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PFL BASELINE SURVEY



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0 Interview Details

1 PFL code number _____

2 Date of interview _____

Thank you for agreeing to meet with me today. I would like to talk to you about several aspects of your life such as your family, your pregnancy, how you are feeling and your thoughts on parenting. This information will help us understand how mothers are doing before their babies are born.

Please remember that all of your answers will be kept private (confidential). If you ever wonder why we are asking a particular question, I will be glad to explain why we are asking that question. If any question is not clear to you or if you don't understand a question, please ask me to repeat it. Also, if you do not want to answer a question, let me know. Your honesty and sharing will really help us learn what it is like to become a mother in today's world.

The average amount of time to complete this interview is about an hour and a half, but some people take longer and some people complete the interview in a shorter amount of time. During the interview we can move at a comfortable pace for you and take breaks if you need them. If you need to go to the bathroom, get a drink or take a break for any reason, just let me know and we'll stop for a few minutes and pick up where we left off.

Section A: You and Your Family

In this first part, I am going to ask you about some important things in your life, like your family, where you live, and your schooling.

I have to read the questions exactly as they are worded as part of my job as an interviewer, but if the questions aren't clear, just stop me and I will repeat the question.

1 How old are you?

2 I would like to ask you some questions about the people who live with you. How many people currently live in your home, not including you?

For each person in your home, could you please tell me their relationship to you as well as their age and gender? Please use Card 1 to help you answer.

SHOW CARD 1

	Person Number	Relationship to Expectant Mother <i>(use codes at right)</i>	Gender (F/M)	Age (in years)
a.	1			
b.	2			
c.	3			
d.	4			
e.	5			
f.	6			
g.	7			
h.	8			
i.	9			
j.	10			

- 1 My partner- the biological father
- 2 My partner- the non-biological father
- 3 Natural son/Natural daughter
- 4 Step-son/Step-daughter
- 5 Adopted son/Adopted daughter
- 6 Foster son/Foster daughter
- 7 My parent
- 8 My partner's parent
- 9 My sibling
- 10 My partner's sibling
- 11 Nanny/au pair
- 12 My nephew/niece
- 13 My partner's nephew/niece
- 14 Other relative
- 15 Non-relative/friend
- 16 Other, specify _____

3 Including the child you are pregnant with, how many biological children do you have?

If they answer 1 child, skip to question 5. If answered any other number continue to question 4.

4 At what age did you have your first child?

5 What is your current relationship status? Please use card 2 to help you answer. Tell me the option or the number next to it that best describes your relationship status.

SHOW CARD 2

- 1 Single
- 2 Married
- 3 Co-habiting/ Living with boyfriend/partner
- 4 Boyfriend/partner not living together
- 5 Divorced
- 6 Legally separated
- 7 Widowed

6 Please look at card 3. Which of the following groups do you consider yourself as belonging to? Tell me the option or the number next to it that best describes the group.

SHOW CARD 3

- 1 Irish
- 2 Irish Traveller
- 3 British
- 4 Roma
- 5 Any other White background
- 6 African
- 7 Any other Black background
- 8 Chinese
- 9 Any other Asian background
- 10 Other- Please specify

I would now like to ask you some questions about your education

What is your highest level of education completed? Please use card 4 to help you answer. Tell me the option that best describes your highest level of education completed.

SHOW CARD 4

- 1 No Formal Qualification
- 2 Primary Education
- 3 Lower Secondary (left before Junior Certification)
- 4 Junior/Group/Inter Certification
- 5 Upper Secondary (left before Leaving Certification)
- 6 Applied Leaving Certification
- 7 Leaving Certification/A Levels
- 8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)

- 9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 Postgraduate Qualification
- 11 Other

8 Are you still in full-time education?

- 1 Yes
- 2 No

If answered 2 to question 8, continue to question 9. If answered 1 to question 8 please skip to question 10.

9 At what age did you leave full-time education?

Enter Age in Years

10 Do you plan to complete your education?

- 1 Yes
- 2 No

11 Have you ever been in special education when you were in school?

PROBE: That is, did you ever have to take extra classes outside the main classroom?

- 1 Yes
- 2 No

For the next few questions, I will read out a list of options after each question. Please wait until I have finished listing all the options before answering.

12 Do problems with reading, writing, or maths make it difficult for you to manage day-to-day activities, like paying bills, writing letters, and so on? The options are:

READ OUT OPTIONS

- 1 Yes, a lot
- 2 Yes, a little
- 3 No, not at all

13 Can you usually read and fill out forms you might have to deal with in everyday life? The options are:

READ OUT OPTIONS

- 1 Easily
- 2 With some difficulty
- 3 With a lot of difficulty
- 4 No

14 When you buy things in shops with a €5 or €10 note, can you usually tell if you have the right change? The options are:

READ OUT OPTIONS

- 1 Easily
- 2 With some difficulty
- 3 With a lot of difficulty
- 4 No

15 Please look at card 5. Which of the following best describes your home?

SHOW CARD 5

- 1 Owned with mortgage
- 2 Owned outright
- 3 Rented from local authority
- 4 Buying from local authority
- 5 Rented privately
- 6 Shared ownership (half renting/half buying from local authority or city council)
- 7 Other

16 Who owns or pays rent on this house?

READ OUT OPTIONS

- 1 Yourself
- 2 Yourself and your partner
- 3 Your parents
- 4 Other

Now, I'd like to ask you some questions about your baby's father...

17 What is his age? Please give me your best guess.

If he is still alive, go to question 19. If he is deceased, please enter 0, and continue to question 18.

18 What age was he when he died?

If answered 2 (married), 3 (co-habiting), or 4 (boyfriend/partner not living together) to question 5, continue to question 19. If answered 1 (single), 5 (divorced), 6 (legally separated) or 7 (widowed) to question 5, skip to question 20.

19 Are you with the biological father at the moment?

PROBE: Is the biological father your partner?

- 1 Yes
- 2 No

If answered 2 to question 19, continue to questions 21-24. If answered 1 to question 19, skip questions 21-24 and proceed to question 25.

21 Are you in touch with your baby's biological father?

- 1 Yes
- 2 No

22 Does your baby's biological father know you are pregnant?

- 1 Yes
- 2 No

23 Would you like him to be part of your baby's life?

- 1 Yes
- 2 No

24 In what ways do you think the biological father will be involved in your baby's life? Please look at card 6. This card may help you answer. Please tell me the option(s) that best describe the ways you think the biological father will be involved in your baby's life.

SHOW CARD 6

- 1 Will provide money to help bring up baby
- 2 Will provide nappies, gifts, letters/card, food, etc.
- 3 Will babysit the child on a regular basis
- 4 Will visit the child
- 5 His family will help take care of the baby
- 6 Will help with transportation
- 7 We plan to get married later
- 8 Will not be involved at all
- 9 Other (describe)

If you answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to question 5, then skip to Blurb 1). Blurb 2 otherwise.

Blurb 1

Now I am going to ask you some more questions about the baby's biological father.

Blurb 2

Now I am going to ask you some questions about your partner.

25 Please look at card 7. Which of the following categories best describes the highest level of education he has completed? Please tell me the option that best applies.

SHOW CARD 7

- 1 No Formal Qualification
- 2 Primary Education
- 3 Lower Secondary (left before Junior Certificate)
- 4 Junior/Group/Inter Certificate
- 5 Upper Secondary (left before Leaving Certificate)
- 6 Applied Leaving Certificate
- 7 Leaving Certification/A Levels
- 8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- 9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 Postgraduate Qualification
- 11 Other

26 Is he still in full-time education?

- 1 Yes
- 2 No

If answered 2 to question 26, continue to question 27. If answered 1 to question 26, continue to question 28.

27 At what age did he leave full-time education?

28 Has he ever been in special education when he was in school?

PROBE: That is, did he ever have to take extra classes outside the main classroom?

1 Yes

2 No

I would now like to ask a few questions about your own parents

29 How old is your mother? Please give me your best guess.

IF DECEASED, PLEASE ENTER 0

If answer 0 for question 29, continue to question 30. If answer any age for question 29, continue to question 31.

30 How old was she when she died?

31 Please look at card 7 again. Which of the following categories best describes your mother's highest level of education completed?

SHOW CARD 7

1 No Formal Qualification

2 Primary Education

3 Lower Secondary (left before Junior Certificate)

4 Junior/Group/Inter Certificate

5 Upper Secondary (left before Leaving Certificate)

6 Applied Leaving Certificate

7 Leaving Certification/A Levels

8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)

9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree

10 Postgraduate Qualification

11 Other

32 How old is your father? Please give me your best guess.

IF DECEASED, PLEASE ENTER 0

If answer 0 for question 32, continue to question 33. If answer any age for question 32, skip to question 34.

33 How old was he when he died?

34 Please could you look at card 7. Which of the following categories best describes your father's highest level of education completed? Please tell me the option that best applies.

SHOW CARD 7

- 1 No Formal Qualification
- 2 Primary Education
- 3 Lower Secondary (left before Junior Certificate)
- 4 Junior/Group/Inter Certificate
- 5 Upper Secondary (left before Leaving Certificate)
- 6 Applied Leaving Certificate
- 7 Leaving Certification/A Levels
- 8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- 9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 Postgraduate Qualification
- 11 Other

If answered 1 to question 19, continue to blurb 3. If answered 2 to question 19, continue to blurb 4.

Blurb 3

Now I am going to ask you a few questions about the baby's father's parents.

Blurb 4

Now I am going to ask you a few questions about your partner's parents.

35 Roughly how old is his mother? Please give me your best guess.

IF DECEASED, PLEASE ENTER 0

If answer 0 for question 35, continue to question 36. If answer any age for question 35, continue to question 37.

36 How old was she when she died?

37 Please use card 7 to tell me which of the following categories best describes his mother's highest level of education completed.

SHOW CARD 7

- 1 No Formal Qualification
- 2 Primary Education
- 3 Lower Secondary (left before Junior Certificate)
- 4 Junior/Group/Inter Certificate
- 5 Upper Secondary (left before Leaving Certificate)
- 6 Applied Leaving Certificate
- 7 Leaving Certification/A Levels
- 8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- 9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 Postgraduate Qualification
- 11 Other

38 Roughly how old is his father? Please give me your best guess.

IF DECEASED, PLEASE ENTER 0

If answer 0 for question 38, continue to question 39. If answer any age for question 38, skip to question 40.

39 How old was he when he died?

40 Please look at card 7. Which of the following categories best describes his father's highest level of education completed?.

SHOW CARD 7

- 1 No Formal Qualification
- 2 Primary Education
- 3 Lower Secondary (left before Junior Certificate)
- 4 Junior/Group/Inter Certificate
- 5 Upper Secondary (left before Leaving Certificate)
- 6 Applied Leaving Certificate
- 7 Leaving Certification/A Levels
- 8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- 9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 Postgraduate Qualification

THAT'S THE END OF SECTION A.

THANK YOU FOR ANSWERING THOSE QUESTIONS. WE
WILL NOW MOVE RIGHT ALONG TO SECTION 2 WHICH IS
ABOUT YOUR PREGNANCY

Section B: Your Pregnancy

In this section, I would like to ask you some questions about how you have been getting on during your pregnancy.

1 How many weeks along are you in your pregnancy?

Enter amount, in weeks

2 When is the child's due date?

Enter date in (dayXX/monthXX/yearXXXX)

3 At which hospital are you planning to have your baby?

1 Rotunda Hospital

2 National Maternity Hospital/Holles St.

3 Coombe Woman's Hospital

4 Other (please specify) _____

4 How many weeks pregnant were you when your pregnancy was confirmed?

Enter amount, in weeks

5 How many weeks pregnant were you when you had your first antenatal visit at the hospital?

If not yet had first visit, enter 0

Enter amount, in weeks

6 Are you or do you plan on taking any antenatal classes?

PROBE: This is any class that helps you prepare for the birth of the baby, classes that teach you about your pregnancy, what will happen during your labour, and how to take care of the baby.

1 Yes

2 No

7 Was this pregnancy planned or did it just happen?

- 1 It was planned- I wanted to get pregnant around this time
- 2 It just happened

8 How did you react to finding out about your pregnancy? Card 8 may help you choose the option that best describes how you reacted.

SHOW CARD 8

- 1 I was upset at first, but am accepting it now
- 2 I was very upset and angry
- 3 I was happy
- 4 I'm not really sure how I felt
- 5 Other (describe): _____

9 How did your immediate family react to finding out about your pregnancy? Card 9 may help you choose the option that best describes how your immediate family reacted.

SHOW CARD 9

- 1 They don't know yet
- 2 They were happy or understanding
- 3 They didn't react at all
- 4 They were upset at first, but are accepting now
- 5 They were very upset and angry
- 6 I got different reactions. Some were upset and some were not.
- 7 I'm not really sure how they feel
- 8 Other (describe): _____

10 At the time you became pregnant, had you been using any type of birth control or anything to keep from getting pregnant? Please use Card 10 to help you choose all options that apply.

SHOW CARD 10

- 1 Nothing
- 2 I tried not to have sex (abstinence)

- 3 I took birth control pills at least sometimes
- 4 I had my partner use condoms
- 5 I had my partner withdraw or pull out
- 6 I douched or cleaned right after sex
- 7 Other (describe): _____

11 In general, how have you been feeling since you became pregnant?

PROBE IF NEEDED: How else have you been feeling?

I would now like to ask you some questions about whether you took any kind of health supplements (such as tablets or liquids) before conception or during pregnancy.

12 Have you taken any multi-vitamins (*such as vitamin C, iron, zinc, or others.*) since or before becoming pregnant?

- 1 Yes
- 2 No

If answer 1 to question 12, continue to questions 13 and 14. If answer 2 to question 12, skip to question 15.

13 When did you start taking this and when did you stop, in terms of weeks in the pregnancy?

Enter start week

Enter end week (*note programmers: make 'still taking' an option here too*)

For both the start week and the end week, can we please have a box indicating if this is in weeks before the pregnancy, which we can tick.

14 Did you take it regularly in this period?

- 1 Yes
- 2 No

15 Have you taken folic acid since or before becoming pregnant?

- 1 Yes
- 2 No

If answer 1 to question 15, continue to questions 16 and 17. If answer 2 to question 15, skip to question 18.

16 When did you start taking this and when did you stop, in terms of weeks in the pregnancy?

Enter start week

Enter end week (*note programmers: make 'still taking' an option here too*)

For both the start week and the end week, can we please have a box indicating if this is in weeks before the pregnancy, which we can tick.

17 Did you take it regularly in this period?

- 1 Yes
- 2 No

18 Have you taken iron since or before becoming pregnant?

- 1 Yes
- 2 No

If answer 1 to question 18, continue to questions 19 and 20. If answer 2 to question 18, skip to question 21.

19 When did you start taking this and when did you stop, in terms of weeks in the pregnancy?

Enter start week

Enter end week (*note programmers: make 'still taking' an option here too*)

For both the start week and the end week, can we please have a box indicating if this is in weeks before the pregnancy, which we can tick.

Enter end week (make 'still taking' an option here too)

20 Did you take it regularly in this period?

- 1 Yes
- 2 No

21 Have you taken calcium supplements since or before becoming pregnant?

- 1 Yes
- 2 No

If answer 1 to question 21, continue to questions 22 and 23. If answer 2 to question 21, skip to question 24.

22 When did you start taking this and when did you stop, in terms of weeks in the pregnancy?

Enter start week

Enter end week (*note programmers: make 'still taking' an option here too*)

For both the start week and the end week, can we please have a box indicating if this is in weeks before the pregnancy, which we can tick.

23 Did you take it regularly in this period?

- 1 Yes
- 2 No

24 Have you taken any other supplements regularly since becoming pregnant?

- 1 Yes (Please name: _____)
- 2 No

If answer 1 to question 24, continue to question 25. If answer 2 to question 24, proceed to question 27.

25 When did you start taking this and when did you stop, in terms of weeks in the pregnancy?

Enter start week

Enter end week (*note programmers: make 'still taking' an option here too*)

For both the start week and the end week, can we please have a box indicating if this is in weeks before the pregnancy, which we can tick.

26 Did you take it regularly in this period?

- 1 Yes
- 2 No

27 How many medical visits and checkups have you had to a doctor, midwife, or nurse since becoming pregnant for reasons having to do with your pregnancy?

Enter amount

28 *Not including* this pregnancy, how many times throughout your life have you been pregnant, including pregnancies that did not go to full term?

Enter amount

If answer 0 to question 28, skip to "That's the end of section 2". If answer 1 or more to question 28, continue to question 29.

29 For *each* of these pregnancies, could you please tell me what age you were?

Enter age for EACH pregnancy

THAT'S THE END OF SECTION B

THANK YOU FOR YOUR ANSWERS. WE WILL NOW MOVE ON TO SECTION C WHICH IS ABOUT HOW YOU ARE DOING.

LAPTOP PRACTICE SECTION

For the next section, I would like you to answer the questions on your own using this pen and clicking on the computer. Let's have a quick practice session!

PLEASE HAND COMPUTER TO PARTICIPANT

LAPTOP PRACTICE SECTION

This practice section will help you get used to the computer and the pen. None of the answers you give here will be ever be looked at by the researchers: it is just a way of helping you get comfortable with the pen and the computer.

1. Hold the pen as you would a normal pen
2. Tap or press the pen on the computer screen against the circle you want to mark as your answer.
3. Let's try it out with the following activity

Q1. Below is a number:

9

Please use the pen to mark the number wherever you see it in the list below:

5 9 7 3 9 2 9 1

If they get the question above correct then they see the following:

Great! Well done! Let's just practise a couple more for you to be really comfortable with the pen.

If they get the question above incorrect then they see the following:

Are you sure you meant to mark those numbers? Remember to hold the pen as you would a normal pen, and use it to tap against the circle that you want to mark as your answer. Let's try it again! (*Repeat Q1*)

To go to the next page, please use the pen to click the "Next" button below.

Q2. Which area do you live in?

Belcamp Darndale Moatview Newtown Court Travelling
Community Site

Q3. Here is a word:

SKY

Which of the following words is the same colour as the word above?

FIRE

SUN

WATER

GRASS

SNOW

Great! Well done! It seems you have the hang of it now, let's just try one more and then we will continue with the survey.

Q4. Could you please rate how easy you find using the computer pen?

I find using the computer pen:

Very difficult

A bit difficult

Easy

Very Easy

Well done!

If they say they find it difficult or very difficult:

“Would you like to do the demo again?”

PLEASE HAND COMPUTER BACK TO INTERVIEWER

Section C: How are you doing?

This part of our interview is about how you are doing. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers on your own on the computer as you were just shown. However, if you would prefer I can read them out loud. Which would you prefer?

- 1 Self-completed accepted
- 2 Self-completion administered by the interviewer

Please remember that all of your answers will be kept private (confidential) and only used to help us understand how different types of mothers are doing before their babies are born. Many of these questions about your personal feelings and problems will be ones that we'll talk about again after your baby is born and as your baby grows up. If any question is not clear to you please ask me to read it out to you. Also, if you do not feel comfortable answering a question, then you are welcome to skip it.

Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

SELF-COMPLETION SECTION 1

Part 1

Please indicate for each of the five statements below which one is closest to how you have been feeling generally over the last two weeks by marking a number between 0 and 5.

For example, if you have felt cheerful and in good spirits all of the time in the last two weeks, please mark number 5. If at no time you felt cheerful and in good spirits, mark number 0.

Over the last two weeks...

1 I have felt cheerful and in good spirits.

0	1	2	3	4	5
At no Time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time

2 I have felt calm and relaxed.

0	1	2	3	4	5
---	---	---	---	---	---

At no Time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
---------------	---------------------	----------------------------------	----------------------------------	---------------------	--------------------

3 I have felt active and vigorous (*full of life and energy*).

0	1	2	3	4	5
At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time

4 I woke up feeling fresh and rested.

0	1	2	3	4	5
At No Time	Some of the time	Less than half of the Time	More than half of the time	Most of the time	All of the time

5 My daily life has been filled with things that interest me.

0	1	2	3	4	5
At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time

Part 2

The next few statements are to do with how you feel about yourself, your life so far, and becoming a parent. For each statement, please mark how much you agree or disagree with it by marking the response that best represents how you feel.

How strongly do you agree or disagree that:

I have little control over the things that happen to me.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

There is really no way I can solve all of the problems I have.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

There is little I can do to change many of the important things in my life.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I often feel helpless in dealing with the problems of life.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

Sometimes I feel that I'm being pushed around in life.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

What happens to me in the future mostly depends on me.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I can do just about anything I really set my mind to do.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I feel I have the skills to be a good parent.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I feel I can be a good role model for my child/children.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I feel insecure (*worried*) about meeting the material needs (such as -- clothes, food) of my child/children.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I am uncertain about whether I can provide emotional support to my child/children.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I feel confident about being able to maintain a close relationship with my child/children.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

I feel uncertain about my ability to do a good job raising my child/children.

4	3	2	1	0
Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree

Part 3

The next statements are about how you feel about yourself. Please show how much you agree or disagree with each of the following statements by marking the option that best represents how you feel about yourself.

First, ...on the whole, I am satisfied (*content or happy*) with myself.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

...at times I think I am no good at all.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

...I am able to do things as well as most other people.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

...I certainly feel useless at times.

1	2	3	4
Strongly	Agree	Disagree	Strongly

Agree

Disagree

...All in all, I am inclined (*I tend*) to feel that I am a failure.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

...I take a positive attitude toward myself.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

Part 4

The next statements are about how you feel about other people. Please show how much you agree or disagree with each of the following statements by marking the number between 1 and 5 that best shows how you feel about other people.

For questions 25-30, answer as

5 Strongly agree

4 Agree

3 Unsure

2 Disagree

1 Strongly disagree

NOTE: IN THE ONLINE VERSION, THE NUMBERS GO FROM 1 TO 5 FROM LEFT TO RIGHT FOR OPTIONS BELOW, BUT WILL BE STORED AS SHOWN IN THIS VERSION, WHICH IS NECESSARY FOR PROPER DATA CODING.

I miss the company of others when I am alone.

5	4	3	2	1
Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

It's best not to get too emotionally close to other people.

5	4	3	2	1
Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

I usually rely on advice from others when I've got a problem.

5	4	3	2	1
Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

I find it hard to trust others.

5	4	3	2	1
Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

It's important to have people around me.

5	4	3	2	1
Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

I find it difficult to confide in (*open up to*) people.

5	4	3	2	1
Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER

THAT'S THE END OF SECTION C

**THANKS FOR ANSWERING THOSE QUESTIONS. WE WILL
NOW MOVE TO SECTION D WHICH IS ABOUT YOUR
HEALTH.**

Section D: Your Health

In this section I would like to ask you some questions about how your health is, how it was in your childhood, your diet, and exercise.

1 In general, how would you describe your health? Card 11 may help you choose the option that best describes your overall (*general*) health.

SHOW CARD 11

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

2 Is your daily activity or work limited by a long term illness, health problem, or disability? By long term, I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?

- 1 Yes
- 2 No

3 Please look at Card 12. This card lists medical conditions which people sometimes have. Have you ever been told by a doctor that you have or have had any of the medical conditions listed on the card? Please tell me all of the options or the numbers next to them that apply.

SHOW CARD 12

PROBE: What else?

- 1 Migraines or severe headaches
- 2 Hay fever or runny nose without having a cold
- 3 Bronchitis/Emphysema
- 4 Asthma
- 5 Eczema
- 6 Persistent back pain, lumbago, or sciatica
- 7 Cataract/poor eye sight/blindness
- 8 Poor hearing/deafness
- 9 Angina
- 10 Fits, Convulsions or Epilepsy
- 11 Cancer
- 12 Digestive or Bowel Disorders

- 13 Heart Attack (coronary thrombosis, myocardial infarction)
- 14 Hypertension/High blood pressure
- 15 Reproductive system disorders
- 16 Arthritis/rheumatism/fibrositis
- 17 Stomach ulcer/Ulcer/Abdominal hernia
- 18 Disorders of blood and blood forming
- 19 Stroke
- 20 Diabetes
- 21 High cholesterol
- 22 Insomnia
- 23 Other, please specify _____
- 24 None of the above

4 Are you regularly taking any prescribed pills or medication for any of these conditions?

- 1 Yes
- 2 No

5 Please look at Card 13 and tell me if you have suffered from any of the listed conditions on the card. Please tell me all that apply.

SHOW CARD 13

PROBE: Is there anything else?

- 1 Depression
- 2 Anxiety
- 3 Bipolar Disorder
- 4 Schizophrenia or a related Psychosis
- 5 Eating Disorder (Anorexia, Bulimia)
- 6 Alcoholism
- 7 Substance Abuse, excluding Alcoholism
- 8 Personality Disorder
- 9 Other, please specify _____
- 10 None of the above

6 Please look at card 13 and tell me if anyone in your family has suffered from any of the listed conditions on the card. Please tell me all that apply.

SHOW CARD 13

PROBE: Is there anything else?

- 1 Depression
- 2 Anxiety
- 3 Bipolar Disorder
- 4 Schizophrenia or a related Psychosis
- 5 Eating Disorder (Anorexia, Bulimia)
- 6 Alcoholism
- 7 Substance Abuse, excluding Alcoholism
- 8 Personality Disorder
- 9 Other, please specify _____
- 10 None of the above

7 In general, how would you rate your health when you were a child? Please look at Card 14 and tell me the option that best applies.

SHOW CARD 14

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

8 Because of a health condition did you ever miss school for one month or more?

- 1 Yes
- 2 No

If answered 1 to question 8, continue to question 9. If answered 2 to question 8, skip to question 10.

9 What condition caused this? _____

10 Did you suffer from any other disease or condition as a child not previously mentioned?

- 1 Yes
- 2 No

If answered 1 to question 10, continue to question 11. If answered 2 to question 10, skip to question 12.

11 What condition was this? _____

12 I'd now like to ask about your height and weight. First, how tall are you (without shoes)?

Enter height in either feet and inches OR centimetres only

13 Thinking back to just before you became pregnant with your baby, what was your weight then (without clothes)?

Enter weight in either stones and pounds OR kilograms

14 Do you have a medical card?

1 Yes

2 No

If answered 2 to question 14, continue to question 15. If answered 1 to question 14, skip to question 17.

15 Do you have a GP visit card? This card pays for doctors visits, but not prescriptions?

1 Yes

2 No

If answered 2 to question 14, continue to question 16. If answered 1 to question 14, skip to question 17.

16 Did you ever have a medical card?

1 Yes

2 No

If answered 2 to question 15, continue to question 17. If answered 1 to question 15, skip to question 18.

17 Did you ever have a GP visit card?

1 Yes

2 No

18 Do you have private health insurance that covers the cost of private medical treatment (e.g. VHI, BUPA)?

1 Yes

2 No

19 In general, how healthy would you say your eating habits are? Please look at card 15 and tell me the option that best applies.

SHOW CARD 15

1 Very healthy

2 Healthy

3 Average (neither healthy nor unhealthy)

4 Unhealthy

5 Very unhealthy

20 How often do you eat brown or wholemeal bread instead of white? Please look at card 16 and tell me the option that best applies.

SHOW CARD 16

1 never

2 rarely

3 sometimes

4 often

5 always

21 How often do you drink low fat milk? Please look at card 16 and tell me the option that best applies.

SHOW CARD 16

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

22 How often do you eat low fat spreads/butter? Please look at card 16 and tell me the option that best applies.

SHOW CARD 16

- 1 never
- 2 rarely
- 3 sometimes
- 4 often
- 5 always

23 How often do you eat lean meat and poultry? Please look at card 17 and tell me the option that best applies.

SHOW CARD 17

- 1 every day
- 2 most days
- 3 sometimes
- 4 rarely
- 5 never

24 How often do you eat fish? Please look at card 18 and tell me the option that best applies.

SHOW CARD 18

- 1 never
- 2 once a month
- 3 twice a month

- 4 1-2 times per week
- 5 3-4 times per week
- 6 5-7 times per week

25 How many portions of fruit and vegetables do you eat each day? Please use Card 19 to help you answer.

SHOW CARD 19

- 0 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 or more

26 How often do you eat sweet and fatty food such as crisps, sweets, desserts and chocolate? Please use card 20 to help you answer.

SHOW CARD 20

- 1 once a day
- 2 twice a day
- 3 three times a day
- 4 more than three times a day
- 5 1-2 days a week
- 6 3-4 days per week
- 7 5-6 days per week
- 8 once a month
- 9 twice a month

27 How often did you usually exercise before becoming pregnant? Please look at card 21 and tell me the option that best describes how often you exercised.

SHOW CARD 21

- 1 Never/once a month

- 2 2-3 times a month
- 3 once or twice a week
- 4 3-4 times a week
- 5 5-6 times a week or every day

I'm now going to ask you some questions about your use of cigarettes, alcohol and drugs. The information you give me is private and confidential and will only be used to help the people working on the project describe all mothers' use in our study and never your use in particular. No one will be able to connect your name to the information you give me about this topic. I will only ask for information that relates directly to our research.

28 Did you smoke before you became pregnant?

- 1 Yes
- 2 No

If answered 1 to question 28, continue to question 29. If answered 2 to question 28, skip to question 32.

29 Have you made any changes in how often you smoke since you found out you were pregnant?

READ OUT OPTIONS

- 1 Yes- Reduced
- 2 Yes- Increased
- 3 Yes- Stopped Smoking
- 4 No

If answered 1 or 3 to question 29, continue to question 30. If answered 2 or 4 to question 29, skip to question 33.

30 For what reasons did you decide to change the amount smoked? Please look at card 22 and tell me all of the reasons.

PROBE:What else?

SHOW CARD 22

- 1 It is harmful to my health
- 2 It is harmful to my baby's health
- 3 I could no longer afford it
- 4 I am less able to tolerate it with the pregnancy / It now makes me feel sick
- 5 Other (please specify)

31 In what week of the pregnancy did you make this change?
Enter amount, in weeks

32 Do you currently smoke?
1 Yes
2 No

If answered 1 to question 32, continue to question 33. If answered 2 to question 32 skip to question 34.

33 About how many cigarettes per day do you usually smoke?
Enter amount

34 Does anyone in your household currently smoke in the same room as you?
1 Yes
2 No

35 How often did you usually drink alcohol just before you became pregnant? Please use Card 23 to tell me the option that best applies

SHOW CARD 23

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

If answered 1- 6 to question 35, continue to question 36. If answered 7to question 35, skip to question 43.

36 What did you usually drink? Please use card 24 to tell me the option that best applies.
Probe: The type of drink you drink the most

SHOW CARD 24

- 1 Large or normal sized cans of beer/cider
- 2 Pint of beer/cider
- 3 Half pints or glasses of beer/cider
- 4 Bottles of beer
- 5 Small bottles of cider
- 6 Small cans of beer (Coca Cola size)
- 7 Spirits (such as vodka/Bacardi) with a mixer- single shot
- 8 Spirits (such as vodka/Bacardi) with a mixer- double shot
- 9 Small glasses of wine
- 10 Large glasses of wine
- 11 Alcopops, such as Wkd
- 12 Cocktails
- 13 Shots
- 14 Other, please specify _____

37 When you did drink alcohol, on average how many drinks did you have in a week?

38 Did you change the amount of alcohol you drink since becoming pregnant?

READ OUT OPTIONS

- 1 Yes Reduced
- 2 Yes- Increased
- 3 Yes-Stopped
- 4 No

If answered 1 to question 38, continue to question 39. If answered 3 continue to question 39 then skip to question 43. If answered 2 or 4 skip to question 40.

39 For what reasons did you decide to change the amount of alcohol *drank*? Please look at card 25 and tell me the options that apply.

PROBE: What else?

SHOW CARD 25

- 1 It is harmful to my health
- 2 It is harmful to my baby's health
- 3 I could no longer afford it
- 4 I am less able to tolerate it with the pregnancy / It now makes me feel sick
- 5 Other (please specify)

40 How often do you usually drink now? Please use card 26 to help you answer this question.

SHOW CARD 26

- 1 Every day
- 2 5-6 times per week
- 3 3-4 times per week
- 4 1-2 times per week
- 5 1-2 times per month
- 6 Less than once a month

41 What do you usually drink? Please look at card 27 and tell me the option that best describes what you drink now.

SHOW CARD 27

- 1 Large or normal sized cans of beer/cider
- 2 Pint of beer/cider
- 3 Half pints or glasses of beer/cider
- 4 Bottles of beer
- 5 Small bottles of cider
- 6 Small cans of beer (Coca Cola size)
- 7 Spirits (such as vodka/Bacardi) with a mixer- single shot
- 8 Spirits (such as vodka/Bacardi) with a mixer- double shot
- 9 Small glasses of wine
- 10 Large glasses of wine
- 11 Alcopops, such as Wkd
- 12 Cocktails
- 13 Shots
- 14 Other, please specify_____

42 When you do drink alcohol, on average how many drinks do you have in a week?
Enter amount

43 Please look at Card 28 and tell me which of the listed drugs you have used in the 12 months before you became pregnant?

If used any drug, PROBE: How often did you use it?

For any drug not mentioned please mark NEVER

SHOW CARD 28

For each, enter:

- 1 Never
- 2 Once
- 3 Occasionally
- 4 Regularly

- 1 Marijuana (grass, pot)
- 2 Cannabis (hash, hash oil)
- 3 Tranquillisers or sedatives (benzos, sleepers, vallies, barbs, downers, jellies) without a doctor's prescription
- 4 Amphetamine (speed, whiz, pep pills)
- 5 LSD (acid, trips)
- 6 Cocaine (coke, crack)
- 7 Relevin (whoops)
- 8 Heroin (gear, smack, skag)
- 9 Ecstasy (E, XTC, Mitsubishis, Doves, MDA, MDMA)
- 10 Drugs by injection with a needle (eg. heroin, cocaine, or amphetamines)
- 11 Solvents (gas, glue, thinners, poppers)
- 12 Magic Mushrooms (mushies, pucai, poky)
- 13 Methadone
- 14 Ketamine
- 15 Other drugs- please specify

If answered 1 for each of the above skip to question 47. If answered 2, 3, 4 to any of the above questions continue to question 44.

- 44 Have you changed the amount of drugs you take since becoming pregnant?
- 1 Yes-Reduced
 - 2 Yes-Increased
 - 3 Yes-Stopped taking drugs
 - 4 No

If answered 1 to question 44, continue to question 45. If answered 3 to question 44, continue to question 45 and then skip to question 47. If answered 2 or 4 to question 44, skip to question 46. If answered 5 skip to question 47.

45 For what reasons did you decide to reduce the amount of drugs consumed? Please use card 29 to tell me the option(s) that best apply.

PROBE: What else?

SHOW CARD 29

- 1 It is harmful to my health
- 2 It is harmful to my baby's health
- 3 I could no longer afford it
- 4 I am less able to tolerate it with the pregnancy / It now makes me feel sick
- 5 Other (please specify)

46 Please look at Card 30 and tell me which of the listed drugs you have you used since becoming pregnant?

If used any drug, PROBE: how often did you use it?

For any drug not mentioned please mark NEVER

SHOW CARD 30

- 1 Never
 - 2 Once
 - 3 Occasionally
 - 4 Regularly
-
- 1 Marijuana (grass, pot)
 - 2 Cannabis (hash, hash oil)
 - 3 Tranquillisers or sedatives (benzos, sleepers, vallies, barbs, downers, jellies) without a doctor's prescription
 - 4 Amphetamine (speed, whiz, pep pills)
 - 5 LSD (acid, trips)
 - 6 Cocaine (coke, crack)
 - 7 Relewin (whoops)
 - 8 Heroin (gear, smack, skag)
 - 9 Ecstasy (E, XTC, Mitsubishis, Doves, MDA, MDMA)
 - 10 Drugs by injection with a needle (eg. heroin, cocaine, or amphetamines)
 - 11 Solvents (gas, glue, thinners, poppers)
 - 12 Magic Mushrooms (mushies, pucai, poky)
 - 13 Methadone
 - 14 Ketamine
 - 15 Other drugs- please specify

Now I'm going to ask you a couple of questions on the health services you may have used in the last while.

47 Please look at Card 31 and tell me if you have used any of the services listed in the last 12 months. There are some more options on the next page.

Please mark "NO" for the services not mentioned by the participant

For each below, answer as:

1 Yes

2 No

SHOW CARD 31

- 1 Hospital as an inpatient
- 2 Hospital as a day patient
- 3 Hospital as an outpatient
- 4 A&E (Accident and emergency)
- 5 GP (General practitioner) services
- 6 Mental Health Services (including non-acute Psychiatric hospitals)
- 7 Public health nurse
- 8 Physiotherapist
- 9 Occupational Therapist
- 10 Psychology Services
- 11 Social Worker
- 12 Community Welfare Officer
- 13 Home help services
- 14 Chiropody/Podiatry
- 15 Drug/Alcohol Outreach services
- 16 Speech Therapy
- 17 Dietician
- 18 Ophthalmologist (eye doctor)
- 19 Audiology
- 20 Dental Services
- 21 Residential services for the intellectual/physical or sensory disabled
- 22 Day services for the intellectual/physical or sensory disabled
- 23 Respite services for the intellectual/physical or sensory disabled
- 24 Home support for the intellectual/physical or sensory disabled

48 How many times have you visited your GP (*your regular doctor*) in the last 12 months, *not including* visits to do with your pregnancy?

THAT'S THE END OF SECTION D

THANK YOU FOR YOUR ANSWERS.

Section E: Your Personality

This part of the interview is about your feelings and your general behavior. Please remember that all of your answers will be kept private and only used to understand how different types of mothers are doing before their babies are born. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers to these questions on your own. However, if you would prefer I can read them out loud. Which would you prefer?

- 1 Self-completed accepted
- 2 Self-completion administered by the interviewer

PLEASE HAND LAPTOP TO PARTICIPANT

SELF-COMPLETION SECTION 2

1. What Am I Like?

Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

Below are a number of ways that people interact with those around them. Some of these behaviours may or may not be like you.

Please mark the number next to each statement to show how much you agree or disagree with that statement.

So if you feel that you are not at all reserved and/or quiet, please mark number 1 to show that you strongly disagree that those words describe you. Remember that you can choose to mark any number between 1 and 7 to show how much you agree or disagree with the statement.

- 7 Strongly Agree
- 6 Moderately Agree
- 5 Agree a little
- 4 Neither agree nor disagree
- 3 Disagree a little
- 2 Moderately Disagree
- 1 Strongly Disagree

NOTE: IN THE ONLINE VERSION, THESE ARE ACTUALLY CODED AS ABOVE (AND FUTHER BELOW) TO KEEP CONSISTENT WITH SET SCALES, HOWEVER, THE PARTICIPANTS WILL SEE THE FOLLOWING NUMBERS ASSOCIATED WITH EACH STATEMENT, SIMPLY TO REDUCE SURVEY BURDEN AND TO KEEP CONSISTENT WITH OTHER SCALES IN OUR SURVEY:

- 1 Strongly Agree
- 2 Moderately Agree
- 3 Agree a little
- 4 Neither agree nor disagree
- 5 Disagree a little
- 6 Moderately Disagree
- 7 Strongly Disagree

THE SET SCALE AND HOW THEY WILL BE CODED IN THE DATA, HOWEVER, ARE AS FOLLOWS:

I see myself as:

Extraverted, enthusiastic

(For example: I am talkative, outgoing,

Strongly agree	-----	Strongly disagree				
7	6	5	4	3	2	1

sociable, and full of energy)

Critical, quarrelsome

(For example: I tend to find faults in others or start arguments with others)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Dependable, self-disciplined

(For example: I am reliable; I follow through on plans)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Anxious, easily upset

(For example: I tend to worry a lot; I get upset or nervous easily)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Open to new experiences, complex

(For example: I am curious about many different things; I am a deep thinker)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Reserved, quiet

(For example: I tend to be quiet; I am sometimes shy and withdrawn)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Sympathetic, warm

(For example: I am helpful and unselfish to others; I am kind to almost everyone)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Disorganized, careless

(For example: I am easily distracted; I tend to be lazy or sloppy; I am not very organised)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Calm, emotionally stable

(For example: I am not easily upset; I am generally relaxed; I can remain calm in tense situations)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

Conventional, uncreative

(For example: I don't usually play with new ideas; I do not value artistic experiences)

7	6	5	4	3	2	1
---	---	---	---	---	---	---

2. What Am I Like?

Below is a list of statements that describe some people. Please answer all items as well as you can, even if you think some do not apply to you.

For each of the statements below please indicate whether or not the statement is like you. If the statement is not at all like you please mark "1"; if the statement is very much like you please mark "5".

In general, I ignore warnings about future problems because I think these problems will be solved before they get critical (*really bad*).

1	2	3	4	5
Not at all like me	Not really like me	I'm unsure	A bit like me	Very much like me

I think there is no need to sacrifice (*or give up*) things now for problems that lie in the future, because it will always be possible to solve these future problems later.

1	2	3	4	5
Not at all like me	Not really like me	I'm unsure	A bit like me	Very much like me

I only respond to urgent problems, trusting that problems that come up later can be solved in a later stage.

1	2	3	4	5
Not at all like me	Not really like me	I'm unsure	A bit like me	Very much like me

PLEASE HAND COMPUTER BACK TO INTERVIEWER

THAT'S THE END OF MODULE E

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT MODULE IS ABOUT PLANNING FOR YOUR
BABY.

Section F: Planning for Your Baby

I have some more questions about your plans for after your baby is born. I would like to hear about any plans you may have.

If answered 1(1 child, indicating that the current pregnancy is the first child) to question 3 in module 1, skip to question 3. If answered any other number (indicating they have other biological children) to question 3 in module 1, continue to question 1.

1 Did you breastfeed your last child?

1 Yes

2 No

If answered 1 continue to question 2. If answered 2, skip to question 3.

2 How long, in months, did you breastfeed, and ONLY breastfeed, for?

PROBE: By this I mean how long did you only breastfeed and did not use formula.

Enter amount of exclusive breastfeeding, in months.

0 I breast and bottle fed my last child from the first month (*no exclusive breastfeeding*)

3 Do you intend to breastfeed your new baby?

1 Yes

2 No

If answered 1 to question 3, continue to question 4. If answered 2 to question 3, skip to question 5.

4 How long, in months, do you intend to breastfeed, and only breastfeed, your baby for?

PROBE: By this I mean how long do you plan to only breastfeed and not use formula

Enter amount of exclusive breastfeeding, in months, or 0 if respondent will breast and bottle feed her child from the first month (no exclusive breastfeeding)

If answered 1 to question 3 in module 1, skip to question 6. If answered any other number to question 3 in module 1, continue to question 5.

5 Were you diagnosed with post-natal depression in any previous pregnancies?

- 1 Yes
- 2 No

6 Are you taking part in any parenting programmes or classes, not including this study?

- 1 Yes
- 2 No

If answered 1 to question 6, continue to question 7. If answered 2 to question 6, skip to question 8.

7 What type of programme or class are you taking part in?

8 Do you intend to use any type of childcare for your new baby?

PROBE: That is, do you think anyone, besides yourself, will regularly look after the child?

- 1 Yes
- 2 No

If answered 1 to question 8, continue to question 9. If answered 2 to question 8, skip to question 10.

9 What type of childcare do you think you will mainly use?

READ OUT OPTIONS

- 1 Baby's Grandparent
- 2 Partner/Friends/Other Relatives
- 3 Nanny/Child Minder
- 4 Nursery/Crèche

10 At roughly what age do you think you will start this type of childcare for your new baby?

THAT'S THE END OF SECTION F

THANK YOU. THE NEXT SECTION IS ABOUT YOUR
THOUGHTS ON PARENTING

Section G: Thoughts about Parenting

I now have some questions about your thoughts and plans for after your baby is born. The study is interested in learning more about your feelings on discipline for children and how children develop and grow. There are many different ways to parent and children are also different - so, just like the last questions there are no right or wrong answers. The study is just interested in knowing what YOU think.

Please remember that all of your answers will be kept private and only used to understand how people generally view discipline and child development. If you are comfortable with reading and answering these questions yourself, I would like you to fill in these questions on your own using the computer. However, if you would prefer I can read them out loud. Which would you prefer?

- 1 Self-completed accepted
- 2 Self-completion administered by the interviewer

Once you complete each page, move on to the next page by tapping the next button at the bottom of the page. Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

PLEASE HAND LAPTOP TO PARTICIPANT

SELF-COMPLETION SECTION 3

1. Your thoughts on Parenting

The next statements are about parents and children. These are all things that different people have different opinions about, and this study is interested in talking to a lot of different parents to find out what they think.

Please read the following statements and show how much you agree or disagree with each by marking the number between 1 and 5 that best shows how much you agree or disagree with the statement. For example, if you mark 1 next to a statement, that shows that you strongly agree with that statement. If you mark 3, it shows that you disagree with that statement.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
- 5 Uncertain

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Adult-Adolescent Parenting Inventory 2 (AAPI-2) Bavolek & Keene, 1999: <http://nurturingparenting.com/>

1. What are babies like?

Here are some questions about young babies. Please answer these questions based on what you think is true for most babies.

For each statement, please answer, for most babies, whether you strongly agree, mildly agree, mildly disagree, or strongly disagree with the statement by marking a number between 1 and 5 for each statement.

- 1 Strongly Agree
- 2 Mildly Agree
- 3 Not Sure
- 4 Mildly Disagree
- 5 Strongly Disagree

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Knowledge of Infant Development - Short Form (KIDI-SF; MacPhee, 1981).

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER

THAT'S THE END OF SECTION G

**THANK YOU FOR ANSWERING ALL THOSE QUESTIONS.
THE NEXT SECTION IS ABOUT YOUR WORK AND
FINANCES**

Section H: Your Work Life & Finances

I am now going to ask you some questions about your work life and how you are getting on financially. Once again, if you do not feel comfortable answering any of these questions, please let me know and we can skip to the next question.

1 What is your current work status? Please use Card 32 to tell me the option that best applies.

SHOW CARD 32

- 1 Has paid job, but on leave
- 2 In paid Work
- 3 Unemployed
- 4 Student
- 5 Looking after home/family
- 6 Retired
- 7 Not able to work due to permanent disability/sickness
- 8 FAS training (paid)
- 9 FAS training (unpaid)
- 10 Other (please specify)

If answered 1, 2, 8 or 9, to question 1, continue to question 2. If answered 3 to question 1, skip to question 9. If answered 4-7 or 10 to question 1, skip to question 10.

2 What is your main job? _____

3 Do you work full-time or part-time?

- 1 Full-time
- 2 Part-time

4 On average, how many hours per week do you usually work?

Enter amount, in hours

If answered 9 (FAS training (unpaid)) to question 1, skip to question 9.

5 Were you in paid work continuously over the last 12 months?

- 1 Yes
- 2 No

If answered 2 to question 5, continue to question 6. If answered 1 to question 5, skip to question 7.

6 For how long were you not in paid work over the last 12 months?

Fill in as:

_____ weeks or _____ months

7 Roughly how much do you earn, on average, in your job(s)?

Enter amount, in euros

8 Is this amount:

1 Per hour

2 Per week

3 Per month

4 Annually

Skip to question 10 if answered 1, 2, or 4 to question 1

9 For how long have you been without paid work (in months)?

10 What is/was your father's main job? _____

11 What is/was your mother's main job? _____

12 Do you or your partner receive any social welfare payments such as unemployment insurance, social welfare payments, rent allowance, disability allowances, or job seekers allowance?

1 Yes

2 No

13 I know it is sometimes hard to give an exact figure for income, but could you please think about your household's take home income in the last 12 months. Over this time, what is your best guess of the household's average total income per *week*, this is the take-home family *weekly* income from all sources and includes social benefits for all people living in your household? This includes wages and salaries, income from self-employment, dividends and interest, unemployment insurance or the dole, worker's compensation, government pension, child benefit, child support, and all other sources. Please use Card 33 to choose the weekly income range that best applies to your household.

SHOW CARD 33

Note: The online version and Card 33 show the letters in parentheses next to the numbers, but the data come as numbers 1-14:

- | | |
|--------|---------------------|
| 1 (F) | Less than €50 |
| 2 (M) | €50 to under 100 |
| 3 (W) | €100 to under 150 |
| 4 (P) | €150 to under 200 |
| 5 (G) | €200 to under 250 |
| 6 (R) | €250 to under 300 |
| 7 (B) | €300 to under 400 |
| 8 (L) | €400 to under 500 |
| 9 (T) | €500 to under 600 |
| 10 (D) | €600 to under 750 |
| 11 (X) | €750 to under 900 |
| 12 (I) | €900 to under 1000 |
| 13 (C) | €1000 to under 1500 |
| 14 (K) | €1500 or more |

14 Thinking of the household's total income, would you say that your household is able to make ends meet? Please look at card 34 and tell me the option that best applies.

SHOW CARD 34

- 1 With great difficulty
- 2 With difficulty
- 3 With some difficulty
- 4 I just get by
- 5 Fairly Easily
- 6 Easily
- 7 Very easily

15 Do you save money regularly?

- 1 Yes
- 2 No

Blurb 1

Now I am going to ask you some more questions about the baby's biological father.

Blurb 2

Now I am going to ask you some questions about your partner.

16 Is this alright?

1 Yes

2 No

If answered 1 to question 16, continue to question 17 and ask in relation to the biological father. If answered 2 to question 16, skip to question 26.

17 What is his current work status? Please use Card 35 to tell me the best option that applies.

SHOW CARD 35

1 Has paid job, but on leave

2 In paid Work

3 Unemployed

4 Student

5 Looking after home/family

6 Retired

7 Not able to work due to permanent disability/sickness

8 FAS training (paid)

9 FAS training (unpaid)

10 Other (please specify)

If answered 1, 2, 8 or 9 to question 17, continue to question 18. If answered 3 to question 17, skip to question 25. If answered 4-7 or 10 to question 17, skip to question 26.

18 What is his main job?

19 Does he work full-time or part-time?

1 Full-time

2 Part-time

20 How many hours per week does he usually work?
Enter amount, in hours

If answered 9 to question 17, skip to question 25.

21 Was he in paid work continuously over the last 12 months?
1 Yes
2 No

If answered 2 to question 21, continue to question 22. If answered 1 to question 21, skip to question 23.

22 For how long was he not in paid work over the last 12 months?
Fill in as:
_____weeks or _____months

23 Roughly how much does he earn, on average, in his job(s)?
Enter amount, in euros

24 Is this amount
1 Per hour
2 Per week
3 Per month
4 Annually

25 For how long has he been without paid work (in months)?
Enter amount

I am now going to ask a few questions about how you are getting on financially and how your finances may or may not impact your day to day life. These questions are for you to answer on your own or if you prefer I can read them out loud. Which would you prefer?

- 1 Self-completion accepted
- 2 Self-completion administered by the interviewer

Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

Please read the following questions and mark how much you agree or disagree with each of these statements by marking the number between 1 and 3 that best answers the question.

- 1 Yes
- 2 No-because cannot afford
- 3 No-because other reason

PLEASE HAND LAPTOP TO INTERVIEWEE

SELF-COMPLETION SECTION 4

For questions 26-32 and 34-36, answer with:

- 1 Yes
- 2 No-because cannot afford
- 3 No-because other reason

26 Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) every second day?

27 Does your household have a roast joint (or its equivalent, such as roast beef, a ham, or a roast chicken) once a week?

28 Do household members buy new rather than second-hand clothes?

29 Does each household member possess a warm waterproof coat?

30 Does each household member possess two pairs of strong shoes?

31 Does the household replace any worn out furniture?

32 Does the household keep the home adequately warm?

33 Does the household have family or friends for a drink or meal once a month?

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

35 Does the household buy presents for family or friends at least once a year?

36 Have you ever had to go without heating during the last 12 months because of a lack of money? For example, 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 there was no money for coal/fuel?

- 1 Yes
- 2 No

37 Have any of the following issues been a difficulty for you or anyone in your house?
Please mark all that apply.

- 1 Parenting
- 2 Domestic violence
- 3 Addiction
- 4 Separation
- 5 Suicidal thoughts
- 6 Mental health issues
- 7 Bereavement/Death
- 8 Abuse
- 9 Other
- 10 None

38 We would now like to find out about the services you use within and outside your community. This information will help us see if these services are useful to the people in your community. Have you ever used any of the following services? For each, please answer as:

- 1 Never
- 2 Within the last year
- 3 More than 1 year ago

[Please note the below local area services were anonymised in the archiving process]

EMERGENCY

- 1 Neighbourhood Policing Unit
- 2 Dublin City Council Emergency Number
- 3 CARI Helpline – Childhood Abuse
- 4 Childline
- 5 Parentline
- 6 Rape Crisis Centre
- 7 Sexual Assault Unit Rotunda Hospital
- 8 Samaritans
- 9 Drugs HIV Helpline
- 10 Women’s Aid
- 11 First Contact – Men’s Helpline
- 12 D.DOC

HEALTH

- 13 Health Centre
- 14 HSE Dublin North East
- 15 Coolock Health Centre
- 16 Well Woman Centre
- 17 Alcoholics Anonymous
- 18 Coolmine House
- 19 Gamblers Anonymous

CHILDREN/ FAMILY

- 20 Childcare Bureau
- 21 HSE Dublin North East
- 22 Mater Child & Adolescent Services
- 23 Community Mother's Programme
- 24 [Local one parent family centre]
- 25 [Local] Childcare
- 26 [Local] Day Nursery
- 27 [Local] Centre
- 28 [Local] Family Centre
- 29 Parents Training Together
- 30 Springboard Project
- 31 Preparing for Life
- 32 [Local] Community Playgroup

EMPLOYMENT

- 33 Jobs Club
- 34 Northside Centre for the Unemployed
- 35 Local Employment Service

COMMUNITY INFORMATION/SERVICES

- 36 [Local] Resource Centre
- 37 [Local] Community Development Project
- 38 TRAVACT Community Development Programme

- 39 Dublin North East Drugs Taskforce
- 40 Drugs Awareness Support
- 41 Dublin Northeast MABS
- 42 Friendly Call Service
- 43 Beaumont Hospital Bereavement Counselling Service
- 44 Northside Citizens Information Service
- 45 Northside Community Law Centre
- 46 Northside Counselling Service
- 47 Northside Partnership
- 48 SPHERE 17
- 49 RASP Programme
- 50 Active Age Group
- 51 Community Sports Hall
- 52 PACE Training for Employment Project
- 53 Youthreach [Local office]

RESIDENTS ASSOCIATIONS

- 54 [Local Residents Association A]
- 55 [Local Residents Association B]
- 56 [Local Residents Association C]

ADULT EDUCATION

- 57 [Local] Community Training Centre
- 58 Media Initiative Collective
- 59 Traveller Adult Training Centre
- 60 T.A.R.G.E.T
- 61 [Local] Adult Literacy & Basic Education
- 62 KLEAR

USEFUL SERVICES

- 63 Social Welfare Local Office

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER

THAT'S THE END OF SECTION H

THE NEXT SECTION IS ABOUT YOUR SOCIAL SUPPORT NETWORK

Section I: Your Social Support Network

This is a special time in your life because you will soon have your baby. We would like to find out some of the different people who are helping you and how happy you are with the help you are getting. Again, there are no right or wrong answers.

1 How would you rate the support you are getting from those in your household, and from family, friends, neighbours and people in your workplace? Card 36 may help you choose the option that best describes how much support you are getting from each of the people I mention.

SHOW CARD 36

For each below, answer as:

- 1 Does not apply to me
- 2 No support
- 3 Little support
- 4 Some support
- 5 A lot of support

If answered 2 (married), 3 (co-habiting), or 4 (boyfriend/partner not living together) to question 5 in module 1, continue to next statement "From your spouse/partner". If answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to question 5 in module 1, automatically fill this statement as 1 (i.e. not applicable in my situation), but skip to the second statement on parents.

From your spouse/ partner
From your parents
From other close relatives
From friends
From neighbours
From people in your workplace
From the baby's father

2 I am going to read a list of things that some people may ask a neighbour, friend, or relation outside the home for. Please look at card 37 and tell me the option that best describes how comfortable you would be asking a friend, neighbour, or relation outside the home for each of the following:

SHOW CARD 37

For each below, answer as:

- 1 Very comfortable
- 2 Fairly comfortable

- 3 Fairly uncomfortable
- 4 Very uncomfortable
- 5 Would not ask

To collect a prescription from the chemist if you were ill in bed
If you could talk to them about a personal problem you had
To lend you money for a couple of days to pay an outstanding bill

3 How often do you meet friends or relatives who are not living in your household? Please look at card 38 and tell me the option that best applies.

SHOW CARD 38

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less than once a month
- 5 Never

4 Thinking about the neighbours in your area, about how many people would you say you know personally?

- 1 None
- 2 1-3
- 3 4-6
- 4 7-10
- 5 10+

5 How satisfied are you with the area/ neighbourhood you live in? Please look at card 39 and tell me the option that best applies.

SHOW CARD 39

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Neither satisfied nor dissatisfied
- 4 Satisfied
- 5 Very satisfied

6 Please share with me your reasons for feeling this.

PROBE: What else?

7 Please look at card 40 and tell me how often you usually participate in each of the following organisations.

SHOW CARD 40

For each below, answer as:

- 1 Often
- 2 Occasionally
- 3 Rarely
- 4 Never

Sports clubs (Parish, GAA, Golf, other), gym, exercise classes

Political parties, trade unions, environmental groups

Parent teacher associations, tenants groups, residents groups, neighbourhood watch, youth groups, other community action groups

Church or other religious/ parish groups, charitable or voluntary organisations (eg collecting for charity, helping the sick, elderly, poor, etc)

Evening classes, arts or music groups, educational activities

Social groups (eg mother and toddler group, Rotary Club, women's groups, elderly group)

*If answered 18 or more in Question 1 (How old are you?), Module 1, continue to question 8.
If answered less than 18 in Question 1, Module 1, skip to Module 10.*

8 Did you vote in the last General Election?

- 1 Yes
- 2 No
- 3 Not Applicable

THAT'S THE END OF SECTION I

THANK YOU FOR ANSWERING THOSE QUESTIONS

Section J: Hopes and Dreams

This is our final section. You have been very helpful and we're almost finished. I would like to be sure that you have a chance to tell me about how you are feeling about things.

Your son/daughter will be born in a few weeks/months. As you think about your child's life, what are some of your hopes or goals for him or her?

PROBE: What else?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Almost all families face some problems. Currently, is your family having some problems that you think may make your child's development more difficult? If so, please tell us about these:

PROBE: What else?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Some families have strengths and qualities. Would you like to tell me if you feel your family has any positive qualities and strengths?

PROBE: Please could you tell me a bit more about that? What else?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

THAT'S THE END OF THE INTERVIEW, WE HAVE FINISHED!

Thank you very much for taking the time to participate today, your responses will be very helpful for the study and will help us know how we can better serve the community in the future. We are finished with the interview, but before I go, I'd like to go over your contact information to make sure that it is still correct.

GO TO CONTACT SHEET AND MAKE SURE INFO IS STILL CORRECT

OK, that is all I have for today. Thank you again for taking the time to participate in our study. Here is your voucher. Just to let you know, a member of our research team will be contacting you in the next couple of weeks to set up an appointment for another short section that will last about 30 minutes. Upon completion of the next visit, you will receive another voucher. Do you have any questions before I leave?