



# *Growing Up in Ireland* Questionnaires for the COVID-19 Web Survey for Cohorts '08 and '98

September 2021



An Roinn Leanaí, Comhionannais,  
Míchumais, Lánpháirtíochta agus Óige  
Department of Children, Equality,  
Disability, Integration and Youth



An  
Phríomh-Oifig  
Staidrimh

Central  
Statistics  
Office



Trinity  
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The University of Dublin

## COVID-19 Questionnaires

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## **COVID-19 Survey for 12/13-year-old**

## Growing Up in Ireland Covid-19 Survey for 12/13 year old

Welcome to the *Growing Up in Ireland* Covid-19 survey. We want to find out what it is like to be a 12- or 13-year-old in Ireland today in the context of Covid-19. Your answers will help to plan things for young people like yourself.

This survey is for the *Growing Up in Ireland* Project (which is managed by the Department of Children, Equality, Disability, Integration and Youth in association with the Central Statistics Office)

The questions will take about 8 minutes to complete. It is best to complete the survey in one sitting: to protect your privacy, the information you enter is not saved unless you go to the end and hit the 'SUBMIT' button. Once you do that, the information cannot be seen by anybody else, even if they have your ID code.

You do not have to do this survey. If there is any question you do not want to answer, it is fine to skip it, though it would really help us if you answer as many as possible.

[Start survey button]

[Record Start date/time]

**Q1. Please enter your ID code from the email we sent your parent or guardian:** \_\_\_\_\_

[Your ID code has three capital letters followed by two numbers]

**Q2. Before starting, please confirm that you have read the Information Sheet, discussed participating with your parent or guardian and agree to take part in the survey:**

Yes, I agree to take part in this Covid-19 Survey-----<sub>1</sub>

No, I do not wish to take part in this Covid-19 Survey-----<sub>2</sub> → [Go to end]

**Q3. What is your date of birth?** \_\_\_/\_\_\_/\_\_\_\_

DD / MM/ YYYY

## Section 2 – Activities and time at home during COVID-19

First, some questions about the time between March and June this year when all schools were closed, and you were at home

**Q4. Thinking back to that time, please say whether each of the following was always true, sometimes true or not true for you.**

	Always true	Sometimes true	Not true
a. I had a quiet space to study at home	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I had access to a computer when I needed it for study	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I missed my friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. I attended live school lessons with my teacher on the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. I could contact my teacher for help if I needed it	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. I gave up on trying to study until the school opened again	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. It was good to be apart from other students who bother me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Someone at home helped with my schoolwork	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. I was worried that I might fall behind with schoolwork	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## Section 3: School and Education since September 2020

**Q5. Are you in the same school now as you were in just before the summer?**

- Yes -----  1  
 No, because I moved from primary to secondary school -----  2  
 No, because I changed school -----  3  
 No, because I am now home-schooled -----  4 → Go to Q9

**Q6. Can I just check what class you are in now?**

- Fifth class in primary school -----  1  
 Sixth class in primary school -----  2  
 First year in second level school -----  3  
 Second year in second level school -----  4  
 Other class or school -----  5

**Q7. Since you returned to school in September, have you had to take time off school for any of the following reasons? [Select all that apply]**

I had to take time off school because ...

- a. I had Covid-19 or symptoms of Covid-19 -----   
 b. Someone in my class or school bus had Covid-19 -----   
 c. Someone in my family or another close contact had Covid-19 or was waiting for test results -----   
 d. The whole class or school was closed because of Covid-19 -----   
 e. I had to take time off for another reason unrelated to Covid-19 -----   
 f. I didn't have to take time off school -----

**Q8. Since you returned to school in September, please tell us whether the following are always true, sometimes true or not true for you.**

	Always true	Sometimes true	Not true
a. I know what is expected of me in terms of the Covid-19 rules	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. We students are consulted about managing the Covid-19 rules in the school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. I don't think my classmates take Covid-19 seriously	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. I feel safe from Covid-19 infection when in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. I preferred being able to do my schoolwork from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. I'm finding it hard to settle back into school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. I'm finding schoolwork more difficult	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Teachers go over material to help us catch up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. I am required to wear a mask in school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. I find masks interfere with my learning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Q9. Which of the following do you find useful for information about Covid-19? [Select all that apply]**

- Parent(s)/Guardian(s) -----  1  
 School -----  2  
 Friends -----  3  
 Social media -----  4  
 Watching or reading the news -----  5

## Section 4: Family

How well do you get on with ...	Very well	Fairly well	We do not get on	Does not apply to me
<b>Q10. Your Mum</b> You can answer this question about the main person who looks after you if that's the best option for 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>
<b>Q11. Your Dad</b> You can answer this question about another person who looks after you if that's the best option for 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>

**Q12. Please say whether each of the following is always true, sometimes true or not true for you now.**

	Always true	Sometimes true	Not true	Does not apply to me
a. I enjoy spending time with my pet(s)	<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 worry about the virus infecting someone in my family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
c. I can see that my parent or parents are worried at the moment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
d. I miss visiting my grandparent(s)	<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. I have the chance to learn new skills	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
f. I use 'Zoom', 'Facetime' or similar to keep in touch with family/friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
g. I argue more than usual with my parent(s)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	
h. I argue more than usual with my brother(s) or sister(s)	<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. I have an adult I can talk to when I'm worried	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	

## Section 5: Activities

Now some questions about your activities.

**Q13. This year many events with family and friends had to be cancelled or changed. Did you miss any of the following events that were important to you?**

	Yes, I was disappointed	Yes, but I didn't mind	No
a. I missed a religious ceremony for me such as confirmation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I missed a family holiday	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I missed my end-of-primary-school party	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. I missed another trip with my school or a club	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q14. Thinking about your activities now compared to the time before the schools closed (early March), do you do the following activities more, about the same, or less than you used to?**

	More	About the same	Less
a. Take part in sports or physical exercise (such as team sports, running, cycling, walking, dancing, individual exercise)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Take part in organised cultural activities (e.g. lessons or clubs for music, art, drama)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. See your friends face-to-face	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Talk to your friends online or by phone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Spend time with your family	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Eat junk food or sweets	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Spend time on screen-based activities (TV/videos, computer games, online)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Spend time outdoors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## Section 6: Feelings

**Q15. Now some questions on how you have been feeling. Please think about the last four weeks.**

How much of the time in the past four weeks ...	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Have you been a very nervous person	<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. Have you felt so down in the dumps that nothing could cheer you up	<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. Have you felt calm and peaceful	<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. Have you felt downhearted and blue	<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. Have you been a happy person	<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>

**Q16. On a scale of 1 to 10, how much are you looking forward to next year? If 1 means 'I am really worried about what will happen' and 10 means 'I am really excited about next year'.**

I am really worried

<sub>1</sub>

<sub>2</sub>

<sub>3</sub>

<sub>4</sub>

<sub>5</sub>

<sub>6</sub>

<sub>7</sub>

<sub>8</sub>

<sub>9</sub>

I am really excited

<sub>10</sub>

[Record end time/date]

## **COVID-19 Survey for Parents of 12/13-year-old**

## Growing Up in Ireland Covid-19 Survey for Parents of 12/13-year-olds

You are completing this for the **Growing Up in Ireland** Project (which is managed by the Department of Children, Equality, Disability, Integration and Youth in association with the Central Statistics Office)

Welcome to the **Growing Up in Ireland** Covid-19 survey. We want to find out what it is like for parents of 12/13-year-olds in Ireland today in the context of Covid-19. Your answers will help policy-makers to plan supports and services for families like yours.

The questions will take about 9 minutes to complete. It is best to complete the survey in one sitting: to protect your privacy, the information you enter is not saved unless you go to the end and hit the 'SUBMIT' button. Once you do that, the information cannot be seen by anybody else, even if they have your ID code.

If there is any question you do not want to answer, it is fine to skip it, though it would really help us if you answer as many as possible.

### [Start Survey Button]

**Q1. Please enter your ID code from the email we sent you:** \_\_\_\_\_

[Your ID code has three capital letters followed by two numbers]

**Q2. Before we start, please confirm that you have read the Information Sheet and agree to take part in the survey:**

Yes, I agree to take part in this Covid-19 Survey-----<sub>1</sub>

No, I do not wish to take part in this Covid-19 Survey -----<sub>2</sub> → [Go to end]

**Q3. What is your date of birth?** \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD / MM / YYYY

Here are some questions about who is living with you at the moment.

**Q4. How many people in total (including yourself) are members of the household?** \_\_\_\_\_ persons

**Q5. How many of these are under the age of 18?** \_\_\_\_\_ [children]

**Q6. Are you currently living with a spouse or partner?** Yes ... <sub>1</sub> No ... <sub>2</sub>

**Q7. Are there any members of the household who are at increased risk of severe Covid-19 disease due to age or a pre-existing condition?** [Select all that apply]

- a. Yes, me-----
- b. Yes, my 12/13-year-old -----
- c. Yes, someone else -----
- d. No, nobody in the household is at increased risk -----

Now some questions about your experience during the Covid-19 restrictions.

**Q8. Thinking now of the time when the restrictions related to Covid-19 were at their strongest and the schools were closed – around April 2020 – please say whether each of the following was always true, sometimes true or not true for you.**

	Always True	Sometimes true	Not true	Not applicable
a. I enjoyed the time with my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
b. My family did more activities together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
c. It was difficult to balance work and family life	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I had less time to myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
e. I had a chance to slow down	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

**Q9. Still thinking about the time when the schools were closed ...**

	Always true	Sometimes true	Not true	Not applicable
a. I worried about the virus infecting someone in my family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
b. The increase in childcare responsibilities was stressful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
c. Supervising my child’s schoolwork was stressful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
d. I spent more time than usual taking care of the children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
e. I ate more snack foods than usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
f. My spouse or partner spent more time than usual taking care of the children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q10. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?**

Yes ... 1 → Go to Q11    No ... 2 → Go to Q12

**Q11. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply]**

- a. Loss of employment (losing your job or temporary lay-off) -----
- b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment) -----
- c. Increase in usual hours worked -----
- d. Started remote working from home -----
- e. Increased number of remote hours working from home -----
- f. Other change (including starting a new job, being assigned to different work) -----
- g. None of the above -----

**Q12. Was your partner in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?**

Yes ... 1 → Go to Q13    No ... 2 → Go to Q14    Not applicable ... 3 → Go to Q14

**Q13. Was your partner’s employment situation or way of working affected by Covid-19 in any of the following ways? [Please tick all that apply]**

- a. Loss of employment (losing their job or temporary lay-off) -----
- b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment) -----
- c. Increase in usual hours worked -----
- d. Started remote working from home -----
- e. Increased number of remote hours working from home -----
- f. Other change (including starting a new job, being assigned to different work) -----
- g. None of the above -----

**Q14. Did your household receive any of the following during the Covid-19 pandemic? [Tick all that apply]**

- a. Pandemic Unemployment Payment -----
- b. Other regular social welfare payment (excluding Child Benefit)-----
- c. None of these-----

**Q15. Since the start of the Covid-19 pandemic, did your household income ...**

- Fall a lot \_1
- Fall a little \_2
- Remain the same \_3
- Increase a little \_4
- Increase a lot \_5

**Q16. Concerning your total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?**

- With great difficulty \_1
- With difficulty \_2
- With some difficulty \_3
- Fairly easily \_4
- Easily \_5
- Very easily \_6

**Q17. Thinking of the time when the schools were closed because of Covid-19, please say whether each of the following was true, sometimes true or not true for your 12/13-year-old.**

	Always true	Sometimes true	Not true
a. They had a quiet space to study at home	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
b. They had a chance to take school lessons on the internet	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
c. They were able to send work to teachers to mark	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3
d. They had someone at home to help with schoolwork	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

**Q18. How adequate was your family’s internet connection when the schools were closed because of Covid-19?**

- Very adequate \_1
- Mostly adequate but with occasional delays \_2
- Just okay \_3
- Had frequent problems \_4
- Completely unusable \_5
- No internet connection \_6

**Q19. How adequate were your family’s internet-connected devices when the when the schools were closed because of Covid-19? [Please consider the number and type of computers, tablets or smartphones with an internet connection].**

- Very adequate \_1
- Mostly adequate \_2
- Just okay \_3
- Had frequent problems \_4
- Completely unusable \_5

## Now some questions about physical activity.

Physical activity is any moderate or vigorous activity that increases your heart rate and breathing.

Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing.

**Q20. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day?**

- None \_0
- One \_1
- Two \_2
- Three \_3
- Four \_4
- Five \_5
- Six \_6
- Seven \_7

**Q20b. Overall, how physically active are you now compared to before the Covid-19 pandemic?**

- A lot more \_1
- A little more \_2
- About the same \_3
- A little less \_4
- A lot less \_5

**Q21. Thinking about your 12/13-year old, how physically active is he or she now compared to before the Covid-19 pandemic?**

- A lot more \_1
- A little more \_2
- About the same \_3
- A little less \_4
- A lot less \_5

## Other Effects of the Pandemic

**Q22. Has the pandemic affected you in any of these other ways? [Please tick all that apply]**

- a. I have or had Covid-19 -----
- b. A family member has or had Covid-19 -----
- c. I developed new interests or skills -----
- d. I didn't have access to medical care I needed -----
- e. My 12/13-year-old didn't have access to necessary medical care -----
- f. My 12/13-year-old didn't have access to necessary dental care -----
- g. My 12/13-year-old didn't have access to necessary support for emotional or behavioural problems -----
- h. We could not get access to disability services needed by my 12/13-year-old -----
- i. I found my 12/13-year-old's return to school stressful -----
- j. I spent more time outdoors -----

**Q23. 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"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b.	I felt depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c.	I thought my life had been a failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d.	I felt fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e.	My sleep was restless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f.	I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g.	I had crying spells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h.	I felt sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q24. Please say to what extent you agree or disagree with the following statements:**

		Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	I am optimistic about my future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	I am optimistic about my 12/13-year-old's future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

[Record end time/date]

## **COVID-19 Survey for Young Adult**

## Growing Up in Ireland Covid-19 Survey for Young Adults

Welcome to the **Growing Up in Ireland** Covid-19 Survey. We want to find out what it is like to be a young adult in Ireland today in the context of Covid-19. Your answers will help policy-makers to plan services and supports for young people like yourself.

The questions will take about 10 minutes to complete. It is best to complete the survey in one sitting: to protect your privacy, the information you enter is not saved unless you go to the end and hit the 'SUBMIT' button. Once you do that, the information cannot be seen by anybody else, even if they have your ID code.

If there is any question you do not want to answer, it is fine to skip it, though it would really help us if you answer as many as possible.

### [Record Start date/time]

**Q1. Please enter your ID code from the email we sent you:** \_\_\_\_\_

[Your ID code has three capital letters followed by two numbers]

**Q2. Before we start, please confirm that you have read the Information Sheet and agree to take part in the survey:**

Yes, I agree to take part in this Covid-19 Survey ----- <sub>1</sub>

No, I do not wish to take part in this Covid-19 Survey ----- <sub>2</sub> → [Go to end]

**Q3. Can we just check, are you living in Ireland at present? Please answer 'yes' if you are temporarily living elsewhere but intend to return within the next year or so.**

Yes, I am living in Ireland ----- <sub>1</sub>

No, I am living outside Ireland ----- <sub>2</sub> → [Go to end]

**Q4. What is your date of birth?** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD / MM / YYYY

## Section 2: Experience during the Covid-19 pandemic.

Now some questions about your experience during the Covid-19 pandemic.

**Q5. Are you or any other members of your household at increased risk of severe Covid-19 disease due to age or a pre-existing condition?** [Select all that apply]

Yes, me ... <sub>1</sub> Yes, someone else in my household ... <sub>2</sub> No ... <sub>3</sub>

**Q6. Thinking of the time just before the Covid-19 Pandemic began in late February 2020, what were you doing?**

Please tick all that apply.

- a. I had a paid job -----
- b. I was doing an apprenticeship -----
- c. I was doing a full-time third-level course (at a university, technological university or institute of technology) -----
- d. I was doing another full-time education/training course (such as a Post-Leaving Certificate course) -----
- e. I was unemployed -----
- f. I was looking after my children or a relative who needs assistance -----
- g. I was unable to work because of illness or disability -----
- h. Other -----

**Q7. Were you in employment or on an apprenticeship immediately before the Covid-19 pandemic began in late February 2020 or at any time since then? Please answer 'Yes' even if this wasn't your main activity (e.g. if you were studying but working part-time).**

Yes ... <sub>1</sub> → Go to Q8    No ... <sub>2</sub> → Go to Q9

**Q8. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply]**

- a. Loss of employment (losing your job or temporary lay-off) -----
- b. Any other loss or reduction in employment (reduced hours, having to take paid or unpaid leave, being unable to start a new job, loss of income from self-employment) -----
- c. Increase in usual hours worked -----
- d. Started remote working from home -----
- e. Increased number of remote hours working from home -----
- f. Other change (including starting a new job, being assigned to different work) -----
- g. None of the above -----

**Q9. Were you on a full-time or part-time education or training course immediately before the Covid-19 Pandemic began in late February 2020 or at any time since then?**

Yes ... <sub>1</sub>    No ... <sub>2</sub> → Go to Q12

**Q10. If you are on a course at the moment, please say whether each of the following is always true, sometimes true or not true for you now.**

**If you are no longer on a course but were on a course at the height of the Covid-19 restrictions – around April – please answer in relation to that time.**

	Always true	Sometimes true	Not true
a. I have/had a quiet space to study	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I have/had access to a laptop/PC to do my work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. My broadband is/was good enough to engage with online learning	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. My college/institution provides/provided live online lectures/classes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. My college/institution provides/provided on-campus lectures/classes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. My college/institution sends/sent links to online learning resources	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. I receive/received feedback on my work	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. I have/had regular contact with my course mates	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. I enjoy/enjoyed the chance to learn on my own	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Q11. Did the pandemic restrictions affect your learning in any other way? [Tick all that apply]**

- a. I didn't get to do work experience or an internship -----
- b. I didn't get to take exams -----
- c. I found it difficult to study -----
- d. I dropped out of my course -----
- e. I did not do as well as I expected -----
- f. None of the above -----

[FOR ALL]

**Q12. What are you doing at the moment? Please tick all that apply.**

- a. I have a paid job (full-time or part-time) and am working at the moment-----
- b. I have a paid job (full-time or part-time) but am not working at the moment because of Covid-related restrictions or temporary lay-off-----
- c. I am doing an apprenticeship-----
- d. I am doing a full-time third-level course (with a university, technological university or institute of technology)-----
- e. I am doing another full-time course (such as a Post-Leaving Certificate course) -----
- f. I am unemployed -----
- g. I am looking after my children or a relative who needs assistance -----
- h. I am unable to work because of illness or disability -----
- i. Other -----

**Q13. Did you receive any of the following since the start of Covid-19 pandemic? [Tick all that apply]**

- a. Pandemic Unemployment Payment -----
- b. Other regular social welfare payment (excluding Child Benefit)-----
- c. None of these -----

### Section 3: How you are managing now

**Q14. Concerning your total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?**

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| With great difficulty      | With difficulty            | With some difficulty       | Fairly easily              | Easily                     | Very easily                |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**Q15. How would you describe your current living arrangements?**

- I live with my parent(s) or guardian(s) ----- 1
- I live alone in a house/flat ----- 2
- I live with my partner only ----- 3
- I live in a house/flat with other relative(s) only ----- 4
- I live in a house/flat-sharing arrangement with other adult(s) – at least some not related to me ----- 5
- I live in 'digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided) ----- 6
- I live in campus accommodation/barracks ----- 7
- Other \_\_\_\_\_ ----- 8

**Q16. Have any of these occurred since the Covid-19 outbreak? [Tick all that apply]**

- a. I moved back in with my parent(s) -----
- b. I moved out of my parents' house-----
- c. I moved in with my partner -----
- d. None of the above-----

**Q17. If you were sick in bed, at home, how much could you count on the people around you to help out?**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all                 | A little                   | Somewhat                   | A great deal               |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**Q18. If you needed to talk about your problems and private feelings, how much would the people around you be willing to listen?**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Not at all                 | A little                   | Somewhat                   | A great deal               |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

## Section 4: Activities now compared to before Covid-19

Now some questions about your activities.

**Q19. Thinking about your activities now compared to the time before the Covid-19 pandemic (early March), do you do the following activities more, about the same or less than you used to? If you have never done the activity, please select doesn't apply.**

	More	About the same	Less	Doesn't apply
a. Take part in sports or physical exercise (such as team sports, running, cycling, walking, dancing, individual exercise)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Take part in organised cultural activities (e.g. lessons/clubs for music, art or drama)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. See your friends face-to-face	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Talk to your friends online or by phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. See your boy/girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Spend time with your family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Drink alcohol	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Smoke/vape	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Eat junk food or sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Spend time on informal screen-based activities (TV/video, computer games, online activities apart from work or study)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Sleep	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Spend time outdoors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Section 5: Other effects of the pandemic

**Q20. Has the pandemic affected you in any of these other ways? [Please tick all that apply]**

- a. I have or had Covid-19-----
- b. A family member or close friend has or had Covid-19 -----
- c. I developed new interests or skills -----
- d. I didn't have access to medical care I needed -----
- e. I didn't have access to disability services I needed-----
- f. I didn't have access to necessary support for emotional or mental health problems-----
- g. I didn't start a course I had planned to-----
- h. I planned to emigrate or take time out to travel abroad but didn't-----

**Q20b. Which of the following do you find useful for information about Covid-19? [Select all that apply]**

- Parent(s)/Guardian(s) ----- 1
- College/work----- 2
- Friends ----- 3
- Social media----- 4
- Watching or reading the news ----- 5

## Section 6: Feelings

Now some questions on how you have been feeling about your life.

**Q21. On a scale of 0 to 10 where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days?**

0											10
Not at all satisfied	1	2	3	4	5	6	7	8	9		Completely Satisfied
<input type="checkbox"/> _0	<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	<input type="checkbox"/> _9		<input type="checkbox"/> _10

**Q22. 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"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
b.	I felt depressed	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c.	I thought my life had been a failure	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
d.	I felt fearful	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
e.	My sleep was restless	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
f.	I felt lonely	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
g.	I had crying spells	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
h.	I felt sad	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

**Q23. Please say to what extent you agree or disagree with the following statements**

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I am optimistic about my future	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
b. I am happy enough to keep to the Covid-19 restrictions	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
c. I don't think my friends take Covid-19 seriously	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

[Record end time/date]