed you in [MM/YYYY] , has <child> had an accident or injury for which he/she has been taken to the doctor, health centre or hospital?

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

C35. How many separate accidents has <child> had since the last interview in [MM/YYYY]? \_\_\_\_\_ accidents

C36. [CARD C36] Thinking about the MOST RECENT (or only) accident or injury since the last interview, what sort of accident or injury was it?

- Loss of consciousness / knocked out ..... 1
- Bang on the head / injury to head without being knocked out ..... 2
- Broken bone or fracture ..... 3
- Near drowning ..... 4
- Swallowed household cleaner / other poison / pills ..... 5
- Swallowed object ..... 6
- Cut needing stitches or glue..... 7
- Injury to mouth or tooth ..... 8
- Burn or scald ..... 9
- Other (please specify) \_\_\_\_\_ 10

**C37. What age was <child> when this MOST RECENT (or only) accident or injury happened? \_\_\_\_\_ Years**

**C38. Did <child> go to the hospital?** Yes 1 No 2

**C39. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?**

Casualty / Accident and Emergency only ..... 1

Admitted to a Hospital Ward ..... 2

**C40. [CARD C40] Where did this accident happen?**

In your home ..... 1

A friend's, neighbour's or relative's house ..... 2

In childcare – childminder's house or after-school care ..... 3

In school..... 4

Outside in your local neighbourhood ..... 5

Outside, somewhere else – not in your local neighbourhood..... 6

Other (please specify) \_\_\_\_\_ 7

**C41. [CARD C41] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INTERVIEWER: READ OUT]**

- |  | 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 with <child> ..... | <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. <Child> refused / fear of doctor .....                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. <Child> is still on the waiting list.....                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. Other (please specify) _____  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**C42. Is <child> currently on a waiting list for any type of medical assessment or treatment?**

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

**C43. Please specify \_\_\_\_\_**

**C44. Do you have any concerns about how <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

**C45. [CARD C45] In which areas does <child> have difficulties? What speech problems does <child> have?**

- |   | Yes                        | No                         |  | Yes                        | No                         |
|---|----------------------------|----------------------------|--|----------------------------|----------------------------|
| a. Reluctant to speak.....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | f. Difficulty putting words together.....                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Speech not clear to the family ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Voice sounds unusual.....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Speech not clear to others .....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Stutters, stammers .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Speech is developing slowly.....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Lisp or difficulty pronouncing certain letter combinations..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Difficulty finding words .....       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Other (please specify).....                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**C46. Has this speech or language problem been diagnosed by a medical professional?**

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

C47. Since when has <child> had this speech or language problem? \_\_\_\_\_ year

C48. Since when has <child> had this speech or language problem? \_\_\_\_\_ month

C49. Has <child> received any treatment for his/her speech or language problem? Yes 1 No 2

C50. Does this speech or language problem hamper <child> in his/her daily activities?

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

C51. Do you think <child> has a Specific Learning Difficulty, Communication or Co-ordination Disorder

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

C52. [CARD C52] Looking at Card C52, what is the nature of the difficulty or disorder?

[INTERVIEWER. TICK ALL THAT APPLY]

Dyslexia (incl. Dysgraphia, dyscalculia)..... 1 Speech & Language Difficulty..... 5  
ADHD (Attention Deficit Hyperactivity Disorder)..... 2 Dyspraxia..... 6  
Autism..... 3 Slow progress (reasons unclear)..... 7  
Aspergers Syndrome..... 4 Other (specify) ..... 8

C53. Was it diagnosed by a professional?

Yes ..... 1 No ..... 2 Awaiting consultation ..... 3

C54. Since when has <child> had this difficulty? \_\_\_\_\_ year

C55. Since when has <child> had this difficulty? \_\_\_\_\_ month

C56. Does this difficulty hamper <child> in his/her daily activities?

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

[INTERVIEWER: EXCEPT WHERE SPECIFIED, THE QUESTIONS ON ORAL HEALTH REFER TO TREATMENT FOR DENTAL HEALTH PROBLEMS/MEDICAL REASONS RATHER THAN PURELY COSMETIC TREATMENTS]

C57. How would you rate <child's> oral health?

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

C58. Which of the following best describes how regularly <child> 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 Go to C60a  
Once every three years ..... 3

C59. When was the last time <child> saw a dentist?

Year \_\_\_\_\_ Month \_\_\_\_\_

a. Was it a HSE or private dentist?

HSE .... 1 Private..... 2

b. Did <child> have any treatment?

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

C60a. Has <child> ever had any permanent / secondary teeth filled? Yes ..... 1 No 2

b. How many? \_\_\_\_\_

C61a. Has <child> ever had any permanent / secondary teeth extracted? Yes ..... 1 No 2

b. How many? \_\_\_\_\_

c. Were the extractions part of orthodontic treatment? ..... Yes ..... 1 No 2

**C62. [CARD C62] How often does <child> brush his/her teeth?**

- More than twice a day ..... 1
- Twice a day ..... 2
- Once a day ..... 3
- Less often than once a day ..... 4
- Rarely ..... 5
- Not at all ..... 6

**C63. [CARD C63] Was there any time in the last 12 months when, in your opinion, <child> needed a dental examination or treatment but he /she did not receive it because:**

- |   | 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) Our dental insurance didn't cover the treatment.....               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d) You could not take time off work to visit the dentist.....         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e) You wanted to wait and see if the problem got better.....          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f) Study child refused / fear of dentist.....                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g) Study child still on the waiting list.....                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| h) Too far to travel / no means of transport.....                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| i) Other (specify).....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**Section D - Child's diet and exercise**

**D1. [CARD D1] In the last 24 hours has <Child> had the following foods and drinks once, twice, more than twice or not at all?**

- |  | Once                       | Twice                      | More than twice            | 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 | <input type="checkbox"/> 5 |
| b) Fruit juice .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c) Meat / Chicken / Fish .....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d) Eggs .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e) Cooked vegetables.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f) Raw vegetables or salad.....                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 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 | <input type="checkbox"/> 5 |
| h) Hot chips or French fries .....                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| i) Crisps or savoury snacks .....                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| j) Bread.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| k) Potatoes/ Pasta/ Rice .....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| l) Cereals .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| m) Biscuits, doughnuts, cake, pie or chocolate.....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| n) Cheese/yoghurt/ fromage frais.....                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| o) Low fat Cheese/ low fat yoghurt.....                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| p) Water (tap water / still water/ sparkling water) .....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| q) Soft drinks / minerals / cordial / squash (not diet) .....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| r) Soft drinks / minerals / cordial / squash (diet) .....            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 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 | <input type="checkbox"/> 5 |
| t) Skimmed milk or skimmed milk products .....                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| u) Full fat lactose free or vegan alternatives to milk products..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| v) Low fat lactose free or vegan alternatives to milk products.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**D2. Does <child> usually have something to eat before going to school? Yes.....1 No ..... 2**

**D3. [CARD D3] Which of these best describes <child's> weight?**

[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- |                    |                            |                          |                            |
|--------------------|----------------------------|--------------------------|----------------------------|
| Underweight.....   | <input type="checkbox"/> 1 | Somewhat overweight..... | <input type="checkbox"/> 3 |
| Normal weight..... | <input type="checkbox"/> 2 | Very overweight .....    | <input type="checkbox"/> 4 |

**D4. [CARD D4] Looking at Card D4, how many times in the past 14 days has <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 .....        | <input type="checkbox"/> 1 | 6 to 8 days.....     | <input type="checkbox"/> 4 |
| 1 to 2 days ..... | <input type="checkbox"/> 2 | 9 or more days ..... | <input type="checkbox"/> 5 |
| 3 to 5 days ..... | <input type="checkbox"/> 3 |                      |                            |

**D5. [CARD D5] Looking at Card D5, how many times in the past 14 days has <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 .....        | <input type="checkbox"/> 1 | 6 to 8 days .....   | <input type="checkbox"/> 4 |
| 1 to 2 days ..... | <input type="checkbox"/> 2 | 9 or more days..... | <input type="checkbox"/> 5 |
| 3 to 5 days ..... | <input type="checkbox"/> 3 |                     |                            |

**D6. [CARD D6] How far away is the school from <child>'s home (one-way distance)?**

- |                                      |                            |                               |                            |
|--------------------------------------|----------------------------|-------------------------------|----------------------------|
| Less than ½mile (1km).....           | <input type="checkbox"/> 1 | 5 miles or more (8km).....    | <input type="checkbox"/> 4 |
| ½ to less than1 mile (1-2km) .....   | <input type="checkbox"/> 2 | Attends boarding school ..... | <input type="checkbox"/> 5 |
| 1 to less than 5 miles (2-8km) ..... | <input type="checkbox"/> 3 |                               |                            |

**D7. How does <child> usually (a) go to school and (b) come home from school?**

[INTERVIEWER: TICK ONE BOX IN COL A AND B]

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

**D8. How long does it usually take <child> (a) to go to school (b) to come home from school?**

[INTERVIEWER: TICK ONE BOX ON COL A AND COL B]

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

## **Section E - Parental Health**

**E1. [CARD 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.**

[INTERVIEWER: PLEASE RECORD DIAGNOSIS – NOT SYMPTOMS OF THE PROBLEM.]

**E4a. Has this problem, illness or disability been diagnosed by a medical professional?**

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

**E4b. Since when have you had this problem, illness or disability? \_\_\_\_\_ (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. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?**

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

**E6a. Is <child> covered by a medical card (e.g. a discretionary card) even if the family isn't covered?**

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

**E7. Is <child> covered by private medical insurance?**

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

**E8. Does that insurance include the cost of GP visits?**

Yes, in full ..... 1 Yes, partially ..... 2 No ..... 3

**E9. Do you look after anyone who needs special help or care, for example, someone who is elderly or has a long term illness or who has special needs – either here in your home or elsewhere? Include the study child if applicable. Do not include people whom you are employed to look after, but do include those for whom you are in receipt of a carer's allowance.**

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

**E10. How many people do you provide special help or care to? \_\_\_\_\_ (number of people)**

**E11. [CARD E11] How are you related/connected to this person/these people? (tick all that apply)**

- Your own parent(s) ..... 1
- Your partner/spouse's parent(s) ..... 2
- Your spouse/partner ..... 3
- The study child ..... 4
- Another child ..... 5
- Another adult ..... 6

**E12. Is that person/are those people living here in the family home or elsewhere? (tick all that apply)**

Here, in the family home ..... 1 Lives elsewhere ..... 2

**E13. About how many hours per week would you say that you spend providing care to that person / those people?**

\_\_\_\_\_ hrs per week

**E14. [CARD E14] Would you say that providing this care puts pressure on your family life?**

A lot of pressure ..... 1 A little pressure ..... 2 No pressure ..... 3

**E15. Thinking about your free-time, in general would you say you are:**

[INTERVIEWER:READ OUT]

- Very physically active ..... 1
- Fairly physically active..... 2
- Not very physically active ..... 3
- Not at all physically active ..... 4

**Section F - Child's play and activities**

**F1. [CARD F1] How often would you do any of the following with <child>?**

- |   | Never                      | Hardly ever                | Occasionally               | One or two times a week    | Everyday                   | N/A                        |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Play with <child> using toys or games / puzzles              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| b) Play computer games with <child>                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| c) Listen to <child> read                                       | <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) Read to <child>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| e) Use computer with <child> in educational ways                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| f) Sport or physical activities                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| g) Go on educational visits outside home such as museums, farms | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| h) Go shopping  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |

**F2. [CARD F2] In the past month, has <child> done any of these things with you or another family member?**

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| a) Gone to a movie   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b) Gone to a sporting event in which the child was not a player            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c) Gone to a concert, play, museum, art gallery, community or school event | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d) Attended a religious service, church, temple, synagogue or mosque       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e) Visited a library   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f) Swimming  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g) Going for a walk, a cycle, a hike etc.                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**F3. [CARD F3/F4] Looking at Card F3/F4, on a normal weekday during term time, about how many hours does <child> spend reading for pleasure [NOT during school hours or for homework]? 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.**

**F4. And on a normal weekend day, about how many hours does <child> spend reading for pleasure?**

F3. During the week (per day)	F4. Weekend (per day)
None..... <input type="checkbox"/> 1	None..... <input type="checkbox"/> 1
Less than 30mins ..... <input type="checkbox"/> 2	Less than 30mins ..... <input type="checkbox"/> 2
30 mins up to 1 hour..... <input type="checkbox"/> 3	30 mins up to 1 hour..... <input type="checkbox"/> 3
1 hour up to 2 hours..... <input type="checkbox"/> 4	1 hour up to 2 hours..... <input type="checkbox"/> 4
2 hours up to 3 hours..... <input type="checkbox"/> 5	2 hours up to 3 hours..... <input type="checkbox"/> 5
3 hours up to 4 hours..... <input type="checkbox"/> 6	3 hours up to 4 hours..... <input type="checkbox"/> 6
4 hours or more..... <input type="checkbox"/> 7	4 hours or more..... <input type="checkbox"/> 7

F5. Do you do anything specifically to develop or maintain <child's> Irish or other cultural or national identity – such as attending special classes, school, language classes, Gaeltacht, cultural events etc.?

Yes ..... <sub>1</sub> No..... <sub>2</sub>

F6. Which cultural or national identity? Irish..... <sub>1</sub>

Other (please specify) ..... <sub>2</sub>

Specify: \_\_\_\_\_

F7. What sort of things do you do?  
Please specify as fully as possible.

F.8 What sort of things do you do?  
Please specify as fully as possible.

## Section G – Screen time and internet use

G1. [CARD G1] Now I would like to ask you about <child's> use of electronic devices outside school. The sort of devices I'm thinking about are televisions, games consoles, computers, tablets, smartphones and so on. In particular, I am interested in the amount of time he/she spends on them outside of school on an average day during the week and also at the weekend. So, on average, how long would <child> spend?

Watching TV programmes/DVDs from any source (TV, streamed over the internet or DVD player) on an average day (i) during the week and (ii) at the weekend [CARD G1]

None      Less than 30 mins      30mins to less than 1 hour      1 hour to less than 2 hours      2 hours to less than 3 hours      3 hours to less than 4 hours      4 or more hours

(a) During the week.. <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

(b) At weekends..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

On any other screen-based activity (not TV programmes) – such as playing games, on the internet (for any reason)

None      Less than 30 mins      30 mins to less than 1 hour      1 hour to less than 2 hours      2 hours to less than 3 hours      3 hours to less than 4 hours      4 or more hours

(c) During the week.. <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

(d) At weekends..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub>

G2. Does <child> have access to the following at home (his/her own or one belonging to someone else)?

		Yes	No			Yes	No
a.	Television	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	f.	A mobile phone which doesn't have access to the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b.	A desktop computer (PC)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	g.	E-book reader such as a Kindle or Sony-Reader etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c.	A laptop computer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	h.	Other handheld devices such as iPod touch or Nintendo DS and other games devices	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d.	A computer tablet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	i.	Home games consoles such as X-box, Wii or PlayStation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e.	A smartphone (with access to the internet)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	j.	Other, please specify _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**G3. [CARD G3] What does <child> MOSTLY do on that 'screen time' when using any of the devices mentioned? Is s/he usually:**

- Doing schoolwork/homework..... 1
- Playing educational games..... 2
- Playing other games..... 3
- Watching movies, videos, other TV..... 4
- Doing a mixture of all types of activities..... 5
- Something else (specify)..... 6
- Doesn't have any screen time..... 7
- Don't know..... 8

**G4. [CARD G4] When <child> is watching television or films, where does the programme content come from (tick all that apply)?**

- Regular scheduled programming..... 1
- Scheduled programming that has been recorded / Catch-up TV..... 2
- On-demand service such as Netflix..... 3
- Youtube or similar website..... 4
- Streamed programs..... 5
- DVDs..... 6
- Something else (specify)..... 7 \_\_\_\_\_
- <Child> doesn't watch TV or Films..... 8
- Don't know..... 9

**G5. [CARD G5] What sort of internet access does your home have? (tick all that apply)**

- No internet connection..... 1
- Broadband with wifi..... 2
- Broadband with plug in connection..... 3
- Mobile broadband or 'dongle' from a phone provider..... 4
- Other type of internet connection..... 5

**G6. Is <child> supervised by you or another adult when he/she accesses the internet?**

- Always..... 1      Sometimes..... 2      Never..... 3

**G7. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Netnanny?**

- Yes..... 1      No..... 1

**G8. [CARD G8] Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (tick all that apply)**

- Rules about content..... 1
- Rules about total time spent on devices..... 2
- Rules about the time of day child can watch/use devices..... 3
- PIN numbers or passwords to lock or restrict devices..... 4
- 'Child-safe' settings, for example on TV satellite boxes..... 5
- Locking devices/modems away (or locking the room they are in)..... 6
- Engaging the child in alternative activities(e.g. football, baking)..... 7
- Something else (specify)..... 8
- None of the above..... 9

**G9. [Card G9] Does <child> have an online profile on a social media app or via a computer game they play online?**

- Social media profile 1      Computer game profile 2      Both 3      Neither 4      Not sure 5

## SECTION H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

H1. [CARD H1] Looking at Card H1, has <child> ever experienced any of the following since we last interviewed you in [MM/YYYY]?:

[INTERVIEWER – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

- Death of a parent.....1
- Death of close family member (please specify) .....2 \_\_\_\_\_
- Death of close friend.....3
- Divorce/separation of parents .....4
- Moving house .....5
- Moving country .....6
- Stay in foster home/ residential care .....7
- Serious illness/injury.....8
- Serious illness/injury of a family member .....9
- Drug taking/alcoholism in the immediate family .....10
- Mental disorder in immediate family.....11
- Conflict between parents.....12
- Parent in prison .....13
- Other disturbing event (please specify) .....14 \_\_\_\_\_
- None of the above .....15

H2. [CARD H2] Listed below is a set of statements which could be used to describe <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 <child>'s behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.

- |  | Not<br>True                | Somewhat<br>True           | Certainly<br>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 |

## Section I – Parenting and Family Context

**11. [Card I1] If you are currently working outside of the home, can I ask you the extent to which you agree or disagree with the following statements?**

[INTERVIEWER: IF RESPONDENT IS NOT CURRENTLY WORKING OUTSIDE OF THE HOUSE RECORD N/A]

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
<b>Because of your work responsibilities:</b>						
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
<b>Because of your family responsibilities:</b>						
c) You have to turn down work activities or opportunities that you would prefer to take on.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d) The time you spend working is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**12. [CARD I2] Looking at Card I2, now, I'd like to ask you about the time <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) Talk about things together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c) 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

**13. Does <child> have any brothers or sisters?**

[INTERVIEWER: INCLUDING HALF-SIBLINGS]

Yes..... 1      No..... 2

**14. [CARD I4] In general, how well does <child> get on with his/her siblings?**

Gets on well with his/her siblings.....	<input type="checkbox"/> 1
Mixed.....	<input type="checkbox"/> 2
Does not get on well with his/her siblings.....	<input type="checkbox"/> 3
Does not see them.....	<input type="checkbox"/> 4

**15. Are you in regular contact with <child's> grandparents?**

[INTERVIEWER: CONTACT FACE-TO-FACE NOT VIA SKYPE, PHONE ETC.]

Yes..... 1      No..... 2      All grandparents are deceased ..... 3      All grandparents live abroad 4

**16. How many of <child's> grandparents are still alive? \_\_\_\_\_ N**

**17. How often would <child> see any of his/her grandparents?**

	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
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**18. With how many of his/her grandparents would you say <child> has a close or very close relationship? \_\_\_\_\_ N**

**I9. [CARD I9] Looking at Card I9, how often does <child> get together with, see or spend time with the following people (excluding those living in your home)**

	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	Deceased /Don't have	None living in Ireland
a. Uncles/Aunts .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Cousins .....	<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

**I10. [Card I10] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?**

I get enough help 1 ..... I don't get enough help 2 ..... I don't get any help at all 3 ..... I don't need any help 4

**I11. Does <child> belong to any religious denomination** Yes..... 1 No..... 2

**I12. [CARD I12 / I15] If yes, which one**

Christian – no denomination ..... 1  
 Roman Catholic ..... 2  
 Anglican/Church of Ireland/Episcopalian ..... 3  
 Other Protestant..... 4  
 Jewish ..... 5  
 Muslim..... 6  
 Other (specify)..... 7

**I13. How regularly does <child> attend religious service?**

Daily 1 ..... Weekly 2 ..... Monthly 3 ..... Less Often 4 ..... Special Occasions 5 ..... Never 6 ..... Refused 7 ..... N/a to their religion 8

**I14. Do you belong to any religious denomination** Yes..... 1 No..... 2

**I15. [CARD I12/ I15] If yes, which one**

Christian – no denomination ..... 1  
 Roman Catholic ..... 2  
 Anglican/Church of Ireland/Episcopalian ..... 3  
 Other Protestant..... 4  
 Jewish ..... 5  
 Muslim..... 6  
 Other (specify) ..... 7

**I16. How regularly do you attend religious service?**

Daily 1 ..... Weekly 2 ..... Monthly 3 ..... Less Often 4 ..... Special Occasions 5 ..... Never 6 ..... Refused 7 ..... N/a to your religion 8

**I17a. In general, would you describe yourself as a religious person?**

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

**I17b. In general, would you describe yourself as a spiritual person?**

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

## Section J – Child’s Education

**J0a. Is <child> currently attending primary school?**

Yes... 1      No..... 2      <child>. Is homeschooled..... 3      Other ..... 4

**Now I'd like to ask you some questions on school details**

**J0b. What school is <child> currently attending? Please give the full name and address as exactly as possible**

Name of school: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 Address 4: \_\_\_\_\_  
 County: \_\_\_\_\_

**J0c. What class (or year) is <child> currently in?**

**[INTERVIEWER: IF INTERVIEW IS IN JULY/AUGUST PLEASE ENTER THE CLASS <CHILD> HAS JUST COMPLETED]**

First class..... 1      Fourth class..... 4  
 Second class..... 2      Other (please specify) ..... 5  
 Third class..... 3      \_\_\_\_\_

**J1. [CARD J1] Looking at Card J1, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for <child>. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends**

**[INTERVIEWER: 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	Early morning care before school ..... <input type="checkbox"/> 11
Unpaid relative (or family friend) in your own home ..... <input type="checkbox"/> 4	Paid after-school care in group setting ..... <input type="checkbox"/> 12
Unpaid relative (or family friend) in his/her own home .. <input type="checkbox"/> 5	Homework club ..... <input type="checkbox"/> 13
Paid relative (or family friend) in your own home..... <input type="checkbox"/> 6	After-school activity-based facility ..... <input type="checkbox"/> 14
Paid relative (or family friend) in his/her own home..... <input type="checkbox"/> 7	Special needs facility ..... <input type="checkbox"/> 15
Paid childminder in your own home ..... <input type="checkbox"/> 8	Activity Camps (sport recreation arts/crafts etc) .. <input type="checkbox"/> 16
	Other (specify)..... <input type="checkbox"/> 17

**J2. Approximately how many hours per week does <child> spend in this main form of childcare**

\_\_\_\_\_ hours per week<sub>1</sub>

**J3. Approximately how many days per week does <child> spend in this main form of childcare**

\_\_\_\_\_ days per week<sub>1</sub>

**[INTERVIEWER. ASK IF NOT CODES 1-5 AT J1]:**

**J4. Approximately how much does this childcare for <child> typically cost you per week/fortnight/month etc.?**

**[INTERVIEWER. 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

**J5. Who usually minds <child> if he/she is too sick to attend school?**

**[INTERVIEWER: READ OUT ANSWER CATEGORIES]**

Mother ..... 1      Father ..... 2      Parents take turns ... 3      Grandparents ..... 4  
 Other relative ..... 5      Friend/ Neighbour ..... 6      Childminder ..... 7 ..... Other (please specify)      8

**J6. [CARD J6] Looking at Card J6, during an average week does <child> participate in any club, organisation or class outside of school hours. Does this activity have to be paid for?**

- Activity**
- Team** sports (sports where <child> participates as part of a **team** e.g. football, rugby, hockey, etc.)
  - Individual sports (sports where <child> participates **individually** not as part of a team e.g. judo, running, swimming, etc.)
  - Drama
  - Arts/crafts
  - Computer/technology (eg. Coderdojo)
  - Youth clubs
  - Clubs/groups or classes associated with religious organisations
  - Music/Dance
  - Scouts/ Guides/ Boy's Brigade / Girl's Brigade
  - Homework club
  - Language classes
  - Other (specify)

Participate in activity?		Pay for the activity?	
Yes	No	Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<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 <child>'s teacher?**

Yes.....1                      No .....2                      Not applicable .....3

**J8. [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 .....1  
 1 to 3 days.....2                      11 to 20 days.....5  
 4 to 6 days.....3                      More than 20 days. ....6  
 7 to 10 days.....4                      Not in school last year .....7 Go to J10

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

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

**J10. [CARD J10] Looking at Card J10, how often is <child> given homework?**

Never.....1 →Go to J13                      Once a week .....5  
 Less than once a month.....2                      A few times a week .....6  
 Once a month.....3                      Daily (Monday – Thursday) .....7  
 A few times a month .....4                      Don't Know .....8Go to J13

**J11. [CARD J11] Looking at Card J11, on days when <child> is given homework, how much time does he or she usually spend doing homework?**

0 to 15 minutes .....1                      1.5 to less than 2 hours.....5  
 16 to 30 minutes .....2                      2 to less than 3 hours .....6  
 31 minutes to less than one hour.....3                      3 to less than 4 hours .....7  
 1 to less than 1.5 hours.....4                      4 hours or more.....8

**J12. How often do you or your spouse/partner provide help with <child>'s homework?**

Always/                      Child rarely  
 Nearly Always                      Regularly                      Now and Again                      Rarely                      Never                      gets homework  
1 .....2 .....3 .....4 .....5 .....6

**J13. [CARD J13/14] Looking at Card J13/J14, based on your knowledge of <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.....1      Above average.....4  
 Below average.....2      Excellent.....5  
 Average.....3

**J14. [Card J13/14] Looking at Card J13/J14, based on your knowledge of <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? Do you think he/she is:**

- Poor.....1      Above average.....4  
 Below average.....2      Excellent.....5  
 Average.....3

**J15. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate:**

- None.....1      21 to 30.....4  
 Less than 10.....2      More than 30.....5  
 10 to 20.....3

**J16. Do you use the Public Library for <child>?      Yes.....1      No.....2**

**J17a. Does <child>'s school request a voluntary contribution from parents?      Yes...1      No....2 Go to J18**

**J17b. Have you paid it in the last year?      Yes...1      No2 Go to J18**

**J17c. If yes, how much did you pay? € \_\_\_\_\_**

**J17d. How many children in total did this cover, including <child>? \_\_\_\_\_**

**J18. [CARD J18] Looking at Card J18, taking everything into account, how far do you expect <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

**J19. Have you put <child's> name down for a secondary school yet?      Yes.....1      No.....2**

**J20. How many schools? \_\_\_\_\_**

## Section K – Peer relationships and bullying

**K1. About how many days a week does <child> do things with friends outside of school hours?**

Never... <sub>1</sub> 1 day a week ....<sub>2</sub> 2-3 days a week ..<sub>3</sub> 4-5 days a week .. <sub>4</sub> 6-7 days a week ..<sub>5</sub>

**K2. About how many close friends does <child> have?**

None..... <sub>1</sub> 1 .....<sub>2</sub> 2 or 3.....<sub>3</sub> 4 or 5 ..... <sub>4</sub> 6 or more .....<sub>5</sub>

**K3. To your knowledge, has <child> been a victim of bullying in the last year?**

Yes .....<sub>1</sub> No .....<sub>2</sub>

**K4. [Card K4] Looking at Card K4, what form did the bullying take?**

[INTERVIEWER TICK ALL THAT APPLY]

Physical bullying .....<sub>1</sub> Written messages/notes etc.....<sub>4</sub>  
 Verbal bullying.....<sub>2</sub> Exclusion.....<sub>5</sub>  
 Electronic [phone messaging, emails,facebook etc].....<sub>3</sub> Other (specify).....<sub>6</sub>

**K5. [CARD K5] Looking at Card K5, what was the reason for the bullying?**

[INTERVIEWER: TICK MORE THAN ONE IF APPLICABLE]

Ethnicity.....<sub>1</sub> Not conforming to gender role.....<sub>6</sub>  
 Physical/Learning disability.....<sub>2</sub> Sexuality .....<sub>7</sub>  
 Religion .....<sub>3</sub> Teacher's pet .....<sub>8</sub>  
 Class performance.....<sub>4</sub> Family background .....<sub>9</sub>  
 Physical appearance (clothes, glasses, weight etc)..<sub>5</sub> Other (specify).....<sub>10</sub>

## Section L: Socio-demographics

**L1. I would now like to ask you some questions about your accommodation: Is this accommodation a:**

[INTERVIEWER: READ OUT ANSWER CATEGORIES]

House.....<sub>1</sub>  
 Apartment / flat/ bedsit .....<sub>2</sub>  
 Duplex .....<sub>3</sub>  
 Other (specify).....<sub>4</sub>

**L2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?**

Yes .....<sub>1</sub> No .....<sub>2</sub>

**L4. [Card L4] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?**

[INTERVIEWER: NOTE THAT WHERE THE PCG LIVES WITH <CHILD>'S GRANDPARENT(S) IN THEIR HOUSE, OCCUPANCY SHOULD BE RECORDED AS 'LIVING WITH PARENTS' RATHER THAN OWNER OCCUPIER, I.E. THE PCG'S NATURE OF OCCUPANCY RATHER THAN THE GRANDPARENTS]

Owner occupied (with a mortgage) .....<sub>1</sub>  
 Owner occupied (without a mortgage) .....<sub>2</sub>  
 Being purchased from a Local Authority under a Tenant Purchase Scheme .....<sub>3</sub>  
 Rented from a Local Authority .....<sub>4</sub>  
 Rented from a Voluntary Body .....<sub>5</sub>  
 Rented from a Private Landlord.....<sub>6</sub>  
 Living with and paying rent to your (or your partner's) parent(s).....<sub>7</sub>  
 Occupied free of rent with your (or your partner's) parent(s) .....<sub>8</sub>  
 Occupied free of rent from your (or your partner's) job .....<sub>9</sub>  
 Emergency accommodation .....<sub>10</sub>

**L5. How many bedrooms do you have in your home? \_\_\_\_\_ number of bedrooms**  
**[INTERVIEWER IF A STUDIO APARTMENT RECORD AS ZERO BEDROOMS]**

**L6. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?**

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

**L7. [CARD L7] Why is that?**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Too small.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Not a child-friendly layout.....                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Poor conditions in the home (damp, drafts, leaks etc)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Other (specify) _____                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**L8. [Card L8] Which of these descriptions BEST describes your usual situation in regard to work?**

**[INTERVIEWER: IF RESPONDENT IS ON MATERNITY LEAVE AND SHE HAS A JOB WHICH SHE INTENDS TO RETURN TO, SHE SHOULD BE CODED AS 0]**

- |   |                            |  |                             |
|---|----------------------------|--|-----------------------------|
| 0. Currently on maternity leave, but have a job to return to..... | <input type="checkbox"/> 0 | 4. Student full-time .....                                   | <input type="checkbox"/> 4  |
| 1. Employee (incl. Apprenticeship or Community Employment) .....  | <input type="checkbox"/> 1 | 5. On State training scheme - eg SOLAS, Failte Ireland ..... | <input type="checkbox"/> 5  |
| 2. Self-employed outside farming .....                            | <input type="checkbox"/> 2 | 6. Unemployed, actively looking for a job .....              | <input type="checkbox"/> 6  |
| 3. Farmer.....  | <input type="checkbox"/> 3 | 7. Long-term sickness or disability .....                    | <input type="checkbox"/> 7  |
|   |                            | 8. Home duties / looking after home or family .....          | <input type="checkbox"/> 8  |
|   |                            | 9. Retired.....  | <input type="checkbox"/> 9  |
|   |                            | 10. Other (please specify) .....                             | <input type="checkbox"/> 10 |

**L9. 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

**L10. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**

\_\_\_\_\_ minutes

**[INTERVIEWER. IF RESPONDENT WORKS AT HOME ENTER '0' FOR MINUTES]**

**L11. [CARD L11] How often does your work involve...READ OUT...**

- |   | Never                      | Less than once a month     | Once a month               | Several times a month      | Once a week                | Several times a week       | Every day                  | Don't know                 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>a</b> ...working evenings or nights – after usual office hours | <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 |
| <b>b</b> ...having to work overtime at short notice?              | <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 |

**L12. [CARD L12] How often does your work involve working at weekends?**

- | Never                      | Less than once a month     | Once a month               | Several times a month      | Every week                 | (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"/> 6 |

**L13. When did you start your current job? \_\_\_\_\_ year \_\_\_\_\_ month**

**L14. [CARD L14] What is your occupation in your main job?**

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION \_\_\_\_\_

**L15. In general, how would you rate your employer in terms of allowing 'family friendly' working?**

Very good..... 1

Fairly good ..... 2

Neither good nor poor ..... 3

Fairly poor ..... 4

Very poor..... 5

[INTERVIEWER: ASK L16 IF CODE 0 OR 1 AT L8]

**L16. Do you supervise or manage any personnel in your job?**

Yes ..... 1      No ..... 2

L17. How many? \_\_\_\_\_

[INTERVIEWER: ASK L18 IF CODE 2 OR 3 AT L8]

**L18. How many employees (if any) do you have? \_\_\_\_\_ employees → Go to L33**

[INTERVIEWER: ASK L19 IF CODE 3 AT L8]

**L19. How many acres do you farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares → Go to L33**

**L20. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 Go to L28**

**L21. In what year did you last work in that full-time job? \_\_\_\_\_ year**

**L22. 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

**L23. Did you supervise or manage any personnel in your job?**

Yes ..... 1      No ..... 2

L24. How many? \_\_\_\_\_

**L25. How many employees (if any) did you have? \_\_\_\_\_ employees**

**L26. How many acres did you farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares**

**L27. [CARD L27/30] What (was) your occupation in your main job?**

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:  
RETAIL STORE MANAGER

Do not use general terms such as:  
MANAGER

SECONDARY TEACHER  
ELECTRICAL ENGINEER

TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION \_\_\_\_\_

L28. Do you currently have a part-time job outside the home? Yes ..... <sub>1</sub> No..... <sub>2</sub> Go to L32

L29. On average, how many hours per week do you work in that part-time job? \_\_\_\_\_ hours

L30. [CARD L27/30] What is your occupation in that part-time job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your OCCUPATION \_\_\_\_\_

L31. If a farmer or a farm worker, write in the SIZE of the farm \_\_\_\_\_ acres \_\_\_\_\_ hectares Go to L33

L32. [CARD L32] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

L33. How would you best describe your spouse/partner in terms of their work status?

An employee <input type="checkbox"/> <sub>1</sub>	Self- employed <input type="checkbox"/> <sub>2</sub>	Not employed <input type="checkbox"/> <sub>3</sub>	Other <input type="checkbox"/> <sub>4</sub>
---	--	--	--

L34. [CARD L34] What is your spouse/partner's occupation?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in main OCCUPATION (If a farmer or a farm worker, please specify how many acres)

\_\_\_\_\_

L35. I'd like you to think back over the last 4 years – the last 48 months. In approximately how many of those months would you say you were mainly engaged in paid work outside the home (ignore holidays and so on)

Paid work outside the home ..... \_\_\_\_\_ months

Now I would like to 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.

**L36. [CARD L36]** Looking at the card, 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. [INTERVIEWER. TICK 'YES' OR 'NO' FOR EACH IN COL. A]

**L37. And of these sources of income which is the largest source of income at present?** [INTERVIEWER TICK ONE BOX ONLY IN COL. B]

	<u>A</u>		<u>B</u>
	<u>Receive?</u>		
	<u>Yes</u>	<u>No</u>	
a. Wages or Salaries.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Income from Self-Employment .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Income from Farming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Children's Allowance/ Child Benefit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Other Social Welfare Payments.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Student Maintenance Grants .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**L38. 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 as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members.**

[INTERVIEWER: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L43. IF EXACT FIGURE GIVEN GO TO L45]

Don't know..... 99 € \_\_\_\_\_ per Week 1 Month 2 Year 3

**L39. [Card L39]** I know that it is difficult to give an exact figure for household income but 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, the income levy and public sector pension levy [if applicable]. 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 these deductions have been applied.

[INTERVIEWER: TICK THE LETTER OF THE GROUP YOUR HOUSEHOLD FALLS INTO]

**HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI**

<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230 .....	Under €1,000 .....	Under €12,000 .....	A <input type="checkbox"/> → Section A
€231 to under €350 .....	€1,001 to under €1,500 .....	€12,001 to under €18,000 ...	B <input type="checkbox"/> → Section B
€351 to under €460 .....	€1,501 to under €2,000 .....	€18,001 to under €24,000 ...	C <input type="checkbox"/> → Section C
€461 to under €575 .....	€2,001 to under €2,500 .....	€24,001 to under €30,000 ...	D <input type="checkbox"/> → Section D
€576 to under €800 .....	€2,501 to under €3,500 .....	€30,001 to under €42,000 ...	E <input type="checkbox"/> → Section E
€801 to under €925 .....	€3,501 to under €4,000 .....	€42,001 to under €48,000 ...	F <input type="checkbox"/> → Section F
€926 to under €1,150 .....	€4,001 to under €5,000 .....	€48,001 to under €60,000 ...	G <input type="checkbox"/> → Section G
€1,151 to under €1,500 .....	€5,001 to under €6,500 .....	€60,001 to under €78,000 ...	H <input type="checkbox"/> → Section H
€1,501 to under €1,850 .....	€6,501 to under €8,000 .....	€78,001 to under €96,000 ...	I <input type="checkbox"/> → Section I
€1,851 or more .....	€8,001 or more .....	€96,001 or more .....	J <input type="checkbox"/> → Section J
Refused.....	<input type="checkbox"/> 77 GO TO L41 .....	Don't Know .....	<input type="checkbox"/> 88 GO TO L40

**L40. [CARD L40]** Would that be

[INTERVIEWER: SHOW CARD AND TICK 1, 2 OR 3 IN APPROPRIATE SECTION UNDER PER WK; PER MTH OR PER YR]

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

**L41. Does anyone in your household currently receive any Social Welfare payments, other than child benefit?**

Yes .....<sub>1</sub>                      No.....<sub>2</sub>

**L42. [CARD L42] Looking at Card L42 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?**

**[INTERVIEWER: NOTE THAT THE CHILD BENEFIT RATE IS €140 PER MONTH]**

None            Less than            5% to less            20% to less            50% to less            75% to less            100%

<sub>1</sub>            <sub>2</sub>            <sub>3</sub>            <sub>4</sub>            <sub>5</sub>            <sub>6</sub>            <sub>7</sub>

**L43. [CARD L43] 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Does your household have a roast joint (or its equivalent) at least once a week? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Do household members buy new rather than second-hand clothes? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Does each household member possess a warm waterproof coat? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Does each household member possess two pairs of strong shoes? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Does the household replace any worn out furniture? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Does the household keep the home adequately warm? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Does the household have family or friends for a drink or meal once a month? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Does the household buy presents for family or friends at least once a year? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**L44. [CARD L44] 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? Would you say...**

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

**L45. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)**

Yes ..... 1    No ..... 2

**L46. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?**

Yes ..... 1    No ..... 2

**L47. [CARD L47] Why was that?**

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

**L48. Does your family have a car?**

Yes ..... 1    No ..... 2

**L49. Would your family like to have a car but you cannot afford it?**

Yes ..... 1    No ..... 2

**L50. In the last 12 months, was the family unable to pay rent or make mortgage repayments for the main dwelling on time, due to financial difficulties:**

Yes ..... 1    No ..... 2

**L51. Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are**

[INTERVIEWER: READ OUT]

Much better off now    Somewhat better off now    No change off now    Somewhat worse off now    Much worse off now  
1    2    3    4    5

**L52. Why is that?** \_\_\_\_\_

**L53. [CARD L53] Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?**

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

**L54. When you were 16 was your mother alive** ..... Yes .. 1    No .... 2

**L55. When you were 16 was your father alive** ..... Yes .. 1    No .... 2

## Section M – About You

**M1a. [Forward feed of parental education from last interview]**

When we last interviewed you in [MM/YYYY] we recorded that the highest level of education (full-time or part-time) which you had completed was <level of education from last interview>.

**M1b. Is this still the highest level of education you have completed to date?**

Yes ..... 1    No, wrongly recorded last time ..... 2    No, changed since last time..... 3

**M1. [CARD M1] What is the highest level of education (full-time or part-time) which you have completed to date?**

**[INTERVIEWER: HIGHEST LEVEL ATTAINED (SUCCEEDED IN ACHIEVING)]**

No formal education ..... 1

Primary education ..... 2

**Second Level**

Lower Secondary ..... 3

(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

Upper Secondary ..... 4

(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

Technical or Vocational qualification ..... 5

(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

**Third Level**

National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma ..... 6

(Non Degree)

Primary Degree ..... 7

(Third Level Bachelor Degree)

Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor) ..... 8

Both a Degree and a Professional qualification ..... 9

Postgraduate Certificate or Diploma ..... 10

Postgraduate Degree (Masters) ..... 11

Doctorate (Ph.D) ..... 12

**[INTERVIEWER: ASK M2 ONLY IF M1 IS CODE 3 OR HIGHER]**

**M2. In what year did you get this qualification? \_\_\_\_\_**

**[INTERVIEWER: ASK M3 ONLY IF M1 IS CODE 5 OR HIGHER]**

**M3. What is the name of this qualification?**

**[INTERVIEWER: PLEASE RECORD AS MUCH DETAIL AS POSSIBLE]**

**[INTERVIEWER: ASK M4 ONLY IF M1 IS CODE 5]**

**M4. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?**

Yes ..... 1    No ..... 2

**M5. What is <child's> first language?**

English ..... 1    Irish..... 2    Other (please specify) \_\_\_\_\_ 3

**M6. What language is usually spoken to <child> in the home?**

English ..... 1    Irish ..... 2    Other (please specify) \_\_\_\_\_ 3

**[BLAISE CONDITION: ASK M7 – M9 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]**

**M7. 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 your native language?**

Yes ..... 1    No..... 2

**M8. Can I just check, can you read aloud to a child from a children's story book written in English?**

Yes ..... 1    No..... 2

**M9. Can you usually read and fill out forms you might have to deal with in English?**

Yes ..... 1

No..... 2

[BLAISE CONDITION: ASK M10 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**M10. 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

**M11. Are you a citizen of Ireland?**

Yes..... 1

No ..... 2

**M12. What citizenship do you hold?** \_\_\_\_\_

[ASK M13 – M15 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**M13. Were you born in Ireland?**

Yes..... 1

No ..... 2

**M14. In which country were you born?** \_\_\_\_\_

**M15. In what year did you first come to live in Ireland?** \_\_\_\_\_ year

**M16. And what about <child>. Is he / she a citizen of Ireland?** Yes 1..... No 2..... DK 3

**M17. What citizenship does he / she hold?** \_\_\_\_\_ Don't know 3

**M18. [CARD M18] Looking at card M18, can you tell me, what is your ethnic or cultural background?**

White

Irish..... 1

Irish Traveller ..... 2

Any other White background ..... 3

Black or Black Irish

African..... 4

Any other Black background..... 5

Asian or Asian Irish

Chinese ..... 6

Any other Asian background ..... 7

Other, including mixed background..... 8

## **Section N. Neighbourhood / Community**

**N1. How long have you lived in your local area?** \_\_\_\_\_ years \_\_\_\_\_ months

**N2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?**

Yes ..... 1

No ..... 2

**N3. [CARD N3] 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
a. Rubbish and litter lying about .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Homes and gardens in bad condition .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Vandalism and deliberate damage to property .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. People being drunk or taking drugs in public.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**N4. To what extent do you agree or disagree with these statements about your local area?**

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. 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
b. 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
c. 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
d. There is heavy traffic on my street or road .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. People around here are willing to help their neighbours.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Most people in your neighbourhood can be trusted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. You feel a strong sense of identity with your neighbourhood .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**N5. 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?**

	<u>Available?</u>			<u>Available?</u>	
	Yes	No		Yes	No
a. Regular public transport .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	f. Social Welfare Office .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. GP or health clinic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	g. Banking/ Credit Union .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Schools (primary or secondary)..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	h. Garda station .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Library .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	i. Essential grocery shopping .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Post Office.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	j. Recreational facilities appropriate to a 9-yr old	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**N6. Do you have any family living in this area? Yes 1 No 2**

**N7. How do you feel about your neighbourhood as a place for bringing up children?**

Excellent	Good	Average	Poor	Very poor	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"/> 6

**N8. [CARD N8] Would you describe the place where the household is situated as being.....?**

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

# GROWING UP IN IRELAND

STRICTLY CONFIDENTIAL

9-Year Infant Questionnaire

## Primary Caregiver – Self-complete Questionnaire

GROUP  HOUSEHOLD  CHILD NUMBER

Interviewer Name \_\_\_\_\_ Interviewer Number

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

We have a few final questions for you to complete by yourself. We would ask you to complete this section and return the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE**. If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

X1. Are you male or female?

Male.....<sub>1</sub> Female .....<sub>2</sub>

X2. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD / MM / YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT CURRENT WAVE ASK AS1 – AS3]:

S1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.

- He/she is deceased .....<sub>1</sub>
- We separated/divorced .....<sub>2</sub>
- He/she moved out to set up own household.....<sub>3</sub>
- Long-term absence (e.g. hospital, prison, military service abroad) .....<sub>4</sub>
- Other (please specify) .....<sub>5</sub>

S2. When did <Person from Wave 2> stop living with you: Since what year? \_\_\_\_\_[YYYY]

S3. When did <Person from Wave 2> stop living with you: Since what month? \_\_\_\_\_[mth]

S4. Are you the biological parent of <child>?

Yes.....<sub>1</sub> → Go to S8 No.....<sub>2</sub> → Go to S5

S5. Are you the adoptive parent of <child>?

Yes.....<sub>1</sub> No.....<sub>2</sub> → Go to S6

S6. Are you the foster parent of <child>?

Yes.....<sub>1</sub> No.....<sub>2</sub> → Go to S8

S7. How many months has <child> been with your family? \_\_\_\_\_ months

NOW PLEASE GO TO S8

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

**S8. Can you tell me which of these best describes your current marital status?**

- Married and living with husband / wife ..... <sub>1</sub> **Go to S9**
- Married and separated from husband / wife ..... <sub>2</sub> **Go to S10**
- Divorced ..... <sub>3</sub> **Go to S10**
- Widowed ..... <sub>4</sub> **Go to S10**
- Never married (including living with partner) ..... <sub>5</sub> **Go to S12**

**S9. In what year did you marry your husband / wife?** \_\_\_\_\_ (year) **Go to S13**

**S10. In what year did you marry your (former) spouse?** \_\_\_\_\_ (year) **Go to S11**

**S11. Since when have you been living apart / spouse deceased?** \_\_\_\_\_ (year) **Go to S12**

**S12. May I just check whether you are currently living with someone in the household as a couple?**

- Yes..... <sub>1</sub> No ..... <sub>2</sub> **Go to S18**

**S13. Since when have you and your spouse or partner been living together?** \_\_\_\_\_ (year)

**S14. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?**

- Most days..... <sub>1</sub> **→Go to S15**
- At least once a week..... <sub>2</sub> **→Go to S15**
- Less than once a week ..... <sub>3</sub> **→Go to S15**
- Hardly ever..... <sub>4</sub> **→Go to S15**
- Never..... <sub>5</sub> **→Go to S16**

**S15. When you and your partner argue, how often do you ....**

- |  |                        |                   |           |       |                          |
|--|------------------------|-------------------|-----------|-------|--------------------------|
|  | Almost never/<br>never | Not very<br>often | Sometimes | Often | Almost always/<br>always |
|--|------------------------|-------------------|-----------|-------|--------------------------|
- a. Shout or yell at each other ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
  - b. Throw something at each other ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
  - c. Push, hit or slap each other ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

**S16. How often would you say the following happen in your relationship?**

- |  |                 |                     |                        |              |        |       |
|--|-----------------|---------------------|------------------------|--------------|--------|-------|
|  | All the<br>time | Most of<br>the time | More often<br>than not | Occasionally | Rarely | Never |
|--|-----------------|---------------------|------------------------|--------------|--------|-------|
- a. You discuss or have considered divorce, separation, or terminating your relationship .. <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
  - b. You think that things between you and your partner are going well ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
  - c. You confide in your spouse/partner ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>

**S17. 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.**



**S18. Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)**

- |  |                         |                            |                        |                            |                 |
|--|-------------------------|----------------------------|------------------------|----------------------------|-----------------|
|  | Never /<br>almost never | Less than<br>half the time | About half<br>the time | More than<br>half the time | All the<br>time |
|--|-------------------------|----------------------------|------------------------|----------------------------|-----------------|
- a. Hug or hold this child for no particular reason ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
  - b. Tell this child how happy he/she makes you ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
  - c. Have warm, close times together with this child ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
  - d. Enjoy listening to this child and doing things with him/her ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
  - e. Feel close to this child both when he/she was happy and when he/she was upset ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
  - f. Express affection by hugging, kissing and holding this child ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

**S19. When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)**

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. How often does this child get away with things that you feel should have been punished? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. How often are you angry when you punish this child? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. How often do you feel you are having problems managing this child in general? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. When you discipline this child, how often does he/she ignore the punishment? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. How often do you tell this child that he/she is bad or not as good as others? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. How often do you think that the level of punishment you give this child depends on your mood? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

**S20. We would like you to think about things you do when both you and your partner are physically present together with the Study Child (i.e. in the same room, in the car, on outings). Count only times when all three of you are together (even if this is just a few hours per week). How often in a typical week, when all 3 of you are together, do you (please tick one box on each line):**

	Never		Someti mes (once or twice a week)		Often (once a day)		Very often (Several times a day)
	0	1	2	3	4	5	6
a. Find yourself in a mildly tense or sarcastic interchange with your partner?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b. Argue with your partner <u>about your child</u> , in the child's presence?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c. Argue about your relationship or marital issues <u>unrelated to your child</u> , in the child's presence?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d. One or both of you say cruel or hurtful things to each other in front of the child?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e. Yell at each other within earshot of the child?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.**

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. Caring for my child sometimes takes more time and energy than I have to give .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. The major source of stress in my life is my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Having a child has been a financial burden.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. It is difficult to balance different responsibilities because of my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...**

- Not very good at being a parent ..... 1
- A person who has some trouble being a parent ..... 2
- An average parent ..... 3
- A better than average parent ..... 4
- A very good parent..... 5

**[BLAISE CONDITION: ASK ONLY OF FEMALE RESPONDENTS]**

**S23. Are you currently pregnant?** Yes..... 1 No..... 2

**S24. Which of the following best describes how often you usually drink alcohol?**

- Never..... 1 **Go to S30**
- Less than once a month..... 2
- 1-2 times a month ..... 3
- 1-2 times a week..... 4
- 3-4 times a week..... 5
- 5-6 times a week..... 6
- Every day ..... 7

*If currently drink alcohol between everyday and 1-2 times a week ask:*  
**S25. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?**

- (a) Pints of Beer/Cider \_\_\_\_\_ (b) Glasses of Wine \_\_\_\_\_
- (c) Measures of Spirits \_\_\_\_\_ (d) Bottles of alcopops \_\_\_\_\_

**For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits**

**[BLAISE CONDITION: ASK S26 ONLY OF FEMALE RESPONDENTS]**

**S26. How often do you have 6 or more alcoholic drinks on one occasion?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**[BLAISE CONDITION: ASK S27 ONLY OF MALE RESPONDENTS]**

**S27. How often do you have 8 or more alcoholic drinks on one occasion?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**S28.. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**S29. How often during the last year have you failed to do what was expected of you because of drinking?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**S30. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

- No..... 1
- Yes, on one occasion..... 2
- Yes on more than one occasion..... 3

**S31. Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)**

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

**S32. About how many cigarettes or cigars do you smoke on average each day**

**[ENTER '0' IF LESS THAN 1 ON AVERAGE]**

**S33. Including yourself, how many members of the household smoke cigarettes or cigars? \_\_\_\_N**

**S34. Do you currently use ‘vapers’ or e-cigarettes?**

Daily .....<sub>1</sub>      Occasionally .....<sub>2</sub>      Not at all .....<sub>3</sub>

**S35. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?**

Yes, regularly ..... <sub>1</sub>      Yes, occasionally....<sub>2</sub>      No, not at all.....<sub>3</sub>

**S36. Do you use any other products (sometimes described as “legal highs” or “headshop drugs”) such as “poppers”, “party pills” or “spice”?**

Yes, regularly ..... <sub>1</sub>      Yes, occasionally....<sub>2</sub>      No, not at all.....<sub>3</sub>

**S37. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?**

Yes.....<sub>1</sub>      No.....<sub>2</sub>

**S38. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?**

Yes.....<sub>1</sub>      No.....<sub>2</sub>

**S39. Listed below 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)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. I felt depressed .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. I thought my life had been a failure .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. I felt fearful .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. My sleep was restless.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. I felt lonely.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. I had crying spells .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. I felt sad.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**S40. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....<sub>1</sub>      No.....<sub>2</sub> →Go to S42

**S41. Have you ever been to prison?**      Yes .....<sub>1</sub>      No ..... <sub>2</sub>

**[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]**

**S42. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic and child-rearing tasks (e.g. housework, home maintenance, shopping and cooking)?**

I do much less than my fair share.....<sub>1</sub>      I do more than my fair share .....<sub>4</sub>  
I do less than my fair share .....<sub>2</sub>      I do much more than my fair share .....<sub>5</sub>  
I do my fair share .....<sub>3</sub>

**S43. What do you think about smacking a child when he/she misbehaves would you say it is...**

Never justified .....<sub>1</sub>      Sometimes justified .....<sub>2</sub>      Always justified.....<sub>3</sub>  
Depends on the circumstances .....<sub>4</sub>      Don't know .....<sub>5</sub>

**S44. In your day-to-day life how often have any of the following things happened to you?**

Almost every day      At least once a week      A few times a month      A few times a year      Less than once a year      Never

- a) You are treated with less courtesy or respect than other people. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- b) You receive poorer service than other people at restaurants or stores. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- c) People act as if they think you are not smart. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- d) People act as if they are afraid of you. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- e) You are threatened or harassed. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.**

**S45. What do you think is the main reason for these experiences?**

- Your gender ..... 1
- Your race/skin colour/ethnic group/nationality ..... 2
- Your age ..... 3
- Your religion ..... 4
- Your sexual orientation ..... 5
- Your education or income Level ..... 6
- Your marital status ..... 7
- Your family status (e.g. pregnant or with children) ..... 8
- A disability ..... 9
- Membership of the travelling community ..... 10
- Because of the job you do/occupation ..... 11
- Other (please specify) ..... 12

**S46. If you work outside the home, how strongly do you agree or disagree with the following statement.**

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

My job is secure ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**S47. Can we check, does <child's> biological father/ mother live here with you or elsewhere?**

Lives here, including working away from home temporarily ..... 1 → **Go to S69**

Deceased ..... 2 → **Go to S69**

Lives elsewhere ..... 4

**S48. Were you ever married to or did you ever live with <child's> biological father / mother?**

Yes, married to... 1      Yes, lived with... 2      No 3 **Go to S50**      Adoptive / Foster parent 4 **Go to S69**

**S49. What age was the Study Child when you split or separated from their biological father / mother?**

Child's age \_\_\_\_\_ years

**S50. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?**

Formal..... 1      Informal..... 2      No parenting arrangement ... 3

**S51. Briefly describe that arrangement**

\_\_\_\_\_

\_\_\_\_\_

**S52. How did you arrive at that arrangement?**

Court imposed arrangements..... 1

Formal negotiated arrangements other than legal (e.g. counsellor) ... 2

Mutual agreement with no third party negotiator..... 3

**S53. Is this written or verbal?** Written ..... 1      Verbal ..... 2

**S54. How far does <child's> biological father / mother live from here?**

Within ½ hour's drive from here .....<sub>1</sub>      More than 1 hour's drive from here.....<sub>3</sub>  
 Between ½ and 1 hour's drive from here..<sub>2</sub>      Outside the country.....<sub>4</sub>

**S55. How often does <child> have face-to-face contact (not including Skype, FaceTime etc.) with his / her biological father / mother?**

Daily .....<sub>1</sub>      Monthly .....<sub>5</sub>  
 More than once a week.....<sub>2</sub>      Less than once a month .....<sub>6</sub>  
 Weekly .....<sub>3</sub>      No contact.....<sub>7</sub>  
 Every second week / weekend .....<sub>4</sub>

**S56. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?**

Daily .....<sub>1</sub>      Monthly .....<sub>5</sub>  
 More than once a week.....<sub>2</sub>      Less than once a month .....<sub>6</sub>  
 Weekly .....<sub>3</sub>      No contact.....<sub>7</sub>  
 Every second week / weekend .....<sub>4</sub>

**S57. On average, how often does <child> stay over or spend the night with his / her biological father / mother?**

4 or more nights per week .....<sub>1</sub>      Monthly .....<sub>5</sub>  
 1 – 3 nights per week.....<sub>2</sub>      Less than once a month .....<sub>6</sub>  
 Fortnightly .....<sub>3</sub>      Never .....<sub>7</sub>

**S58. When <child> is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?**

Yes - a little ..<sub>1</sub>    Yes – somewhat.....<sub>2</sub>    Yes – very.....<sub>3</sub>    No.....<sub>4</sub>    Don't know .....<sub>5</sub>

**S59. Does <child's> biological father / mother make any financial contribution to your household and the maintenance of <child> for rent, mortgage or direct maintenance payment?**

No, he/she never makes any payment.....<sub>1</sub>  
 Yes, he/she makes a regular payment .....<sub>2</sub>  
 Yes, he/she makes payments as required.....<sub>3</sub>

**S60. How often does <child's> biological father/ mother do any of these additional things:**

	Often	Sometimes	Rarely	Never
a. Buy clothes, toys or presents for child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Pay for child's medical or dental bills, health insurance or medicines .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Give you extra money to help out, like pay the rent, household bills or car repairs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Look after child when you need to do other things such as working, studying or attending appointments .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**S61. How often do you talk to <child's> biological father/ mother about <child>?**

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

**S62. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?**

Never/Almost never .....<sub>1</sub>      Often.....<sub>4</sub>  
 Rarely.....<sub>2</sub>      Always/Almost always .....<sub>5</sub>  
 Sometimes .....<sub>3</sub>      Don't discuss .....<sub>6</sub>

**S63. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?**

Never/Almost never .....<sub>1</sub>      Often.....<sub>4</sub>  
 Rarely.....<sub>2</sub>      Always/Almost always .....<sub>5</sub>  
 Sometimes .....<sub>3</sub>      Don't discuss .....<sub>6</sub>

**S64. How involved do you think <child's> biological father/ mother should be in <child's> life?**

A lot more involved ..... <sub>1</sub>      A little less involved..... <sub>4</sub>  
 A little more involved..... <sub>2</sub>      Much less involved..... <sub>5</sub>  
 Level of involvement is about right ..... <sub>3</sub>

**S65. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?**

Very positive      Positive      Neither positive nor negative      Somewhat negative      Very negative  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>

**S66. Does <child's> biological father / mother have any other children living with him/her at the moment?**

Yes ..... <sub>1</sub>      No..... <sub>2</sub>

**S67. How many of these are:**

	<b>N</b>
Full brothers / sisters of the Study Child	_____
Half brothers / sisters of the Study Child	_____
Other children (not related to Study Child)	_____

**S68. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?**

Yes ..... <sub>1</sub>  
 No, I do not wish other parent to be contacted ..... <sub>2</sub>  
 No, I do not have contact details for other parent ..... <sub>3</sub>

Please give contact details

**S69. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own mother (or other person fulfilling a maternal role) at that time?**

Very close      Quite Close      Quite Distant      Very Distant      Mother deceased/ not living with mother then      Can't remember  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>      <sub>5</sub>

**S70. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own father (or other person in a paternal role) at that time?**

Very close      Quite Close      Quite Distant      Very Distant      Father deceased/ not living with father then      Can't remember  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>      <sub>5</sub>

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



An Roinn Leanaí agus Gnóthaí Óige  
 Department of Children and Youth Affairs



Trinity College Dublin  
 The University of Dublin

**GROWING UP IN IRELAND  
STRICTLY CONFIDENTIAL**

**INFANT COHORT AT 9 YEARS**

**SECONDARY CAREGIVER QUESTIONNAIRE**

GROUP  HOUSEHOLD  CHILD NUMBER

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

DATE: \_\_\_\_ dd \_\_\_\_ mm \_\_\_\_ yy

About 4 years have passed since we visited you and your family, when <child> was 5 years of age. We would like to interview the parents/guardians of <child> as well as <child> him/herself. The whole interview with the parents/guardians and child will take about \_\_\_\_ minutes to complete **[INTERVIEWER: ADJUST AS APPROPRIATE FOR YOU IN THE FIELD]**.

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence and will not be provided to anyone in a manner which would allow it to be associated with you or your family. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of a child or other vulnerable person, they may have to tell someone who can help.

*Growing Up in Ireland* is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with the Central Statistics Office. A contribution in support of the study is also being provided by The Atlantic Philanthropies.

The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

## Section B - Child's Sleep and Relationships

**B4. [CARD B4] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.**

	Definitely does not apply	Does not really apply	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. 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
g. My child spontaneously shares information about his/herself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. 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
i. 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
j. 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
k. 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
l. 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
m. 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
n. 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
o. 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

**B5. [CARD B5] How often do you do the following when <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"/> 6
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"/> 6
c. 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"/> 6
d. Send him/her out of the room or to his/her bedroom or naughty step .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. 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"/> 6
f. 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"/> 6
g. 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"/> 6
h. 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"/> 6

## Section D - Child's diet and exercise

**D3. [CARD D3] Which of these best describes <child's> weight?**

[INTERVIEWER: ASK THE RESPONDENT TO USE CODES 1-4 AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]

Underweight..... <input type="checkbox"/> 1	Somewhat overweight..... <input type="checkbox"/> 3
Normal weight..... <input type="checkbox"/> 2	Very overweight ..... <input type="checkbox"/> 4

## Section E - Parental Health

**E1. [CARD E1] In general, how would you say your current health is?**

Excellent..... <sub>1</sub>      Very good ..... <sub>2</sub>      Good..... <sub>3</sub>      Fair..... <sub>4</sub>      Poor ..... <sub>5</sub>

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

Yes ..... <sub>1</sub>      No ..... <sub>2</sub>

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

**[INTERVIEWER: PLEASE RECORD DIAGNOSIS – NOT SYMPTOMS OF THE PROBLEM.]**

**E4a. Has this problem, illness or disability been diagnosed by a medical professional?**

Yes ..... <sub>1</sub>      No..... <sub>2</sub>

**E4b. Since when have you had this problem, illness or disability? \_\_\_\_\_(year)**

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

Yes, severely ..... <sub>1</sub>      Yes, to some extent..... <sub>2</sub>      No ..... <sub>3</sub>

**E9. Do you look after anyone who needs special help or care, for example, someone who is elderly or has a long term illness or who has special needs – either here in your home or elsewhere? Include the study child if applicable. Do not include people whom you are employed to look after, but do include those for whom you are in receipt of a carer's allowance.**

Yes ..... <sub>1</sub>      No ..... <sub>2</sub>

**E10. How many people do you provide special help or care to? \_\_\_\_\_(number of people)**

**E11. [CARD E11] How are you related/connected to this person/these people? (tick all that apply)**

- Your own parent(s) ..... <sub>1</sub>
- Your partner/spouse's parent(s)..... <sub>2</sub>
- Your spouse/partner ..... <sub>3</sub>
- The study child ..... <sub>4</sub>
- Another child..... <sub>5</sub>
- Another adult ..... <sub>6</sub>

**E12. Is that person/are those people living here in the family home or elsewhere? (tick all that apply)**

Here, in the family home ..... <sub>1</sub>      Lives elsewhere..... <sub>2</sub>

**E13. About how many hours per week would you say that you spend providing care to that person / those people?**

\_\_\_\_\_ hrs per week

**E14. [CARD E14] Would you say that providing this care puts pressure on your family life?**

A lot of pressure ..... <sub>1</sub>      A little pressure ..... <sub>2</sub>      No pressure ..... <sub>3</sub>

**E15. Thinking about your free-time, in general would you say you are:**

**[INTERVIEWER:READ OUT]**

- Very physically active ..... <sub>1</sub>
- Fairly physically active..... <sub>2</sub>
- Not very physically active ..... <sub>3</sub>
- Not at all physically active ..... <sub>4</sub>

## Section F - Child's play and activities

**F1. [CARD F1] How often would you do any of the following with <child>?**

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a) Play with <child> using toys or games / puzzles	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	
b) Play computer games with <child>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	
c) Listen to <child> read	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d) Read to <child>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	
e) Use computer with <child> in educational ways	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	
f) Sport or physical activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	
g) Go on educational visits outside home such as museums, farms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	
h) Go shopping	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	

**F2. [CARD F2] In the past month, has <child> done any of these things with you or another family member?**

	Yes	No
a) Gone to a movie	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) Gone to a sporting event in which the child was not a player	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) Gone to a concert, play, museum, art gallery, community or school event	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) Attended a religious service, church, temple, synagogue or mosque	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) Visited a library	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f) Swimming	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g) Going for a walk, a cycle, a hike etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

## Section I – Parenting and Family Context

**I1. [Card I1] If you are currently working outside of the home, can I ask you the extent to which you agree or disagree with the following statements?**

[INTERVIEWER: IF RESPONDENT IS NOT CURRENTLY WORKING OUTSIDE OF THE HOUSE RECORD N/A]

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

**I2. [CARD I2] Looking at Card I2, now, I'd like to ask you about the time <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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b) Talk about things together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c) Do household activities together (e.g., gardening, cooking, cleaning, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**I10. [Card I10] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?**

I get enough help 1 ..... I don't get enough help 2 ..... I don't get any help at all 3 ..... I don't need any help 4

**I14. Do you belong to any religious denomination**

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

**I15. [CARD I12/ I15] If yes, which one**

Christian – no denomination ..... 1  
Roman Catholic ..... 2  
Anglican/Church of Ireland/Episcopalian ..... 3  
Other Protestant..... 4  
Jewish ..... 5  
Muslim..... 6  
Other (specify) ..... 7

**I16. How regularly do you attend religious service?**

Daily 1 ..... Weekly 2 ..... Monthly 3 ..... Less Often 4 ..... Special Occasions 5 ..... Never 6 ..... Refused 7 ..... N/a to your religion 8

**I17a. In general, would you describe yourself as a religious person?**

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

**I17b. In general, would you describe yourself as a spiritual person?**

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

## Section L: SOCIO-DEMOGRAPHICS

**L8. [Card L8] Which of these descriptions BEST describes your usual situation in regard to work?**

**[INTERVIEWER: IF RESPONDENT IS ON MATERNITY LEAVE AND SHE HAS A JOB WHICH SHE INTENDS TO RETURN TO, SHE SHOULD BE CODED AS 0]**

<p>0. Currently on maternity leave, but have a job to return to..... <input type="checkbox"/>0</p> <p>1. Employee (incl. Apprenticeship or Community Employment) ..... <input type="checkbox"/>1</p> <p>2. Self-employed outside farming ..... <input type="checkbox"/>2</p> <p>3. Farmer..... <input type="checkbox"/>3</p>	<p>4. Student full-time ..... <input type="checkbox"/>4</p> <p>5. On State training scheme - eg SOLAS, Failte Ireland ..... <input type="checkbox"/>5</p> <p>6. Unemployed, actively looking for a job ..... <input type="checkbox"/>6</p> <p>7. Long-term sickness or disability..... <input type="checkbox"/>7</p> <p>8. Home duties / looking after home or family ..... <input type="checkbox"/>8</p> <p>9. Retired..... <input type="checkbox"/>9</p> <p>10. Other (please specify) ..... <input type="checkbox"/>10</p>
--	---

**L9. 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

**L10. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**

\_\_\_\_\_ minutes

**[INTERVIEWER. IF RESPONDENT WORKS AT HOME ENTER '0' FOR MINUTES]**

**L11. [CARD L11] How often does your work involve...READ OUT...**

	Never	Less than once a month	Once a month	Several times a month	Once a week	Several times a week	Every day	Don't know
<b>a</b> ...working evenings or nights – after usual office hours	<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
<b>b</b> ...having to work overtime at short notice?	<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

**L12. [CARD L12] How often does your work involve working at weekends?**

Never	Less than once a month	Once a month	Several times a month	Every week	(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"/> 6

**L13. When did you start your current job? \_\_\_\_\_ year \_\_\_\_\_ month**

**L14. [CARD L14] What is your occupation in your main job?**

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:  
 RETAIL STORE MANAGER  
 SECONDARY TEACHER  
 ELECTRICAL ENGINEER

Do not use general terms such as:  
 MANAGER  
 TEACHER  
 ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

**Write in your main OCCUPATION \_\_\_\_\_**

**L15. In general, how would you rate your employer in terms of allowing 'family friendly' working?**

- Very good.....1
- Fairly good .....2
- Neither good nor poor .....3
- Fairly poor .....4
- Very poor.....5

[INTERVIEWER: ASK L16 IF CODE 0 OR 1 AT L8]

**L16. Do you supervise or manage any personnel in your job?**

- Yes .....1      No .....2

**L17. How many?** \_\_\_\_\_

[INTERVIEWER: ASK L18 IF CODE 2 OR 3 AT L8]

**L18. How many employees (if any) do you have?** \_\_\_\_\_ employees → **Go to L35**

[INTERVIEWER: ASK L19 IF CODE 3 AT L8]

**L19. How many acres do you farm?** \_\_\_\_\_ acres \_\_\_\_\_ hectares → **Go to L35**

**L20. Apart from holiday or casual work, have you ever had a full-time job?** Yes ...1      No ..2 **Go to L28**

**L21. In what year did you last work in that full-time job?** \_\_\_\_\_ year

**L22. 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

**L23. Did you supervise or manage any personnel in your job?**

- Yes .....1      No .....2

**L24. How many?** \_\_\_\_\_

**L25. How many employees (if any) did you have?** \_\_\_\_\_ employees

**L26. How many acres did you farm?** \_\_\_\_\_ acres \_\_\_\_\_ hectares

**L27. [CARD L27/30] What (was) your occupation in your main job?**

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

**Write in your main OCCUPATION** \_\_\_\_\_

L28. Do you currently have a part-time job outside the home? Yes ..... <sub>1</sub> No..... <sub>2</sub> Go to L32

L29. On average, how many hours per week do you work in that part-time job? \_\_\_\_\_ hours

L30. [CARD L27/30] What is your occupation in that part-time job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:  
RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.  
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your OCCUPATION \_\_\_\_\_

L31. If a farmer or a farm worker, write in the SIZE of the farm \_\_\_\_\_ acres \_\_\_\_\_ hectares Go to L35

L32. [CARD L32] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

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

L35. I'd like you to think back over the last 4 years – the last 48 months. In approximately how many of those months would you say you were mainly engaged in paid work outside the home (ignore holidays and so on)

Paid work outside the home ..... \_\_\_\_\_ months

Now I would like to 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.

L51. Compared to when we last interviewed you, when <child> was 5 years old, how would you say the overall financial situation of your family has changed? Would you say you are

[INTERVIEWER: READ OUT]

Much better  
off now

<sub>1</sub>

Somewhat better  
off now

<sub>2</sub>

No change  
off now

<sub>3</sub>

Somewhat worse  
off now

<sub>4</sub>

Much worse  
off now

<sub>5</sub>

L52. Why is that? \_\_\_\_\_

L53. [CARD L53] Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

With great difficulty

<sub>1</sub>

With difficulty

<sub>2</sub>

With some difficulty

<sub>3</sub>

Fairly easily

<sub>4</sub>

Easily

<sub>5</sub>

Very easily

<sub>6</sub>

L54. When you were 16 was your mother alive ..... Yes .. <sub>1</sub> No..... <sub>2</sub>

L55. When you were 16 was your father alive ..... Yes .. <sub>1</sub> No..... <sub>2</sub>

## Section M – About You

### M1a. [Forward feed of parental education from last interview]

When we last interviewed you in [MM/YYYY] we recorded that the highest level of education (full-time or part-time) which you had completed was <level of education from last interview>.

### M1b. Is this still the highest level of education you have completed to date?

Yes ..... <sub>1</sub> No, wrongly recorded last time ..... <sub>2</sub> No, changed since last time..... <sub>2</sub>

### M1. [CARD M1] What is the highest level of education (full-time or part-time) which you have completed to date?

[INTERVIEWER: HIGHEST LEVEL ATTAINED (SUCCEEDED IN ACHIEVING)]

No formal education ..... <sub>1</sub>

Primary education ..... <sub>2</sub>

#### Second Level

Lower Secondary ..... <sub>3</sub>

(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

Upper Secondary ..... <sub>4</sub>

(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

Technical or Vocational qualification ..... <sub>5</sub>

(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

#### Third Level

National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma ..... <sub>6</sub>

(Non Degree)

Primary Degree ..... <sub>7</sub>

(Third Level Bachelor Degree)

Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor) ..... <sub>8</sub>

Both a Degree and a Professional qualification ..... <sub>9</sub>

Postgraduate Certificate or Diploma ..... <sub>10</sub>

Postgraduate Degree (Masters) ..... <sub>11</sub>

Doctorate (Ph.D) ..... <sub>12</sub>

[INTERVIEWER: ASK M2 ONLY IF M1 IS CODE 3 OR HIGHER]

### M2. In what year did you get this qualification? \_\_\_\_\_

[INTERVIEWER: ASK M3 ONLY IF M1 IS CODE 5 OR HIGHER]

### M3. What is the name of this qualification?

[INTERVIEWER: PLEASE RECORD AS MUCH DETAIL AS POSSIBLE]

[INTERVIEWER: ASK M4 ONLY IF M1 IS CODE 5]

### M4. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

[BLAISE CONDITION: ASK M7 – M9 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

### M7. 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 your native language?

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

### M8. Can I just check, can you read aloud to a child from a children's story book written in English?

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

### M9. Can you usually read and fill out forms you might have to deal with in English?

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

[BLAISE CONDITION: ASK M10 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT PREVIOUS WAVE, NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**M10. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?**

Yes ..... <sub>1</sub>

No..... <sub>2</sub>

**M11. Are you a citizen of Ireland?**

Yes..... <sub>1</sub>

No ..... <sub>2</sub>

**M12. What citizenship do you hold?** \_\_\_\_\_

[ASK M13 – M15 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**M13. Were you born in Ireland?**

Yes..... <sub>1</sub>

No ..... <sub>2</sub>

**M14. In which country were you born?** \_\_\_\_\_

**M15. In what year did you first come to live in Ireland?** \_\_\_\_\_ year

**M18. [CARD M18] Looking at card M18, can you tell me, what is your ethnic or cultural background?**

White

Irish..... <sub>1</sub>

Irish Traveller ..... <sub>2</sub>

Any other White background ..... <sub>3</sub>

Black or Black Irish

African..... <sub>4</sub>

Any other Black background..... <sub>5</sub>

Asian or Asian Irish

Chinese ..... <sub>6</sub>

Any other Asian background ..... <sub>7</sub>

Other, including mixed background ..... <sub>8</sub>

## **Section N. Neighbourhood / Community**

**N2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?**

Yes ..... <sub>1</sub>

No ..... <sub>2</sub>

## GROWING UP IN IRELAND

STRICTLY CONFIDENTIAL

9-Year Infant Questionnaire

### Secondary Caregiver – Self-complete Questionnaire

GROUP  HOUSEHOLD  CHILD NUMBER

Interviewer Name \_\_\_\_\_ Interviewer Number

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

We have a few final questions for you to complete by yourself. We would ask you to complete this section and return the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE**. If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

X1. Are you male or female?

Male.....<sub>1</sub> Female .....<sub>2</sub>

X2. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD / MM / YYYY

S4. Are you the biological parent of <child>?

Yes.....<sub>1</sub> → Go to S8 No.....<sub>2</sub> → Go to S5

S5. Are you the adoptive parent of <child>?

Yes.....<sub>1</sub> No.....<sub>2</sub> → Go to S6

S6. Are you the foster parent of <child>?

Yes.....<sub>1</sub> No.....<sub>2</sub> → Go to S8

S7. How many months has <child> been with your family? \_\_\_\_\_ months

**NOW PLEASE GO TO S8**

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

**S8. Can you tell me which of these best describes your current marital status?**

- Married and living with husband / wife ..... <sub>1</sub> **Go to S9**
- Married and separated from husband / wife ..... <sub>2</sub> **Go to S10**
- Divorced ..... <sub>3</sub> **Go to S10**
- Widowed ..... <sub>4</sub> **Go to S10**
- Never married (including living with partner) ..... <sub>5</sub> **Go to S12**

**S9. In what year did you marry your husband / wife?** \_\_\_\_\_ (year) **Go to S13**

**S10. In what year did you marry your (former) spouse?** \_\_\_\_\_ (year) **Go to S11**

**S11. Since when have you been living apart / spouse deceased?** \_\_\_\_\_ (year) **Go to S12**

**S12. May I just check whether you are currently living with someone in the household as a couple?**

- Yes..... <sub>1</sub> No ..... <sub>2</sub> **Go to S18**

**S13. Since when have you and your spouse or partner been living together?** \_\_\_\_\_ (year)

**S14. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?**

- Most days..... <sub>1</sub> **→Go to S15**
- At least once a week..... <sub>2</sub> **→Go to S15**
- Less than once a week ..... <sub>3</sub> **→Go to S15**
- Hardly ever..... <sub>4</sub> **→Go to S15**
- Never..... <sub>5</sub> **→Go to S16**

**S15. When you and your partner argue, how often do you ....**

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

**S16. How often would you say the following happen in your relationship?**

- |   | All the<br>time                       | Most of<br>the time                   | More often<br>than not                | Occasionally                          | Rarely                                | Never                                 |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. You discuss or have considered divorce,<br>separation, or terminating your relationship .. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| b. You think that things between you and your<br>partner are going well .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| c. You confide in your spouse/partner .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

**S17. 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.**



**S18. Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)**

- |   | Never /<br>almost never               | Less than<br>half the time            | About half<br>the time                | More than<br>half the time            | All the<br>time                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Hug or hold this child for no particular reason .....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. Tell this child how happy he/she makes you .....                                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. Have warm, close times together with this child .....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. Enjoy listening to this child and doing things with him/her .....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. Feel close to this child both when he/she was happy and<br>when he/she was upset ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. Express affection by hugging, kissing and holding<br>this child .....                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**S19. When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)**

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. How often does this child get away with things that you feel should have been punished? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. How often are you angry when you punish this child? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. How often do you feel you are having problems managing this child in general? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. When you discipline this child, how often does he/she ignore the punishment? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. How often do you tell this child that he/she is bad or not as good as others? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. How often do you think that the level of punishment you give this child depends on your mood? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]

**S20. We would like you to think about things you do when both you and your partner are physically present together with the Study Child (i.e. in the same room, in the car, on outings). Count only times when all three of you are together (even if this is just a few hours per week). How often in a typical week, when all 3 of you are together, do you (please tick one box on each line):**

	Never		Someti mes (once or twice a week)		Often (once a day)		Very often (Several times a day)
	0	1	2	3	4	5	6
a. Find yourself in a mildly tense or sarcastic interchange with your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Argue with your partner <u>about your child</u> , in the child's presence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue about your relationship or marital issues <u>unrelated to your child</u> , in the child's presence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. One or both of you say cruel or hurtful things to each other in front of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Yell at each other within earshot of the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.**

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. Caring for my child sometimes takes more time and energy than I have to give .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. The major source of stress in my life is my child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Having a child leaves little time and flexibility in my life.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Having a child has been a financial burden.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. It is difficult to balance different responsibilities because of my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...**

- Not very good at being a parent ..... 1
- A person who has some trouble being a parent ..... 2
- An average parent ..... 3
- A better than average parent ..... 4
- A very good parent..... 5

**[BLAISE CONDITION: ASK ONLY OF FEMALE RESPONDENTS]**

**S23. Are you currently pregnant?** Yes..... 1 No..... 2

**S24. Which of the following best describes how often you usually drink alcohol?**

- Never..... 1 **Go to S30**
- Less than once a month..... 2
- 1-2 times a month ..... 3
- 1-2 times a week..... 4
- 3-4 times a week..... 5
- 5-6 times a week..... 6
- Every day ..... 7

*If currently drink alcohol between everyday and 1-2 times a week ask:*  
**S25. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?**

- (a) Pints of Beer/Cider \_\_\_\_\_
- (b) Glasses of Wine \_\_\_\_\_
- (c) Measures of Spirits \_\_\_\_\_
- (d) Bottles of alcopops \_\_\_\_\_

**For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits**

**[BLAISE CONDITION: ASK S26 ONLY OF FEMALE RESPONDENTS]**

**S26. How often do you have 6 or more alcoholic drinks on one occasion?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**[BLAISE CONDITION: ASK S27 ONLY OF MALE RESPONDENTS]**

**S27. How often do you have 8 or more alcoholic drinks on one occasion?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**S28.. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**S29. How often during the last year have you failed to do what was expected of you because of drinking?**

- Never 1
- Less than monthly 2
- Monthly 3
- Weekly 4
- Daily or almost daily 5

**S30. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

- No..... 1
- Yes, on one occasion..... 2
- Yes on more than one occasion..... 3

**S31. Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)**

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

**S32. About how many cigarettes or cigars do you smoke on average each day**

**[ENTER '0' IF LESS THAN 1 ON AVERAGE]**

**S33. Including yourself, how many members of the household smoke cigarettes or cigars? \_\_\_\_N**

**S34. Do you currently use ‘vapers’ or e-cigarettes?**

Daily .....<sub>1</sub>      Occasionally .....<sub>2</sub>      Not at all .....<sub>3</sub>

**S35. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?**

Yes, regularly ..... <sub>1</sub>      Yes, occasionally....<sub>2</sub>      No, not at all.....<sub>3</sub>

**S36. Do you use any other products (sometimes described as “legal highs” or “headshop drugs”) such as “poppers”, “party pills” or “spice”?**

Yes, regularly ..... <sub>1</sub>      Yes, occasionally....<sub>2</sub>      No, not at all.....<sub>3</sub>

**S37. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?**

Yes.....<sub>1</sub>      No.....<sub>2</sub>

**S38. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?**

Yes.....<sub>1</sub>      No.....<sub>2</sub>

**S39. Listed below 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)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. I felt depressed .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. I thought my life had been a failure .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. I felt fearful .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. My sleep was restless .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. I felt lonely .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. I had crying spells .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. I felt sad.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**S40. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....<sub>1</sub>      No.....<sub>2</sub> →Go to S42

**S41. Have you ever been to prison?      Yes .....<sub>1</sub>      No ..... <sub>2</sub>**

**[BLAISE CONDITION: ASK ONLY IF RESIDENT SPOUSE/PARTNER]**

**S42. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic and child-rearing tasks (e.g. housework, home maintenance, shopping and cooking)?**

I do much less than my fair share.....<sub>1</sub>      I do more than my fair share .....<sub>4</sub>  
I do less than my fair share .....<sub>2</sub>      I do much more than my fair share .....<sub>5</sub>  
I do my fair share .....<sub>3</sub>

**S43. What do you think about smacking a child when he/she misbehaves would you say it is...**

Never justified .....<sub>1</sub>      Sometimes justified .....<sub>2</sub>      Always justified.....<sub>3</sub>  
Depends on the circumstances .....<sub>4</sub>      Don't know .....<sub>5</sub>

**S44. In your day-to-day life how often have any of the following things happened to you?**

Almost every day      At least once a week      A few times a month      A few times a year      Less than once a year      Never

- a) You are treated with less courtesy or respect than other people. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- b) You receive poorer service than other people at restaurants or stores. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- c) People act as if they think you are not smart. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- d) People act as if they are afraid of you. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- e) You are threatened or harassed. .... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.**

**S45. What do you think is the main reason for these experiences?**

- Your gender ..... 1
- Your race/skin colour/ethnic group/nationality ..... 2
- Your age ..... 3
- Your religion ..... 4
- Your sexual orientation ..... 5
- Your education or income Level ..... 6
- Your marital status ..... 7
- Your family status (e.g. pregnant or with children) ..... 8
- A disability ..... 9
- Membership of the travelling community ..... 10
- Because of the job you do/occupation ..... 11
- Other (please specify) ..... 12

**S46. If you work outside the home, how strongly do you agree or disagree with the following statement.**

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

My job is secure ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**S47. Can we check, does <child's> biological father/ mother live here with you or elsewhere?**

- Lives here, including working away from home temporarily ..... 1 → **Go to S69**
- Deceased ..... 2 → **Go to S69**
- Lives elsewhere ..... 4

**S48. Were you ever married to or did you ever live with <child's> biological father / mother?**

Yes, married to... 1      Yes, lived with... 2      No 3 **Go to S50**      Adoptive / Foster parent 4 **Go to S69**

**S49. What age was the Study Child when you split or separated from their biological father / mother?**

Child's age \_\_\_\_\_ years

**S50. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?**

Formal..... 1      Informal..... 2      No parenting arrangement ... 3

**S51. Briefly describe that arrangement**

\_\_\_\_\_

\_\_\_\_\_

**S52. How did you arrive at that arrangement?**

- Court imposed arrangements ..... 1
- Formal negotiated arrangements other than legal (e.g. counsellor) ... 2
- Mutual agreement with no third party negotiator ..... 3

**S53. Is this written or verbal?** Written ..... 1      Verbal ..... 2

**S54. How far does <child's> biological father / mother live from here?**

Within ½ hour's drive from here .....<sub>1</sub>      More than 1 hour's drive from here.....<sub>3</sub>  
 Between ½ and 1 hour's drive from here..<sub>2</sub>      Outside the country.....<sub>4</sub>

**S55. How often does <child> have face-to-face contact (not including Skype, FaceTime etc.) with his / her biological father / mother?**

Daily .....<sub>1</sub>      Monthly .....<sub>5</sub>  
 More than once a week.....<sub>2</sub>      Less than once a month .....<sub>6</sub>  
 Weekly .....<sub>3</sub>      No contact.....<sub>7</sub>  
 Every second week / weekend .....<sub>4</sub>

**S56. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?**

Daily .....<sub>1</sub>      Monthly .....<sub>5</sub>  
 More than once a week.....<sub>2</sub>      Less than once a month .....<sub>6</sub>  
 Weekly .....<sub>3</sub>      No contact.....<sub>7</sub>  
 Every second week / weekend .....<sub>4</sub>

**S57. On average, how often does <child> stay over or spend the night with his / her biological father / mother?**

4 or more nights per week .....<sub>1</sub>      Monthly .....<sub>5</sub>  
 1 – 3 nights per week.....<sub>2</sub>      Less than once a month .....<sub>6</sub>  
 Fortnightly .....<sub>3</sub>      Never .....<sub>7</sub>

**S58. When <child> is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?**

Yes - a little ..<sub>1</sub>    Yes – somewhat.....<sub>2</sub>    Yes – very.....<sub>3</sub>    No.....<sub>4</sub>    Don't know .....<sub>5</sub>

**S59. Does <child's> biological father / mother make any financial contribution to your household and the maintenance of <child> for rent, mortgage or direct maintenance payment?**

No, he/she never makes any payment.....<sub>1</sub>  
 Yes, he/she makes a regular payment .....<sub>2</sub>  
 Yes, he/she makes payments as required .....<sub>3</sub>

**S60. How often does <child's> biological father/ mother do any of these additional things:**

	Often	Sometimes	Rarely	Never
a. Buy clothes, toys or presents for child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Pay for child's medical or dental bills, health insurance or medicines .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Give you extra money to help out, like pay the rent, household bills or car repairs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Look after child when you need to do other things such as working, studying or attending appointments .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**S61. How often do you talk to <child's> biological father/ mother about <child>?**

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

**S62. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?**

Never/Almost never .....<sub>1</sub>      Often.....<sub>4</sub>  
 Rarely.....<sub>2</sub>      Always/Almost always .....<sub>5</sub>  
 Sometimes .....<sub>3</sub>      Don't discuss .....<sub>6</sub>

**S63. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?**

Never/Almost never .....<sub>1</sub>      Often.....<sub>4</sub>  
 Rarely.....<sub>2</sub>      Always/Almost always .....<sub>5</sub>  
 Sometimes .....<sub>3</sub>      Don't discuss .....<sub>6</sub>

**S64. How involved do you think <child's> biological father/ mother should be in <child's> life?**

A lot more involved ..... <sub>1</sub>      A little less involved..... <sub>4</sub>  
 A little more involved..... <sub>2</sub>      Much less involved..... <sub>5</sub>  
 Level of involvement is about right ..... <sub>3</sub>

**S65. How well do you get on with <child's> biological father/ mother? Would you say your relationship is?**

Very positive      Positive      Neither positive nor negative      Somewhat negative      Very negative  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>

**S66. Does <child's> biological father / mother have any other children living with him/her at the moment?**

Yes ..... <sub>1</sub>      No..... <sub>2</sub>

**S67. How many of these are:**

Full brothers / sisters of the Study Child                 N  
 Half brothers / sisters of the Study Child                  
 Other children (not related to Study Child)

**S68. We would like to send a short questionnaire to <child's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child's> biological father/ mother?**

Yes ..... <sub>1</sub>  
 No, I do not wish other parent to be contacted ..... <sub>2</sub>  
 No, I do not have contact details for other parent ..... <sub>3</sub>

Please give contact details

**S69. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own mother (or other person fulfilling a maternal role) at that time?**

Very close      Quite Close      Quite Distant      Very Distant      Mother deceased/ not living with mother then      Can't remember  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>      <sub>5</sub>

**S70. Thinking back to when you were 9 years old, how would you describe the relationship you had with your own father (or other person in a paternal role) at that time?**

Very close      Quite Close      Quite Distant      Very Distant      Father deceased/ not living with father then      Can't remember  
<sub>1</sub>      <sub>2</sub>      <sub>3</sub>      <sub>4</sub>      <sub>5</sub>      <sub>5</sub>

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



An Roinn Leanaí agus Gnóthaí Óige  
 Department of Children and Youth Affairs



Trinity College Dublin  
 The University of Dublin

## Growing Up in Ireland

### Read Along Questionnaire for 9 year olds

#### 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 10,000 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 your answers to these questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

# First think about school

## Section A: School

### 1. What do you think about school?

Always like it .....<sub>1</sub>      Sometimes like it .....<sub>2</sub>      Never like it .....<sub>3</sub>

### 2. How well do you think you are doing in your school work?

Well .....<sub>1</sub>      Average/Ok .....<sub>2</sub>      Poorly .....<sub>3</sub>

### 3. Do you like the following subjects?

Always like it      Sometimes like it      Never like it

- a) Maths .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- b) Reading .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>
- c) Irish .....<sub>1</sub> .....<sub>2</sub> .....<sub>3</sub>

### 4. How often do you get homework?

Never .....<sub>1</sub>      3-4 times a week .....<sub>3</sub>  
1-2 times a week .....<sub>2</sub>      5 times a week .....<sub>4</sub>

## Section B: Using a Computer

5. Do you have a computer, iPad, smartphone or other gadget at home that you can use to access the internet?

Yes ..... <sub>1</sub>

No ..... <sub>2</sub> Go to Q9

6. In the last week did you use it? (say all the things that you did)

	Yes	No
a) to watch videos on YouTube?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) to visit a social Media profile?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) to play games on your own?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) to play games with other people?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) for instant messaging?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f) for homework?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g) to watch TV or movies on the internet?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h) to download apps	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i) to download or stream music or films?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j) to share photos, videos or music with people other than your family?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
k) to read a book	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
l) to search for information on things that interest you	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
m) other things you do with it	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
Please tell me what else you do on the internet?		

**7. What type of gadget do you use most when you are online?  
(say one)**

- iPad or other tablet device.....1
- laptop.....2
- desktop computer.....3
- smartphone.....4
- games console (e.g. xbox, Wii, PlayStation).....5
- something else (please write it down).....6

**8. Who owns this gadget? (say one)**

- You.....1
  - Mum or dad.....2
  - Older brother or sister.....3
  - Shared by all the family.....4
  - Someone else (please write it down).....5
- 

**9. Are you allowed to use the internet without your parents or another adult checking what you are doing?** Yes.1 No..2

**10. Do you have your own mobile phone?** Yes.1 No..2Go to Q12

**11. Can you use this phone to access the internet?** Yes.1 No..2

## Section C: Likes and Dislikes

**12.** Could you tell me the three things you like to do most in your free time? (your favourite thing)

- Most favourite thing: \_\_\_\_\_
- Second favourite thing: \_\_\_\_\_
- Third favourite thing: \_\_\_\_\_

**13.** About how many friends do you have?

None. \_0 Go to Q15

1 - 2... \_1

6 - 10..... \_3

3 - 5.. \_2

More than 10..... \_4

**14.** When you are not at school, how often do you spend time with your friends (say ONE box only)

Most days ..... \_1

Less often than once a month. \_4

At least once a week..... \_2

Never ..... \_5

At least once a month..... \_3

**15. Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day? Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.**

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| No days..... <input type="checkbox"/> | 4 days..... <input type="checkbox"/> |
| 1 day..... <input type="checkbox"/>   | 5 days..... <input type="checkbox"/> |
| 2 days..... <input type="checkbox"/>  | 6 days..... <input type="checkbox"/> |
| 3 days..... <input type="checkbox"/>  | 7 days..... <input type="checkbox"/> |

**16. How often do you play sport?**

- |  |  |
|--|--|
| Never..... <input type="checkbox"/> <small>Go to Q19</small> | 3-4 times a week..... <input type="checkbox"/> |
| 1-2 times a week..... <input type="checkbox"/>               | Almost every day..... <input type="checkbox"/> |

**17. What sport(s) do you play? Say up to 3 sports**

- |   |   |
|---|---|
| Gaelic football..... <input type="checkbox"/> | Athletics/Running..... <input type="checkbox"/>       |
| Soccer..... <input type="checkbox"/>          | Rugby..... <input type="checkbox"/>                   |
| Swimming..... <input type="checkbox"/>        | Camogie..... <input type="checkbox"/>                 |
| Dance..... <input type="checkbox"/>           | Horse riding..... <input type="checkbox"/>            |
| Hurling..... <input type="checkbox"/>         | Other (Please write it down) <input type="checkbox"/> |
| Basketball..... <input type="checkbox"/>      | _____   |

**18. What is your favourite sport?**

\_\_\_\_\_

**19. How often do you read for fun (not for school)?**

- Every day ..... <sub>1</sub>
- A few times a week..... <sub>2</sub>
- Once a week ..... <sub>3</sub>
- A few times a month ..... <sub>4</sub>
- Less than once a month ..... <sub>5</sub>
- Never ..... <sub>6</sub> Go to Q21

**20. What do you like to read (in print or online)? Tick as many as you want**

- Stories or novels ..... <sub>1</sub>
- Books that explain things (e.g. about your favourite athlete, animals you like or a place you visited)..... <sub>2</sub>
- Magazines ..... <sub>3</sub>
- Comic books ..... <sub>4</sub>
- Something else (Please write it down)..... <sub>5</sub> \_\_\_\_\_

**21. Do you do any of these chores or jobs at home?**

	Often	Occasionally / Sometimes	Never
a) Help with cooking for the family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b) Hoovering / cleaning	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c) Helping in the garden	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d) Washing the dishes / Emptying the dishwasher	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e) Putting out the bin / recycling	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f) Cleaning the car	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g) Helping with your younger brothers or sisters	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h) Helping an elderly or sick relative in the family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i) Feeding or cleaning up after your family pet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

22. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.

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23. Are there any pets in your family? Yes ..... 1 No.....2 Go to end

24. What sort? [Say them all]

---

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## Self-Complete Questionnaire for 9 year olds (Infant Cohort)

Group  Household      Child Number

Interviewer Name: \_\_\_\_\_ Interviewer Number:

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 10,000 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. 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 your answers to these 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

To fill in a question just tick the box with the answer you want to give

#### Example:

Do you like sports?

Yes  <sub>1</sub> No  <sub>2</sub>



Think about where you live

**Section A: Where you live**

Yes No

1. Do you like living around here? ..... <sub>1</sub> ..... <sub>2</sub>
2. Do you have plenty of friends to play with around here? ..... <sub>1</sub> ..... <sub>2</sub>
3. Are there good places to play near your house? ..... <sub>1</sub> ..... <sub>2</sub>
4. Are the streets dirty around where you live? ..... <sub>1</sub> ..... <sub>2</sub>
5. Is there a playground near where you live? ..... <sub>1</sub> ..... <sub>2</sub>
6. Do you think there is a lot of graffiti near where you live? ..... <sub>1</sub> ..... <sub>2</sub>
7. Are there activities to do after school around here? ..... <sub>1</sub> ..... <sub>2</sub>
8. Are there places for children to play safely near your house? ..... <sub>1</sub> ..... <sub>2</sub>
9. Are adults living around here usually nice to you? ..... <sub>1</sub> ..... <sub>2</sub>
10. Do you feel safe living around here? ..... <sub>1</sub> ..... <sub>2</sub>

Now think about school

**Section B: School**

11. Do you look forward to going to school?  
Always ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>
12. Do you like your teacher?  
Always ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>
13. Does your teacher treat everyone the same?  
Always ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>
14. How often does your teacher?
  - a. Praise you ..... Always <sub>1</sub> ..... Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>
  - b. Give out to you ..... Always <sub>1</sub> ..... Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>
  - c. Talk to you (not about school) ..... Always <sub>1</sub> ..... Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>

**15.** Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes <sub>1</sub>

No <sub>2</sub>(If you have answered no, please skip to Question 18)

<b>16. How did they pick on you</b>	<b>Yes</b>	<b>No</b>
a) By shoving, pushing, hitting	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) Name calling, slagging	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) Text messaging, emails, online etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) Written messages / notes etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) Leaving me out of games / chats	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**17.**How often did someone pick on you?

Once or twice. <sub>1</sub>    Now and again. <sub>2</sub>    Almost every week <sub>3</sub>    Almost every day. <sub>4</sub>

**18.** Thinking back over the last year would you say that you picked on someone (either a child or an adult)?

Yes <sub>1</sub>

No <sub>2</sub>(If you have answered no, please skip to Question 21)

<b>19. How did you pick on them</b>	<b>Yes</b>	<b>No</b>
a) By shoving, pushing, hitting	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) Name calling, slagging	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) Text messaging, emails, online etc	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) Written messages / notes etc.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) Leaving them out of games / chats	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**20.**How often did you pick on someone?

Once or twice. <sub>1</sub>    Now and again. <sub>2</sub>    Almost every week <sub>3</sub>    Almost every day. <sub>4</sub>

**21.** How would you describe yourself?

Very skinny .....<sub>1</sub>

A bit overweight.....<sub>4</sub>

A bit skinny .....<sub>2</sub>

Very overweight .....<sub>5</sub>

Just the right size .....<sub>3</sub>



### Section C: Family

**22.** If you have a problem who would you talk to about it?

*Please tick all the people you would talk to*

- a) Mum..... <sub>1</sub>
- b) Dad..... <sub>2</sub>
- c) Teacher..... <sub>3</sub>
- d) Friends..... <sub>4</sub>
- e) Brother or sister..... <sub>5</sub>
- f) Grandmother/Grandfather..... <sub>6</sub>
- g) Someone else..... <sub>7</sub>
- h) Nobody..... <sub>8</sub>

**23.** How well do you get on with your Mum?

Very well..... <sub>1</sub>      Fairly well..... <sub>2</sub>      You and your Mum don't get on..... <sub>3</sub>

**24.** How well do you get on with your Dad?

Very well..... <sub>1</sub>      Fairly well..... <sub>2</sub>      You and your Dad don't get on..... <sub>3</sub>

The purpose of these next questions is to find out how children really feel about themselves.

Often other people, especially parents and teachers, are asked how they think you feel. The next set of questions gives you the chance to say for yourself how you feel.

The results may be used to help us understand better what makes you feel the way you do about yourself.

When you answer the questions, think of how you really are, not how you think you should be.

Here are some questions about your feelings

Here are some questions about how you feel about yourself. Please tick yes or no for each question. Remember we won't tell anyone your answers.

		Yes	No
25.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
26.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
27.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
28.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
29.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
30.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
31.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
32.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
33.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
34.		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

		Yes	No
35.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
36.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
37.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
38.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
39.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
40.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
41.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
42.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
43.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
44.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
45.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
46.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
47.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
48.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
49.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
50.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
51.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
52.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
53.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
54.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2
55.	<input type="text"/>	<input type="checkbox"/> 1	<input type="checkbox"/> 2

That is the end of all this set  
of questions.

**Thank you for all your help.**



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# ***Growing Up in Ireland – Survey of 9-year-olds***

**STRICTLY CONFIDENTIAL**

## **PRINCIPAL'S QUESTIONNAIRE**

***Growing Up in Ireland*** is a major government study on children. The purpose of the study is to improve our understanding of all aspects of childhood and children's development. It examines how children develop over time and identifies 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 are being used by government to develop policies and interventions to support children and their families in the future.

The Department of Children and Youth Affairs is funding the study in association with the Central Statistics Office. A contribution is also being made by The Atlantic Philanthropies. The Department of Education and Skills is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.

The parents/guardians of each of the children listed on the ***Growing Up in Ireland School Record Form*** which will be emailed to you have already filled out questionnaires in their home. They have also signed a consent form which gives us permission to ask the teacher to complete the questionnaire about their child (the green questionnaire). All information provided will be treated in the strictest confidence. 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.

**School ID** (see enclosed cover letter)

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**Completion Date:** \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

1. Are you male or female? Male .....<sub>1</sub> Female.....<sub>2</sub>

2. To which age group do you belong?

20 - 29 yrs .....<sub>1</sub> 30 - 39 yrs ....<sub>2</sub> 40 - 49 yrs .<sub>3</sub> 50 - 59 yrs .....<sub>4</sub> 60 yrs or older.....<sub>5</sub>

3. For how many years have you been a Principal:

(a) in this school \_\_\_\_\_ years (b) in other Primary School(s)? \_\_\_\_\_ years

4. 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 .....<sub>1</sub>
- A primary degree in education (B.Ed) .....<sub>2</sub>
- A primary degree in another subject .....<sub>3</sub>
- A postgraduate diploma in education .....<sub>4</sub>
- A qualification in learning support, special education or resource teaching .....<sub>5</sub>
- A higher degree in education (PhD, Masters etc.) .....<sub>6</sub>
- A higher degree in another subject (PhD, Masters etc.) .....<sub>7</sub>
- Other [please specify] \_\_\_\_\_ <sub>8</sub>

5. Did you do any continuing professional development (in-service training or up-skilling) in the last 12 months?

Yes <sub>1</sub> No..... <sub>2</sub>

6. How many days or hours of professional development did you do? \_\_\_\_\_ days \_\_\_\_\_ hours

7. What is the school's DEIS status?

- DEIS – Urban Band 1 .....<sub>1</sub>
- DEIS – Urban Band 2 .....<sub>2</sub>
- DEIS – Rural.....<sub>3</sub>
- Non-disadvantaged .....<sub>4</sub>

8. Is this a private fee-paying school? Yes .....<sub>1</sub> No ..... <sub>2</sub>

9. Does the school receive voluntary contributions from parents? Yes.....<sub>1</sub> No.....<sub>2</sub>

10. If yes, how much is each family asked to give per year? € \_\_\_\_\_ per family

11. What proportion of parents pay? \_\_\_\_\_ %

12. How many boys and how many girls were enrolled in the school on 30<sup>th</sup> September 2017?

Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total Pupils \_\_\_\_\_

13. What is the main language medium of your school?

English.....<sub>1</sub> Gaeilge.....<sub>2</sub>

14. What is the ethos of your school?

- Roman Catholic.....<sub>1</sub> Church of Ireland .....<sub>2</sub>
- Other Christian .....<sub>3</sub> Jewish .....<sub>4</sub>
- Muslim .....<sub>5</sub> Educate Together .....<sub>6</sub>
- Community National School.....<sub>7</sub> Other (specify) \_\_\_\_\_ <sub>8</sub>

15. In addition to your duties as Principal, do you have a teaching class assigned to you?

Yes .....<sub>1</sub> No .....<sub>2</sub>

16. How many *full-time* and *part-time* teachers work in this school? Please indicate how many are male and how many are female. (Please include the Principal among the teaching staff.)

<i>Teachers</i>	<i>Full-time</i>	<i>Part-time</i>
Male		
Female		
Total		

17. Excluding yourself, how many *full-time* and *part-time* administrative staff work in your school? (Please include the Principal among the teaching staff.)

Full-time admin. staff \_\_\_\_\_ Part-time admin. staff \_\_\_\_\_ [If none, please write none. Do not leave blank]

18. 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
a)	Learning support/resource teachers		
b)	Language support teachers		
c)	Special needs assistants		
d)	Other teaching assistants		

19. How many rooms (including prefabs, etc) are used as classrooms in the school? \_\_\_\_\_ classrooms
20. Of these, how many portable classrooms (prefabs) are there in the school? \_\_\_\_\_ portable classrooms
21. How many classes (across all year-groups) are there in the school? \_\_\_\_\_ classes
22. Approximately how many children is the school designed for? \_\_\_\_\_ children
23. In what year was the school built? \_\_\_\_\_ year
24. In what year was the school most recently refurbished? \_\_\_\_\_ year never ...  9
25. How would you rate the school's resources in each of the following areas?

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

26. Does the school have a Home-School Community Liaison Co-ordinator? Yes.....<sub>1</sub> No.....<sub>2</sub>

27. Does the school provide a 'breakfast club'?

Yes, every day .....<sub>1</sub> Yes, some days .....<sub>2</sub> No.....<sub>3</sub>

28. Is this provided under DEIS? Yes .....<sub>1</sub> No.....<sub>2</sub>

29. Does the school provide **free** school meals at lunchtime?

Yes, every day .....<sub>1</sub> Yes, some days.....<sub>2</sub> No.....<sub>3</sub>

30. Is this provided under DEIS? Yes .....<sub>1</sub> No.....<sub>2</sub>

31. Does the school have the following facilities or services?

		Yes	No
a)	An active parents' association/council	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b)	A parents' room within the school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c)	Parenting courses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d)	Other courses for parents (e.g. literacy, art/craft)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e)	Access to health or social service professionals on the school premises	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

32. Approximately how many computers (PCs, laptops, tablets etc.) in total does the school have? \_\_\_\_\_ computers

33. 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

34. What proportion of students use an individual device for educational purposes in the classroom?

*Tick one box for each row. Devices may be owned by either the school or the pupil.*

	Most/all	More than half	About half	Less than half	None
Laptops, Netbooks, Mini-notebooks	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Tablets	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Mobile phones/smartphones	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
Other device, please specify _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

35. Does the school have a dedicated computer room for pupils? Yes.....<sub>1</sub> No.....<sub>2</sub>

36. Are the school buildings and other facilities (playing fields, etc if relevant) open to the local community?

		Yes	No
a)	In the evenings during the week	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b)	At weekends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c)	Out of term time	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

37. For each of the following extracurricular activities, (a) are they provided in your school for pupils, either at lunchtime or after school hours, and (b) are they provided under either DEIS or the School Completion Programme (SCP)?

	(a) <i>Provided in school</i>		(b) <i>If yes, Provided under:</i>		
	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	<i>DEIS</i>	<i>SCP</i>	<i>Neither</i>
(a) Team sports (e.g. football)	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) Individual sports (e.g. judo, running)	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(c) Music/dance	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(d) Drama	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(e) Arts/crafts	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(f) Computers/technology	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(g) Homework club	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(h) Other activities/clubs	No..... <input type="checkbox"/> <sub>2</sub>	Yes ... <input type="checkbox"/> <sub>1</sub>	→ <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

38. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b)	Religion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c)	Music	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d)	Drama	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e)	Involvement with the community	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f)	Involvement with parents / guardians	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g)	Social justice / concern for disadvantaged groups	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h)	Environmental awareness	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i)	Irish language and culture	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

39. 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.

- a) Pupils from an immigrant background.....(Number) \_\_\_\_\_
- b) Pupils of families from the Travelling Community .....(Number) \_\_\_\_\_
- c) Pupils whose native language is other than English / Irish ..... (Number) \_\_\_\_\_
- d) Pupils with physical / sensory disabilities .....(Number) \_\_\_\_\_
- e) Pupils with learning / intellectual disabilities.....(Number) \_\_\_\_\_

40. Approximately, what was the **Average Daily Attendance** for your school in the academic year 2016 / 2017?

\_\_\_\_\_ % Average Daily Attendance OR \_\_\_\_\_ Average number attending daily

41. What percentage of pupils missed 20 days or more in the academic year 2016 / 2017 (as per the figures the school returned to the NEWB)?

\_\_\_\_\_ %

42. 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?

\_\_\_\_\_ %

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

- Principal ..... <sub>1</sub>
- Classroom teacher ..... <sub>2</sub>
- Learning support / resource teacher ..... <sub>3</sub>
- Other staff member ..... <sub>4</sub>
- Child and Adult Mental Health Service (CAMHs) ..... <sub>5</sub>
- National Educational Psychological Services (NEPs) ..... <sub>6</sub>
- TUSLA ..... <sub>7</sub>
- Other external assistance (please specify) \_\_\_\_\_ <sub>8</sub>

44. In your assessment, approximately what proportion of pupils in the school would have literacy, numeracy, or emotional-behavioural difficulties to the extent that they would adversely affect 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	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b)	Numeracy problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c)	Emotional / Behavioural problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

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

- Increased ..... <sub>1</sub>      Decreased ..... <sub>2</sub>      Remained fairly stable ..... <sub>3</sub>

46. Are there any other local schools to which pupils in your school might go? Yes ..... <sub>1</sub> No ..... <sub>2</sub>

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

- Yes ..... <sub>1</sub>      No ..... <sub>2</sub>

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

- Designated catchment area ..... <sub>1</sub>
- Other siblings in the school ..... <sub>2</sub>
- Parents attended the school ..... <sub>3</sub>
- Language(s) spoken by child ..... <sub>4</sub>
- Date of application ..... <sub>5</sub>
- Religion ..... <sub>6</sub>
- Other (please specify) \_\_\_\_\_ <sub>7</sub>

49. If there is more than 1 class in any year-group, on what basis are pupils in the school allocated to classes? [Please tick **all** that apply]

- Only 1 class per year-group ..... <sub>1</sub>
- Randomly/alphabetically ..... <sub>2</sub>
- Performance on standardised tests ..... <sub>3</sub>
- Performance on other tests ..... <sub>4</sub>
- Special educational need/disability ..... <sub>5</sub>
- Other (please specify) \_\_\_\_\_ <sub>6</sub>

50. Does the school hold formal parent-teacher meetings at least once per year? Yes .... <sub>1</sub> No .... <sub>2</sub>

51. Approximately what percentage of parents attend parent-teacher meetings? \_\_\_\_\_ per cent

52. To what extent are parents actively encouraged to get involved in the life of the school in:

A lot                      A little                      Not at all

- a) Curricular activities e.g. participation in reading / maths groups, support for specific area of curriculum (e.g. SPHE) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- b) Extra-curricular activities ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

53. Below we have a list of statements. Thinking about *all* pupils in the school, 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	N/A
a)	Enjoy being at school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
b)	Are well-behaved in class	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
c)	Show respect for their teachers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
d)	Show respect for their peers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
e)	Are rewarding to work with	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
f)	Are well behaved in the playground/school yard	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	
g)	Settle into junior infants quickly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h)	Feel they are an important part of the school community/school life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	

54. Does the school have a written Code of Behaviour (discipline policy)?

Yes ..... <sub>1</sub>                      No ..... <sub>2</sub>

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

To a great extent                      To some extent                      Not at all

- a) Teachers ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- b) Parents ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- c) Pupils ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- d) Board of Management <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

56. In addressing inappropriate behaviour in your school, to what extent are the following forms of discipline used in your school?

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

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

A major problem .....<sub>1</sub>      A minor problem.....<sub>2</sub>      No problem at all.....<sub>3</sub>

**58. Please indicate the extent to which you believe each of the following to be true of teachers, in general, in your school.**

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

**59. What are the main challenges facing you as a Principal?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**60. In general terms:**

*Very      Fairly      Not very      Not at all*

- a) How **stressed** do you feel by your job? .....<sub>1</sub>.....<sub>2</sub>.....<sub>3</sub>.....<sub>4</sub>
- b) How **satisfied** do you feel with your job? .....<sub>1</sub>.....<sub>2</sub>.....<sub>3</sub>.....<sub>4</sub>

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

**Please collect the sealed envelopes containing their completed questionnaires from the teachers involved in this Study and return all questionnaires to the Economic and Social Research Institute (ESRI), using the enclosed freepost plastic envelope.**

**Again, many thanks to you and your staff for your help in this very important study of children.**

# Growing Up in Ireland – Survey of 9-year-olds

STRICTLY CONFIDENTIAL

## TEACHER-ON-SELF QUESTIONNAIRE

**Growing Up in Ireland** is a major government study on children. The project examines how children develop over time and helps to identify which factors make for a healthy and happy childhood or for a less happy one. The results of the study are being used by government to develop policies and interventions to support children and their families in the future.

All information provided will be treated in the strictest confidence. This information will not be seen by the child or by his/her parents/guardians.

### School ID

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(from School Record Form with list of pupils' names emailed to the school)

### Teacher's name (block capitals please)

\_\_\_\_\_

Completion Date: \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

- Are you male or female? Male ..... <sub>1</sub> Female..... <sub>2</sub>
- To which age group do you belong?  
20 - 29 yrs ..... <sub>1</sub>    30 - 39 yrs ..... <sub>2</sub>    40 - 49 yrs ..... <sub>3</sub>    50 - 59 yrs .... <sub>4</sub>    60yrs or older ..... <sub>5</sub>
- How many years have you been teaching at primary school level? ..... \_\_\_\_\_ years
- How long have you been teaching in this school? ..... \_\_\_\_\_ years
- 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	<input type="checkbox"/> <sub>1</sub>
A primary degree in education (B.Ed)	<input type="checkbox"/> <sub>2</sub>
A primary degree in another subject	<input type="checkbox"/> <sub>3</sub>
A postgraduate diploma in education	<input type="checkbox"/> <sub>4</sub>
A qualification in learning support, special education or resource teaching	<input type="checkbox"/> <sub>5</sub>
A higher degree in education (PhD, Masters etc.)	<input type="checkbox"/> <sub>6</sub>
A higher degree in another subject (PhD, Masters etc.)	<input type="checkbox"/> <sub>7</sub>
Other [please specify] _____	<input type="checkbox"/> <sub>8</sub>

- Did you do any continuing professional development (in-service training or upskilling) in the last 12 months?

Yes ..... <sub>1</sub>    No ..... <sub>2</sub>

7. How many days or hours of professional development did you do? \_\_\_\_\_ days \_\_\_\_\_ hours

8. 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
<i>Number of pupils</i>								
Boys								
Girls								
Total								

OR I teach a particular subject(s) and do not have a regular classroom.....<sub>55</sub>

9. In this school, are children allocated to their class on the basis of their ability, achievement or special educational need?

Yes.....<sub>1</sub> No .....<sub>2</sub>

**10. If yes, which class do you teach?**

Higher ability .....<sub>1</sub> Lower ability .....<sub>3</sub>

Middle/average ability .....<sub>2</sub> Special class .....<sub>4</sub>

11. In your opinion, how many children in your classroom (including the Study Child if relevant) have any of the following long-term challenges? (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

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

Yes.....<sub>1</sub> No ..... <sub>2</sub>

**13. For approximately how many hours per week? \_\_\_\_\_ hours per week**

14. 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

15. Is there an interactive whiteboard in your classroom? Yes .....<sub>1</sub> No .....<sub>2</sub>

16. Do the children in the Study Child's class use a computer or other electronic device to access the Internet?

Yes .....<sub>1</sub> No .....<sub>2</sub>

**17. 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
a) Pupils copy notes from the board in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b) Pupils work in pairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c) 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
d) Homework is checked in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e) Pupils interact in class by listening, discussing and taking turns in conversations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f) Homework is taken up for correction	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g) Pupils work in groups in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h) You ask pupils questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i) Pupils ask you questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j) Pupils ask each other questions in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k) You read aloud to pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l) 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
m) 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
n) You use video or audio recordings in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o) You use play to facilitate pupil learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p) Pupils use computer facilities in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q) You use a computer/interactive whiteboard to show something to the pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r) Pupils themselves use computers or other electronic equipment (e.g. iPads) in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s) Pupils engage in physical play (such as running, jumping, skipping etc)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t) You provide differentiated activities, as appropriate, to pupils	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u) 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
v) 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
w) You address learning outcomes across a number of subjects at the same time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
x) You teach pupils as a whole class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
y) Pupils play games related to maths/numbers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
z) You discuss new or difficult vocabulary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

\_\_\_\_\_ Nights

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

- None ..... 1                      31- 60 mins ..... 4  
 15 mins or less ..... 2                      1 - 1hr 30 mins ..... 5  
 16-30 mins ..... 3                      More than 1hr 30 mins ..... 6

**20. How often would you assess your pupil's progress using:**

	Weekly	Twice a month	Monthly	Every term	Never/Almost Never
a) Teacher observations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b) 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
c) 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
d) Teacher's questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

Yes .....<sub>1</sub> No .....<sub>2</sub>

22. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b)	deciding about the content of subjects to be taught	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c)	deciding about teaching techniques	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d)	choosing textbooks and other learning materials	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e)	disciplining children	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f)	selecting the year group you teach	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

23. Below we have a 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.*

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

24. In general, what proportion of parents attend:

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

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

Nearly all .....<sub>1</sub> More than half .....<sub>2</sub> Less than half .....<sub>3</sub> Only a few .....<sub>4</sub>

26. What are the main challenges facing you as a teacher? \_\_\_\_\_

27. In general terms:

		<i>Very</i>	<i>Fairly</i>	<i>Not very</i>	<i>Not at all</i>
a)	How <b>stressed</b> do you feel by your job?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b)	How <b>satisfied</b> do you feel with your job?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

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 for inclusion in the project.

When you have finished all your questionnaires please seal them in the enclosed envelope and return the sealed envelope to the Principal for return of all questionnaires in the school to the Economic and Social Research Institute (ESRI).

## ***Growing Up in Ireland – the national longitudinal study of children***

**STRICTLY CONFIDENTIAL**

### **TEACHER-ON-PUPIL QUESTIONNAIRE – SURVEY OF 9-YEAR-OLDS**

***Growing Up in Ireland*** is a major government study on children. The purpose of the study is to improve our understanding of all aspects of childhood and children’s development. It examines how children develop over time and identifies 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 are being used by government to develop policies and interventions to support children and their families in the future.

The Department of Children and Youth Affairs is funding the study in association with the Central Statistics Office. A contribution is also being made by The Atlantic Philanthropies. The Department of Education and Skills is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.

The parents/guardians of each of the children listed have already filled out questionnaires in their home. They have also signed a consent form which gives permission to have this questionnaire completed about their child. All information provided will be treated in the strictest confidence. 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.

**School ID**   
(from School Record Form with list of pupils’ names emailed to the school)

**Pupil ID**   
(from School Record Form with list of pupils’ names emailed to the school)

**Pupil’s DoB**     
Day Month Year  
(from School Record Form with list of pupils’ names emailed to the school)

**Pupil’s Initials** \_\_\_\_\_ **(Please do not write the pupil’s full name)**

**Teacher’s name** (block capitals please) \_\_\_\_\_

**Completion Date:** \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

1. Study Child's date of birth \_\_\_\_\_ day \_\_\_\_\_ mth \_\_\_\_\_ year
2. Study Child's gender Male .....<sub>1</sub> Female .....<sub>2</sub>
3. What class (school year) is the study child in? \_\_\_\_\_ Class
4. For how many school years (including the 2017/2018 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. Since the beginning of the current school 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b)	too tired to participate as he / she should in class?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c)	without a lunch / snack?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d)	hungry?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e)	with a general lack of cleanliness?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f)	late?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g)	unwell/suffering from a minor ailment?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

7. How often does the Study Child arrive at school with homework not completed? (Please tick **one** only).

1.	Never - homework always or almost always completed	<input type="checkbox"/> <sub>1</sub>
2.	Occasionally not completed	<input type="checkbox"/> <sub>2</sub>
3.	Regularly not completed	<input type="checkbox"/> <sub>3</sub>
4.	Not applicable, Study Child never / rarely gets homework	<input type="checkbox"/> <sub>4</sub>

8. In the Study Child's class, is there within-class ability grouping for reading/literacy?

Yes .....<sub>1</sub> No .....<sub>2</sub>

9. Which group is the Study Child in? Highest .....<sub>1</sub> Middle.....<sub>2</sub> Lowest.....<sub>3</sub>

10. In the Study Child's class, is there within-class ability grouping for maths?

Yes .....<sub>1</sub> No .....<sub>2</sub>

11. Which group is the Study Child in? Highest .....<sub>1</sub> Middle.....<sub>2</sub> Lowest.....<sub>3</sub>

12. In so far as your professional experience allows, please rate the Study Child in terms of a range of competencies in relation to all children of this age (not just in their present class or, even, school).

		Well above Average	Above average	Average	Below average	Well below average	NA
a)	Speaking and listening in English	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b)	Speaking and listening in Irish	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c)	Reading in English	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d)	Reading in Irish	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e)	Writing in English	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f)	Writing in Irish	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
g)	Science	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
h)	Maths and numeracy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
i)	Physical Education (PE)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
j)	Arts (e.g. art/design, music, drama)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

13. 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.

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

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

15. In general, would you say the Study Child:

		Always/ Almost Always	Sometimes	Hardly ever/ Never
a)	Shows an interest in classroom activities through observations or participation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b)	Displays high levels of involvement in self-chosen activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c)	Selects and uses activities and resources independently	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d)	Continues to be interested, motivated, and excited to learn	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e)	Is confident to try new activities, initiate ideas, and to speak in a familiar group	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f)	Maintains attention and concentrates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g)	Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

16. With regard to the Study Child's education, how interested do the Study Child's parents/guardians appear to be?

		Very Interested	Moderately Interested	Very little Interest	Uninterested	Cannot say	N/a
a)	Mother appears to be	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b)	Father appears to be	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

17. How often do the following happen?

		Daily	At least once a week	At least twice a month	Monthly	Less often	Never
a)	You meet informally with the child's mother/father	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b)	The child's mother/father talks to you about the child's behaviour	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c)	The child's mother/father talks to you about the child's schoolwork	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d)	You ask the child's mother/father to come into the school to discuss the child	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e)	The child's mother/father encourages the child's learning at home (e.g. reading with them)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**18. Please reflect on the degree to which each of the following statements currently applies to your relationship with the Study Child. Using the scale below, tick the appropriate box for each item.**

		Definitely does not apply	Does not really apply	Neutral, not sure	Applies somewhat	Definitely applies
a)	I share an affectionate, warm relationship with this child	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b)	This child and I always seem to be struggling with each other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c)	If upset, this child will seek comfort from me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d)	This child is uncomfortable with physical affection or touch from me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e)	This child values his/her relationship with me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f)	When I praise this child, he/she beams with pride	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g)	This child spontaneously shares information about him/herself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h)	This child easily becomes angry with me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i)	It is easy to be in tune with what this child is feeling	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j)	This child remains angry or is resistant after being disciplined	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k)	Dealing with this child drains my energy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l)	When this child is in a bad mood, I know we're in for a long and difficult day	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m)	This child's feelings toward me can be unpredictable or can change suddenly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n)	This child is sneaky or manipulative with me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o)	This child openly shares his/her feelings and experiences with me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**Please turn over for Questions 19, 20 and 21**

**19. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) Speech impairment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) Autism spectrum disorders	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d) General learning disability: mild	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e) General learning disability: moderate/severe/profound	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f) Specific learning difficulties (e.g. dyslexia)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g) Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h) Home environment / problems at home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i) Has limited knowledge of the main language of instruction	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j) Discipline problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
k) Poor attendance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
l) Other ( <i>please specify</i> ) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**20. If you answered 'yes' to any of the questions at Q.19 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?**

Yes.....<sub>1</sub> No.....<sub>2</sub> Don't know.....<sub>3</sub>

**21. 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"/> <sub>1</sub> | Special Needs Assistant .....                    | <input type="checkbox"/> <sub>5</sub> |
| Psychological assessment .....          | <input type="checkbox"/> <sub>2</sub> | Support for English as an additional language .. | <input type="checkbox"/> <sub>6</sub> |
| Behavioural management programmes ..... | <input type="checkbox"/> <sub>3</sub> | Occupational therapy .....                       | <input type="checkbox"/> <sub>7</sub> |
| Learning support / resource teaching    | <input type="checkbox"/> <sub>4</sub> | Assistive technology.....                        | <input type="checkbox"/> <sub>8</sub> |
|   |                                       | Other ( <i>please specify</i> ) _____            | <input type="checkbox"/> <sub>9</sub> |

**Thank you for completing this questionnaire about the Study Child.**  
**When you have completed both your Teacher-on-Self and all the Teacher-on-Pupil questionnaires, please seal them in the enclosed envelope and give them to the Principal, for return to the Economic and Social Research Institute (ESRI).**