QUESTIONNAIRES FOR

WAVE 1

OF THE INFANT COHORT

(AT 9 MONTHS)

OF

GROWING UP IN IRELAND

Amanda Quail, James Williams, Cathal McCrory, Aisling Murray, Maeve Thornton

April 2011
Table of Contents

Introduction .......................................................................................................................... 3
Primary Caregiver Main Questionnaire ........................................................................... 6
Prompt Cards for Primary Caregiver Main Questionnaire ........................................... 35
Primary Caregiver Sensitive Questionnaire .................................................................... 74
Secondary Caregiver Main Questionnaire ....................................................................... 81
Prompt Cards for Secondary Caregiver Main Questionnaire ....................................... 90
Secondary Caregiver Sensitive Questionnaire ................................................................ 105
Primary Caregiver Twin Questionnaire .......................................................................... 112
Secondary Caregiver Twin Questionnaire ....................................................................... 126
Consistency checks in the Primary Caregiver Main Questionnaire .............................. 129
Consistency checks in the Secondary Caregiver Main Questionnaire .......................... 131
Introduction

Interviews were carried out using a mixture of CAPI (Computer Assisted Personal Interviewing) and CASI (Computer Assisted Self Interviewing). This document includes all the questionnaires used in the Study in their original paper format. The question numbers in the questionnaires refer to the numbers in the main nine month data file which accompanies this documentation.

The main household interviews for this study were carried out in respondents’ homes by trained interviewers and were administered using a laptop, otherwise known as Computer Assisted Personal Interviewing, or CAPI (computer model: IBM Thinkpad, Lenovo X60). Each question appeared on the computer screen for the interviewer to read out with space for an answer option to be recorded. Answers are principally recorded by entering the number associated with the selected answer option using the keyboard. Answers can, however, also be recorded using an integral mouse or by entering free text where appropriate. The questionnaire was programmed using BLAISE software. This program facilitated the routing of questions (skipping nonapplicable questions etc.) and the inclusion of hard and soft cross-variable and range checks to alert interviewers to improbable or impossible answers or conflicts between answers. The full list of hard and soft checks is given in the last section of this document. Respondents were shown an extensive range of prompt cards with the available answer options. These were important for longer lists of options or items in a scale, and were particularly important for more sensitive questions.

There was a separate section of sensitive questions which were self-completed by the respondents on the laptop. For this section, the interviewer handed the computer to the respondent and assisted them in completing a number of example questions. Respondents then took control of the laptop, read the questions on screen, and input the answers, thus maintaining the confidentiality of their data. Once they were finished there was a function enabling them to ‘lock-down’ this section of the questionnaire so that it could not be accessed by anyone other than the Study Team in Head Office. The interviewer did not have access to the completed sensitive sections of the questionnaire. The interviewer remained available at all times throughout the survey to give instructions and assistance.

Interviews could also be suspended and returned to at later time according to the requirements of the respondent, for example if an unexpected visitor called to the house during an interview. Completed interviews were outputted as ASCII files from BLAISE, were encrypted and uploaded to a dedicated server in the ESRI by the interviewers across the phone line. They were then de-encrypted and rebuilt to produce an SPSS file for preliminary analysis of the data.

The four main questionnaires for the nine month phase of the Growing Up in Ireland are discussed in the current document. Some questionnaires are divided into modules of questions according to topic. A short description is given for each of the questionnaires below along with their related modules and then the questionnaires themselves are given in full.

Some variables appear in the data file that are not in the questionnaires. These are variables that were derived by the study team, after data collection was complete, for the purposes of analysis.

Primary Caregiver Main Questionnaire

Interviews were conducted with both parents/guardians of the Study Child (where resident). The mother was usually the ‘primary caregiver’ and the father or mother’s partner was usually the ‘secondary caregiver’. The bulk of the questions were asked in the Primary Caregiver Main questionnaire as this was deemed to be the person with most knowledge about the child. Such questions pertained to the household composition, child’s birth, child’s health, household income etc. The Primary Caregiver Main questionnaire consists of 12 sections with each module broadly equating to a domain of interest. Each section is further decomposed into general areas of interest based on constellations of questions:
Section A – Household information
Background information which includes the Household Grid with information (sex, DOB, relationship to primary caregiver, relationship to child, principal economic status) on each member of the household.

Section B - Parenting, Child’s Functioning and Relationships
This section focused on the parent/guardian’s relationship with the child. It contained two scales: the quality of attachment subscale from the Maternal Postnatal Attachment Scale and the Infant Characteristics Questionnaire.

Section C - Baby’s Development
This section focused on the infant’s development. It mainly comprised the Ages and Stages Questionnaire.

Section D – Baby’s Habits
This section focused on the infant’s sleeping patterns and arrangements. There were also questions on crying and soother use.

Section E – Childcare Arrangements
This section focused on the infant’s current childcare arrangements and future intentions for childcare when the child is 3 years old.

Section F – Siblings and twins
This section asked about the existence of siblings in the household and whether the child is a twin/triplet etc. and some related questions.

Section G - Prenatal care
This section addressed aspects of prenatal care including choice of healthcare provider, weight gain, vitamin supplementation, whether there were any complications during the pregnancy.

Section H – Child’s Health
This module captured information in respect of the birth of the child including mode of delivery, gestation period, infant anthropometry and birthing complications. In addition to assessing infant health status and healthcare utilisation, this section also comprises a series of items designed to tap infant feeding practices.

Section J – Respondent’s Health
This section contained a series of questions relating to the respondent’s health and lifestyle.

Section K – Family Context
This section dealt with the family context in which the Study Child lives, and focused on parental stress, support from family and friends, situation with regard to work, including work prior to becoming pregnant and future intentions, and work-life balance.

Section L – Socio-demographics
This section recorded details on background characteristics of the household and / or Primary Caregiver, including information on household income.

Section M – Neighbourhood and Community
In this section we recorded some background details on the characteristics of the neighbourhood or community of the Study Family. We also recorded some measures of the Study Family’s links with the community and participation in local social networks.
Primary Caregiver Questionnaire – Sensitive supplement
The questions in the supplementary section are considered more sensitive than those in the main questionnaire and are included in a separate module for the respondent to self-complete on a CASI basis – though some respondents chose to have it administered by the interviewer. Interviewers were instructed that they could do so on request by the respondent provided no-one other than the respondent was present at the time of interview. The questions cover issues about the marital relationship, marital conflict, fertility and pregnancy (if female), experience of depression, feelings over the last week, use of drugs, and questions about a non-resident parent (if appropriate).

Secondary Caregiver Main Questionnaire
This instrument was administered to the spouse or partner of the Primary Caregiver. The questionnaire was a substantially reduced version of the Primary Caregiver instrument, focusing exclusively on the factual information and characteristics of the father as well as the relationship between himself and the Study Child.

The questionnaire comprises the following modules:

Section A – Introduction

Section B – Parenting, Child's Functioning and Relationships
This section focussed on the quality of the father/partner’s attachment to the child.

Section C – Baby's Development
This section mainly asked about the father’s role as a parent.

Section D – Respondent's Health and Lifestyle
This section contained a series of questions relating to the respondent’s health and lifestyle.

Section E - Family Context
This section dealt with the family context in which the Study Child lives, and focused on parental stress and work-life balance.

Section F - Sociodemographics
This section recorded details on background characteristics of the Secondary Caregiver, including information on employment status, education and ethnicity.

Secondary Caregiver Questionnaire – Sensitive Supplement
The Secondary Caregiver supplementary questionnaire contains the same questions and is administered in exactly the same way as the Primary Caregiver.

The complete set of questionnaires is laid out below. These should be used in conjunction with the dataset, taking account of the caveats laid out in other documents (e.g., where data has been anonymised and the answer categories are not as they appear in the questionnaire.)
Primary Caregiver Main Questionnaire
We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

X1a. Record <baby’s> name: ____________________________________________

X1b. Record <baby’s> gender  
   Male ........................................  
   Female ..................................

X1c. Record <baby’s> date of birth  ___dd___mm______yyyy

X1d. Do you have a resident spouse / partner  
   Yes ............  
   No ................

A1. Are you the legal parent / guardian of <baby> who usually provides the most care to him / her.
   Yes .............  
   No ................

A1a. Are you in a position to answer in respect of <baby>?
   Yes .............  
   No ................

A2. [Int: Record gender of respondent]  
   Male..........................  
   Female.......................  

A3. [Card A3] Looking at Card A3, can you tell me which of the following best describes your relationship to <baby>? [Interviewer use codes only]

1. Biological mother/ father ........................................  
2. Adoptive mother/ father .......................................  
3. Step-mother / Step-father / Partner of child’s parent  
4. Foster mother / father .........................................  
5. Grand parent .................................................  
6. Aunt/uncle .....................................................  
7. Other relative/ in law .........................................  
8. Unrelated guardian ............................................

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household?
   ________________ persons
In this section, I would like to ask you a few details about yourself and the others in your household.

A5. For each member of the household could you tell me:
   a) their gender?
   b) their Date of Birth (DOB)
   c) if DOB not available - their age last birthday
   d) their relationship to the child’s mother / or lone father and <baby>?
   e) tick one box to best describe their current economic status

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Age last birthday</th>
<th>Relationship of each member to mother and child.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>M</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 1</td>
<td>RSHIP TO: CARD A5D1 MOTHER</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>F</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 2</td>
<td>RSHIP TO: CARD A5D2 STUDY CHILD</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>M</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>F</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>M</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>F</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>M</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>F</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>M</td>
<td>dd mm yr</td>
<td></td>
<td>yrs 9</td>
<td></td>
</tr>
</tbody>
</table>

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. Father / Partner on line 3 (if relevant).

A6. Do you have any other biological children who live outside the household [Full or half brother/sister of the Study Child]?

Yes ☐ No ☐

A6a. How many children ______ n

A6b. For each biological child living outside the household can you please indicate their gender and date of birth.

1. Male ☐ Female ☐ Date of Birth
2. Male ☐ Female ☐ Date of Birth
3. Male ☐ Female ☐ Date of Birth

B. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started ____________ (24 hour clock)

Now I’d like to ask you some questions about your relationship with <baby>

B1. [Card B1] When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave .............................................................. ☐
Is unhappy at first but quickly settles down ...................................................... ☐
Remains unsettled and unhappy during your entire absence ........................... ☐
Have never left <baby> with someone else...................................................... ☐
Go to B3.

B2. [Card B2] And when you return, having left <baby> with someone else, how does he or she usually act?

With delight ........................................................................................................... ☐
With a mixture of delight and annoyance .......................................................... ☐
Hard to tell, no particular emotion ................................................................. ☐
Seems to be annoyed/angry with me for leaving him/her .......................... ☐
B3. [Card B3] The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel attachment scale

a. 

b. 

c. 

d. 

e. 

f. 

g. 

h. 

i. 

B4a. A one-year-old knows right from wrong. Do you agree or disagree?

Agree ....................... □  Disagree ................... □  

B4b. Would a child be younger or older than one year when he/she first knows right from wrong? Or are you not sure?

Younger .................... □  Older ....................... □  Not sure ............. □  

B4c. When <baby> cries how often does he/she get on your nerves?

Never / Almost never Rarely Sometimes Often Always / Almost always

□  □  □  □  □
B5. [Card B5] I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of ‘1’ to ‘7’ for each question. temperament scale

A.

B.

C.

D.

E.

F.

G.

H.

I.

J.

K.

L.

M.

N.
C. BABY’S DEVELOPMENT

Time Section Started  [ ] [ ] [ ] (24 hour clock)

Now I’d like to ask you some questions about <baby’s> development ASQ

<table>
<thead>
<tr>
<th>Communication</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11
<table>
<thead>
<tr>
<th>Gross Motor</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fine Motor</td>
<td>Yes</td>
<td>Sometimes</td>
<td>Not Yet</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>Sometimes</td>
<td>Not Yet</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----</td>
<td>-----------</td>
<td>---------</td>
</tr>
<tr>
<td>Problem Solving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal - Social</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CX1. Do you talk to your baby while you are busy doing other things? (eg. while you do housework).

Never  Rarely  Sometimes  Often  Always

CX2a. Do you have any other concerns about any aspects of baby’s behaviour or development?

Yes .......  No ........

CX2b. What concerns do you have?

D. BABY’S HABITS

Time Section Started  (24 hour clock)

Now I’d like to ask you some questions about <baby’s> habits and routines.

D1. How many hours sleep do you get on an average night, at the present time? ______ hours

D2. In general, what time in the evening does your baby usually go to sleep? ______ (24 hour clock)

D3. Approximately how many hours sleep does your baby have during
(a) the day? __________ hours  (b) the night? __________ hours

D4. On a normal day what time does your baby usually get up at in the morning? ______ (24 hour clock)

D5. Is your baby ever difficult when put to bed?

Most of the time  Often  At times  Rarely  Never

D6. How often does your baby wake at night?

Never  Occasionally  Most nights  Every night  More than once per night

D7. How many times per night on average? _________________

D8. Do you ever wake <baby> for a feed during the night?

Yes, usually  Yes, sometimes  No, not at all

D9. How do you normally put <baby> down to sleep?

On his/her stomach  On his/her side  On his/her back

D10. Does <baby> usually sleep:

In a room on his/her own  In your bedroom  Elsewhere

D11. Where does <baby> sleep for most of the night?

In his/her own bed/cot  In bed/cot with other children  In your bed  Other (specify)

D12. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? _____

D13. Do you feel that <baby’s> crying is a problem for you?

Yes  No
D14. How much is <baby’s> sleeping pattern or habits a problem for you?

<table>
<thead>
<tr>
<th>A large problem</th>
<th>A moderate problem</th>
<th>A small problem</th>
<th>No problem at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

D15. Have you ever taken <baby> to a doctor, or consulted a pharmacist for a sleeping problem?

Yes ☐ 1  No ☐ 2

D16. Have you used a soother / dummy with <baby> in the last week?

Yes ☐ 1  No ☐ 2

E. CHILDCARE ARRANGEMENTS

Time Section Started ____________ (24 hour clock)

Now I’d like to ask you some questions about childcare arrangements

E1. Is <baby> currently being minded by someone else, other than you or your resident spouse / partner, on a regular basis each week?

Yes ☐ 1  No ☐ 2

E2. Can you indicate (a) who else minds <baby> on a regular basis, (b) number of days per week (<baby> spends in each type of childcare, (c) number of hours per week <baby> spends in each type of childcare, (d) how much you pay for this childcare for <baby> per week, (e) whether this is your main type of childcare

[Tick all that apply]  Number of days  Number of hours  Cost per week  Main type of care

a. A relative in your home ............................................ ☐ 1 Go to E3a  ☐ 1 Go to E4a  ☐ 1 Go to E5a  ☐ 1 Go to E6a  ☐ 1 Go to E7a
b. A non-relative in your home ........................................... ☐ 2 Go to E3b  ☐ 2 Go to E4b  ☐ 2 Go to E5b  ☐ 2 Go to E6b  ☐ 2 Go to E7b
c. A relative in their home ............................................. ☐ 3 Go to E3c  ☐ 3 Go to E4c  ☐ 3 Go to E5c  ☐ 3 Go to E6c  ☐ 3 Go to E7c
d. A non-relative in their home ......................................... ☐ 4 Go to E3d  ☐ 4 Go to E4d  ☐ 4 Go to E5d  ☐ 4 Go to E6d  ☐ 4 Go to E7d
e. Centre-based caregiver (e.g.Crèche / Day nursery) .............. ☐ 5 Go to E3e  ☐ 5 Go to E4e  ☐ 5 Go to E5e  ☐ 5 Go to E6e  ☐ 5 Go to E7e
f. Other (please specify) .................................................. ☐ 6 Go to E3f  ☐ 6 Go to E4f  ☐ 6 Go to E5f  ☐ 6 Go to E6f  ☐ 6 Go to E7f

E3a. Please specify how this person is related to <baby>

a. Grandmother of <baby> ........................................  ☐ 1
b. Grandfather of <baby> ........................................  ☐ 2
c. Aunt /Uncle of <baby> ...........................................  ☐ 3
d. Brother / Sister of <baby> .......................................  ☐ 4
e. Non-resident Parent ................................................  ☐ 5
f. Cousin of <baby> ..................................................  ☐ 6
g. Other relative ......................................................  ☐ 7

E3b. Please specify how this person is related to <baby>

a. Grandmother of <baby> ........................................  ☐ 1
b. Grandfather of <baby> ........................................  ☐ 2
c. Aunt /Uncle of <baby> ...........................................  ☐ 3
d. Brother / Sister of <baby> .......................................  ☐ 4
e. Non-resident Parent ................................................  ☐ 5
f. Cousin of <baby> ..................................................  ☐ 6
g. Other relative ......................................................  ☐ 7

E4a. Which of the following best describes that person?

a. Au pair / Nanny .....................................................  ☐ 1
c. Friend or parent ....................................................  ☐ 2
d. Neighbour ...........................................................  ☐ 3
e. Registered childminder .............................................  ☐ 4
f. Unregistered childminder .........................................  ☐ 5

E4b. Which of the following best describes that person?

a. Au pair / Nanny .....................................................  ☐ 1
c. Friend or parent ....................................................  ☐ 2
d. Neighbour ...........................................................  ☐ 3
e. Registered childminder .............................................  ☐ 4
f. Unregistered childminder .........................................  ☐ 5

E5. What type of centre is it?

a. Work-based crèche ...............................................  ☐ 1
c. Other crèche/nursery .............................................  ☐ 2
d. Montessori ...........................................................  ☐ 3
e. Playschool or pre-school .........................................  ☐ 4
f. Naoinra ...............................................................  ☐ 5

Go to E1

Go to E2

Go to E3a

Go to E3b

Go to E3c

Go to E3d

Go to E3e

Go to E3f

Go to E4a

Go to E4b

Go to E4c

Go to E4d

Go to E4e

Go to E4f

Go to E5a

Go to E5b

Go to E5c

Go to E5d

Go to E5e

Go to E5f

Go to E6a

Go to E6b

Go to E6c

Go to E6d

Go to E6e

Go to E6f

Go to E7a

Go to E7b

Go to E7c

Go to E7d

Go to E7e

Go to E7f
E6. What age was <baby> when you started to use the main childcare arrangement? _______ months

E7. How many children (excluding <baby>) are looked after in this main type of care? 
_____________ number of children
[Int. if answer at E2 is a or b please go to E9]

E8a. Do you personally drop <baby> to this main type of care on your way to work?
Yes .................. 1 No ................. 2 Don’t work .......... 3

E8b. Do you personally collect <baby> from this main type of care on your way home from work?
Yes .................. 1 No ................. 2 Don’t work .......... 3

E8c. What distance do you travel from home to this main type of care?
Carer lives on my street / road...................................................... 1
Less than ½ mile (1 kilometre) ...................................................... 2
½ to 1 mile (1 – 1.5 kilometres) ...................................................... 3
1 to 5 miles (1.5 – 8 kilometres)...................................................... 4
6 to 10 miles (9 –16 kilometres)...................................................... 5
More than 10 miles (more than 16 kilometres) ............................ 6

E8d. On average how long does it take to travel from home to where <baby> is cared for?
[Int. if time differs between getting there and coming home record the longer of the two] 
____________ minutes

E8e. On a typical day, what time in the morning does <baby> leave home to go to the main type of care?
____________ 24 hour clock

E8f. On a typical day, what time does <baby> return home from the main type of care?
____________ 24 hour clock

E9a. [Card E9a] What was the single most important reason for you choosing this main form of childcare?
It was the only one I could afford.................................................. 1
Convenient to my home................................................................ 2
Linked to my job ........................................................................... 3
The quality of the care provided ................................................... 4
It was the only one available to me............................................... 5
Other (please for describe) .............................................................. 6

E9b. To what extent was your choice of childcare determined by financial constraints?
Completely To a large degree To some degree Only a little Not at all
1 ............................................. 2 .......................................................
3 ....................................................... 4 ...................................................
5

E10a. How satisfied are you with these arrangements?
Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied
1 ............................................. 2 .......................................................
3 ....................................................... 4 ...................................................
5

E10b. Why are you dissatisfied?
_________________________________________________________________________________
_________________________________________________________________________________

E10c. Why do you not change the arrangement?
_________________________________________________________________________________
_________________________________________________________________________________
E11. What are your intentions for childcare when <baby> is 3 years old? [Tick all that apply]

- Baby minded by me on a full-time basis
- Baby minded by my partner on a full-time basis
- Shared by my partner and me
- Part-time child-care
- Full-time child-care

E12. Which type of childcare?

- A relative in your home
- Someone else in your home
- A relative in their home
- Someone else in their home
- A professional caregiver (e.g. crèche/day nursery)
- Other (please specify)

E13. [Card E13] Since <baby> was born has difficulty in arranging childcare ever.... [Tick all that apply]

- a. prevented you looking for a job
- b. made you turn down or leave a job
- c. stopped you from taking on some study or training
- d. made you leave a study or training course
- e. restricted the hours you could work or study
- f. prevented you from engaging in social activities
- g. Other please specify

F. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

F0. Does <baby> have brothers/sisters [include step, foster or adoptive siblings living in the household].

- Yes
- No

F1. Have any of the other children in your household been particularly jealous/unhappy about the baby (e.g. hitting etc.)?

- Yes
- No

F2a. Was <baby> a single birth, twin, triplet etc.

- Single child
- Twin
- Triplet

F2b. Does his/her twin live here in this household?

- Yes
- Lives elsewhere
- Deceased

F3. Are <baby> and <twin> identical twins or fraternal (non-identical) twins?

- Identical twins
- Fraternal (i.e. non-identical twins)

F4. Has this been confirmed by a medical professional?

- Yes
- No

F5. How do you dress them?

- in matching clothes each day
- in matching clothes sometimes
- never in matching clothes

F6. How does <baby> react to his / her twin?

- Yes, most of the time
- Yes, some of the time
- No, hardly ever

- a) he/ she likes to be with his / her twin
- b) he/she doesn't seem to notice his / her twin
- c) he/she is upset if she is parted from his/her twin
G. PRENATAL CARE

Time Section Started [ ] [ ] [ ] (24 hour clock)

Now I’d like to ask you some questions about your pregnancy with <baby>.

[INT: Only ask G1 to G5 if biological mother]

G1. How was your Ante-natal care provided?

- Shared care (between GP and other professional) .................................................. □
- Private consultant alone .......................................................................................... □
- Hospital clinic alone .............................................................................................. □
- Midwives clinic alone ............................................................................................. □
- Independent midwife alone .................................................................................... □
- Had no ante-natal care .......................................................................................... □
- Other [Please specify] ............................................................................................. □

G2. At how many weeks did you first become aware that you were pregnant? _____ weeks

G3. How many weeks into your pregnancy did you have your first ante-natal booking appointment with your GP or hospital? _____ weeks

G4. And who was this appointment with?

- GP/Family physician ............................................................................................... □
- Private consultant alone ........................................................................................ □
- Hospital clinic alone ............................................................................................. □
- Midwives clinic alone ............................................................................................ □
- Independent midwife alone ................................................................................... □
- Had no ante-natal care .......................................................................................... □
- Other [Please specify] ........................................................................................... □

G5. How many ultrasound scans (i.e. where you and the doctor/consultant see an image of the baby on screen) did you have in total during the course of your pregnancy? _____ No. of scans [If none enter ‘0’]

G6. Did you know the sex of your baby before the birth? 

- Yes .................................................. □
- No .............................................. □

[INT: Only Ask G7 if biological mother]

G7. How much weight did you gain during the course of your pregnancy?

- _____stone _____lbs OR _____kgs
- Don’t Know ........................................... □

G8. [Card G8] Were there any of the following complications with the pregnancy? [Tick all that apply]

- a. Raised blood pressure (in isolation) ................................................................. □
- b. Raised blood pressure and protein in the urine (Pre-eclampsia) .................. □
- c. Urinary or kidney infection ............................................................................ □
- d. Persistent vomiting or nausea ....................................................................... □
- e. Gestational diabetes (diet treated) ................................................................. □
- f. Gestational diabetes (insulin treated) .............................................................. □
- g. Bleeding during the second half of pregnancy ............................................... □
- h. Vaginal Infection during pregnancy .............................................................. □
- i. Intrauterine Growth Restriction (small baby on scan) ..................................... □
- j. Rhesus Incompatibility ................................................................................... □
- k. Influenza .......................................................................................................... □
- l. Placenta praevia ................................................................................................ □
- m. Miscarriage in a multiple pregnancy .............................................................. □
- n. Other [please specify] .................................................................................... □

[INT: Only ask G9 to G12 if biological mother]

G9. During pregnancy, before you went into labour, were you admitted to hospital for a pregnancy related condition?

- Yes .................................................. □
- No .............................................. □

G10. How many separate admissions did you have? _____ No. of admissions
G11a. Did you take Folic acid/Folate prior to becoming pregnant with <baby>?
Yes .................☐  No .................☐

G11b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?
Yes .................☐  No .................☐

G11c. Did you take Iron during your pregnancy with <baby>?
Yes .................☐  No .................☐

G12. During your pregnancy, how many members of the household [including yourself] smoked? _____ N

H. INFANT’S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started   (24 hour clock)

Now I'd like to ask you some questions about the birth of <baby>

H1. Where was <baby> born?
Home birth [planned].....☐  In hospital............☐  Other [please specify] ______________________

H2. Please give (a) the name and (b) address of the maternity hospital or unit where <baby> was born.

a. Name: _______________________________________

b. Address  _______________________________________

[INT: Only Ask H3 if biological mother]

H3. Did you have any form of pain relief in labour?
Yes .................☐  No .................☐  Did not have any labour .........☐

H4. [Card H4] What was the final mode of delivery?
Normal delivery ......................☐  Emergency Caesarean ......................☐
Suction assisted birth ..........☐  Vaginal breech delivery ......................☐
Forceps assisted birth ..........☐  Other [please specify] ______________________
Planned / Elective Caesarean ......☐

H5a. After how many weeks of pregnancy was <baby> born? ___________ Wks
Don't Know........ ☐

H5b. Was <baby> born late, on time or early?
Late birth (42 weeks or more)...........☐  On time (37-41 weeks)..................☐  Somewhat early (33-36 weeks) .........☐  Very early (32 weeks or less) ..........☐

H6. How much did <baby> weigh at birth? ___lbs ___ounces      OR      ___kgs

H7. What was <baby’s> length at birth? ___inches     OR     ____cms

H8. [Card H8] Were there any complications during the <baby’s> birth? [Tick all that apply]
A. No complications ..........................................................☐
B. Very long labour (more than 12 hours)......................☐
C. Very rapid labour (less than 2 hours) ......................☐
D. Foetal distress – Abnormal Heart rate tracing ..........☐
E. Foetal distress - Meconium or other sign............☐
F. Foetal blood sample taken in labour ....................☐
G. Birth injury – nerve injury / fracture / bruising......☐
H. Other complication [please specify]__________

H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?
Yes .................☐  No .................☐

H10. Did <baby> need any help with his/her breathing from a ventilator?
Yes .................☐  No .................☐
H11. How many days or parts of days were you in hospital after the birth? ____days

H12. How many days or parts of days was <baby> in hospital after the birth? ____days

H13a. Was <baby> ever breastfed? INCLUDE COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH

Yes ☐ No ☐ → Go to H15d

H13b. Was <baby> still being breastfed when you brought him/her home from hospital?

Yes ☐ No ☐

H14a. Was <baby> ever exclusively breastfed?

Yes ☐ No ☐ → Go to H15a

H14b. How old was <baby> when he/she stopped being exclusively breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

____ Days _____ Weeks _____ Months <Baby> still being exclusively breastfed... ☐ ☐ → Go to H20

H15a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?

Yes ☐ No ☐ → Go to H16

H15b. How old was <baby> when he/she completely stopped being breastfed?

[Int: Accept answer in Days OR Weeks OR Months]

____ Days _____ Weeks _____ Months

[Int: Only ask H15c if biological mother]

H15c. [Card H15c] What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

a. Not enough milk/hungry baby .................. ☐

b. Inconvenience/fatigue .............................. ☐

c. Difficulty with breast feeding techniques ....... ☐

d. Sore nipples/engorged breast ................... ☐

e. Mother’s illness ........................................ ☐

f. Planned to stop at this time ........................ ☐

g. Baby weaned himself/herself ....................... ☐

h. Physician told me to stop .......................... ☐

i. Return to work ......................................... ☐

j. Partner/father wanted me to stop .................. ☐

k. Formula feeding preferable ........................ ☐

l. Wanted to drink alcohol ............................ ☐

m. Embarrassment/social stigma ...................... ☐

n. Other, please specify ................................. ☐

[INT: Only ask H15d if biological mother]

H15d. [Card H15d] Why did you choose not to breastfeed <baby> [Tick all that apply]

a. Not enough milk ...................................... ☐

b. Inconvenience/fatigue .............................. ☐

c. Difficulty with breast feeding techniques ....... ☐

d. Sore nipples/engorged breast ................... ☐

e. Mother’s illness ........................................ ☐

f. Planned to stop at this time ........................ ☐

g. Baby weaned himself/herself ....................... ☐

h. Physician advised me not to .................... ☐

g. Partner/father did not want me to breastfeed ...... ☐

i. Returned to work ......................................... ☐

j. Embarrassment/social stigma ...................... ☐

k. Other, please specify ................................. ☐

H16. I'm now going to ask when <baby> first had (other) different types of milk. Please include any eaten with cereal. How old was <baby> when he/she first had:

Formula milk, such as Cow & Gate or SMA? _______ Days _______ Weeks _______ Months ☐ ☐

Cow’s milk? _______ Days _______ Weeks _______ Months ☐ ☐

Any other type of milk, such as soya milk? _______ Days _______ Weeks _______ Months ☐ ☐

H17. What else does <baby> drink apart from milk or formula? [Tick all that apply]

Water ......................................................... ☐

Baby juice ..................................................... ☐

Fruit juices/Cordial/Squash ........................... ☐

Fizzy or soft drinks (e.g. lemonade, coke) .......... ☐

None of the above......................................... ☐
H18. Can I check, has <baby> had any solid food on a regular basis?

REGULARLY = MORE THAN TWICE A DAY FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

Yes ........................................... [ ] No ........................................... [ ]

H19. How old was <baby> when he/she first had solid food regularly?

[ ] Days  [ ] Weeks  [ ] Months

H20. In general, how would you describe (a) <Baby’s> Health at Birth (i.e. the first two weeks after birth) and (b) <Baby’s> Current Health

(a) Health at birth

Very healthy, no problems .................................................................................. ..........................[ ]
Healthy, but a few minor problems .................................................................................[ ]
Sometimes quite ill .............................................................................................................[ ]
Almost always unwell ........................................................................................................[ ]

(b) Current health

Very healthy, no problems .................................................................................. ..........................[ ]
Healthy, but a few minor problems .................................................................................[ ]
Sometimes quite ill .............................................................................................................[ ]
Almost always unwell ........................................................................................................[ ]

H21. Can you tell me whether <baby> has received: [Tick all that apply]

Their six-week checkup .................................................. [ ]
Vaccines at 2 months .................................................. [ ]
Vaccines at 4 months .................................................. [ ]
Vaccines at 6 months .................................................. [ ]
No vaccinations ..............................................................................................................[ ]

H22. [Card H22] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

a. Respiratory disease [including asthma] ................................................................. [ ]
b. Heart abnormalities ................................................................................................. [ ]
c. Digestive allergies (e.g. lactose intolerant) .............................................................. [ ]
d. Eczema or any kind of skin allergy ......................................................................... [ ]
e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due
   to a cold or congestion) ............................................................................................. [ ]
f. Difficulty seeing ........................................................................................................ [ ]
g. A problem with mobility or using his/her arms/legs to get around .................... [ ]
h. A problem with using his/her hands or arms ......................................................... [ ]
i. Cerebral palsy ........................................................................................................... [ ]
j. Kidney disease ......................................................................................................... [ ]
k. Diabetes .................................................................................................................. [ ]
l. Any developmental delay ....................................................................................... [ ]
m. Down syndrome .................................................................................................... [ ]
n. Spina bifida / Hydroencephalisis ............................................................................ [ ]
o. Cleft lip and/or palate .............................................................................................[ ]
p. Other long-term condition [please specify] ................................................................[ ]
q. None of the above ....................................................................................................[ ]

H23. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE
RESPONDENT TO CONSIDER [CHILD]’S MOST SEVERE CONDITION.

Minor ........................................... [ ] Moderate ........................................... [ ] Severe ........................................... [ ]

H24. [Card H24] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

a. Snuffles/common cold .........................................................................................[ ]
b. Chest infections .................................................................................................[ ]
c. Ear infections .....................................................................................................[ ]
d. Feeding problems .............................................................................................[ ]
e. Sleeping problems ............................................................................................[ ]
f. Dental problems (e.g. teething) ..........................................................................[ ]
g. Wheezing or asthma ........................................................................................[ ]
h. Skin problems ...................................................................................................[ ]
i. Persistent nappy rash .........................................................................................[ ]
j. Undescended testicle ..........................................................................................[ ]
k. Tight foreskin ....................................................................................................[ ]
l. Hernia ..................................................................................................................[ ]
m. Sight or eye problems .......................................................................................[ ]
n. Failure to gain weight or to grow ........................................................................[ ]
o. Persistent or severe vomiting ...........................................................................[ ]
p. Persistent diarrhea or constipation .....................................................................[ ]
q. Fits or convulsions .............................................................................................[ ]
r. Meningitis ...........................................................................................................[ ]
s. Colic ....................................................................................................................[ ]
t. Other health problems [please specify] .............................................................[ ]
u. None of the above ..............................................................................................[ ]
H25 Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about <baby's> physical health? (exclude at time of birth)
IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK
A general practitioner (GP), or family physician .................. ___ N
A paediatrician ..................................................................... ___ N
A public health nurse or practice nurse ............................... ___ N
Another medical doctor (such as a hearing specialist) ..... ___ N
Accident and Emergency or Outpatient ............................ ___ N

H26 Has <baby> ever been admitted to a hospital ward because of illness or health problem?
Yes ................____ N  No ................____ N

H27. Not including when he/she was born, approximately how many nights has <baby> spent in hospital?  NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. _____ Nights

H28. Since <baby> was born, was there any time, in your opinion, when he/she needed a medical examination or treatment but did not receive it?
Yes ........____ N  No ........____ N

H29. Why did <baby> not get the medical care or treatment? Was this because:
[TICK YES OR NO TO EACH]
Yes  No
You couldn’t afford to pay ............................................. ............................................. ...........
The necessary medical care wasn’t available or accessible to you ............................................. ............................................. ...........
You could not take time off work to visit the doctor ............................................. ............................................. ...........
You wanted to wait and see if the problem got better ............................................. ............................................. ...........
The child is still on the waiting list ............................................. ............................................. ...........
Other (specify) ................................................................................................................................. ...........

H30. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card ................____ N  Yes, GP only ................____ N  Not covered ................____ N

H31. Does the family have private medical insurance?
Yes ................____ N  No ................____ N

H32. Does that insurance include the cost of GP visits?
Yes, in full ........____ N  Yes, partially ........____ N  No ................____ N

H33. Many babies have accidents at some time. Has <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?
Yes ................____ N  No ................____ N

J. PARENT'S HEALTH
Time Section Started _______ (24 hour clock)

Now a few questions about your own health

J1. In general, how would you say your current health is?
Excellent ................____ N  Fair ............................................. ...........
Very Good ................____ N  Poor ............................................. ...........
Good ........................____ N
J2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes .............. \[\square\] No ....................... \[\square\]

J3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

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

________________________________________________________________________

________________________________________________________________________

J4. Since when have you had this problem, illness or disability? ______(mth) ______(year)

J5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely ...... \[\square\] Yes, to some extent ............. \[\square\] No ............... \[\square\]

J6. [Card J6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

Some difficulty

<table>
<thead>
<tr>
<th>No Difficulty</th>
<th>Just a little</th>
<th>A moderate level</th>
<th>A lot of difficulty</th>
<th>Cannot do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
</tr>
</tbody>
</table>

J7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects <baby>?

Yes....... \[\square\] No........... \[\square\]

J8. What is the relationship of that person to the Study Child? [Tick all that apply]

Parent ...... \[\square\] Brother / Sister .............. \[\square\] Other relative ...... \[\square\] Non relative ...... \[\square\]

J9. Do you currently smoke daily, occasionally or not at all?

Daily .................. \[\square\] Occasionally .................. \[\square\] Not at all .................. \[\square\]

J10. Have you ever smoked? Was it:

Daily ....... \[\square\] Occasionally .... \[\square\] Never .... \[\square\]

J11. About how many cigarettes or cigars do/did you smoke on average each day?

_________________ [Int. enter ‘0’ if less than 1 on average]

J12. Including yourself, how many members of the household smoke? _____N

J13. [Card J13] Which of the following best describes how often you usually drink alcohol?

<table>
<thead>
<tr>
<th>Never</th>
<th>Less than once a month</th>
<th>1-2 times a month</th>
<th>1-2 times a week</th>
<th>3-4 times a week</th>
<th>5-6 times a week</th>
<th>Every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
<td>[\square]</td>
</tr>
</tbody>
</table>

If currently drink alcohol between everyday and 1-2 times a month ask:

J14. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

Pints of Beer/Cider _____ Glasses of Wine _____ Measures of Spirits _____ Bottles of alcopops _____

J15. What is your height without shoes? ______feet _______inches OR Metres _____________

J16. What is your weight without clothes and shoes? ________stones _________lbs OR ______Kilograms
K. FAMILY CONTEXT

Time Section Started ___ ___ ___ (24 hour clock)

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

K1. [Card K1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn't do for my child if it was necessary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have a child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>P. Having a child has meant having too few choices and too little control over my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q. I am satisfied as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R. I find my child enjoyable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

K2. Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?

I get enough help [ ] I don't get enough help [ ] I don't get any help at all [ ] I don't need any help [ ]

K3. Are you in regular contact with <baby’s> grandparents?

Yes [ ] No [ ] All Grandparents are deceased [ ] All Grandparents live abroad [ ]

K4. Here are some questions about how much support you receive from <baby’s> grandparents

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Less often than once every 3 months</th>
<th>At least once every 3 months</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Every day or almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often do &lt;baby’s&gt; grandparents babysit?</td>
<td>[     ]</td>
<td>[       ]</td>
<td>[                           ]</td>
<td>[                    ]</td>
<td>[                    ]</td>
<td>[                           ]</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents have &lt;baby&gt; to stay over night?</td>
<td>[     ]</td>
<td>[       ]</td>
<td>[                           ]</td>
<td>[                    ]</td>
<td>[                    ]</td>
<td>[                           ]</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents take &lt;baby&gt; out?</td>
<td>[     ]</td>
<td>[       ]</td>
<td>[                           ]</td>
<td>[                    ]</td>
<td>[                    ]</td>
<td>[                           ]</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents buy toys or clothes for &lt;baby&gt;?</td>
<td>[     ]</td>
<td>[       ]</td>
<td>[                           ]</td>
<td>[                    ]</td>
<td>[                    ]</td>
<td>[                           ]</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents help you around the house?</td>
<td>[     ]</td>
<td>[       ]</td>
<td>[                           ]</td>
<td>[                    ]</td>
<td>[                    ]</td>
<td>[                           ]</td>
</tr>
<tr>
<td>How often do &lt;baby’s&gt; grandparents help you out financially?</td>
<td>[     ]</td>
<td>[       ]</td>
<td>[                           ]</td>
<td>[                    ]</td>
<td>[                    ]</td>
<td>[                           ]</td>
</tr>
</tbody>
</table>

24
K5. Did you work full-time, part-time or not at all immediately before you became pregnant with <baby>?

- Full-time: [ ]
- Part-time: [ ]
- Not at all: [ ]

Go to K16

K6. How many hours were you working per week? ______ hours

K7. How long before you gave birth did you stop working? _____ weeks OR _____ months

K8. Are you currently at work outside the home?

- Full-time: [ ]
- Part-time: [ ]
- Not at all: [ ]

Go to K16

K9. What age was <baby> when you returned to work? ______ months

K10. Did you take any of the following types of leave? If yes, how many weeks did you take?

- a. Paid maternity / paternity leave? Yes [ ] How many weeks _____ wks No… [ ]
- b. Unpaid maternity / paternity leave? Yes [ ] How many weeks _____ wks No… [ ]
- c. Annual leave? Yes [ ] How many weeks _____ wks No… [ ]
  (Accumulated before or during maternity / paternity leave)
- d. Sick leave? Yes [ ] How many weeks _____ wks No… [ ]

K11. What was your main reason for going back to work?

- Financial: [ ]
- Need an outlet outside the home: [ ]
- Maintain a Career: [ ]
- Other [please specify]: [ ]
- Job related benefits (pension, car, health insurance etc): [ ]

Go to K21

K12. Do you intend to return to work outside the home?

- Full-time: [ ]
- Part-time: [ ]
- Not at all: [ ]

Go to K21

K13. What age will <baby> be when you return to work? ______ months

K14. Did you or do you intend to take any of the following types of leave? If yes, how many weeks did you will take?

- a. Paid maternity / paternity leave? Yes [ ] How many weeks _____ wks No… [ ]
- b. Unpaid maternity / paternity leave? Yes [ ] How many weeks _____ wks No… [ ]
- c. Annual leave? Yes [ ] How many weeks _____ wks No… [ ]
  (Accumulated before or during maternity / paternity leave)
- d. Sick leave? Yes [ ] How many weeks _____ wks No… [ ]

K15. What is your main reason for going back to work?

- Financial: [ ]
- Need an outlet outside the home: [ ]
- Maintain a Career: [ ]
- Other [please specify]: [ ]
- Job related benefits (pension, car, health insurance etc): [ ]

Go to K21

K16. Did you ever work? Yes [ ] No [ ]

Go to Section L

K17. When were you last in paid employment outside the home? Month____ Year____

K18. Do you intend to return to work?

- Yes, definitely: [ ]
- Yes, probably: [ ]
- No: [ ]

Go to K21

K19. What age will <baby> be when you return to work? _____ Months

K20. What will be your main reason for going back to work?

- Financial: [ ]
- Need an outlet outside the home: [ ]
- Maintain a Career: [ ]
- Other [please specify]: [ ]
- Job related benefits (pension, car, health insurance etc): [ ]

Go to K21
K21. If you have returned to work after the birth of <baby>, or if you have other children and have previously worked outside the home, can I ask you the extent to which you agree or disagree with the following statements?

Because of your work responsibilities:
A. You have missed out on home or family activities
That you would have liked to have taken part in .................................................................
B. Your family time is less enjoyable and more pressured ......................................................

Because of your family responsibilities:
C. You have to turn down work activities or opportunities that you would prefer to take on ............
D. The time you spend working is less enjoyable and more pressured .........................................

L: SOCIO-DEMOGRAPHICS

Time Section Started [ ] [ ] [ ]  (24 hour clock)

Now I’d like to ask you some questions about the circumstances of your household.

L7a. I would now like to ask you some questions about your accommodation: Is this accommodation a:
House .........................................................................................................................
Apartment / Flat/ Bedsit ....................................................................................
Other (specify) ..............................................................................................

L7b. Does your accommodation have access to a garden or common space (either private or shared)?
Yes ........................................... No ........................................

L8. [Card L8] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?
Owner occupied (with or without a mortgage) .........................................................................
Being purchased from a Local Authority under a Tenant Purchase Scheme ..........................
Rented from a Local Authority ..........................................................................................
Rented from a Voluntary Body ..........................................................................................
Rented from a Private Landlord ..........................................................................................
Living with and paying rent to your (or your partner’s) parent(s) ...........................................
Occupied free of rent with your (or your partner’s) parent(s) ............................................... 
Occupied free of rent from your (or your partner’s) job .........................................................

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

L10. [Card L10] Which of these descriptions BEST describes your usual situation in regard to work? [Int. Note that if resp is on maternity leave and has a job which she intends to return to she should be coded as ‘at work’].
Employee (incl. apprenticeship or Community Employment) .................................
Self employed outside farming ........................................................................................
Farmer .........................................................................................................................
Student full-time ...........................................................................................................
On State training scheme (FAS, Failte Ireland etc.) ..................................................
Unemployed, actively looking for a job ...........................................................................
Long-term sickness or disability ............................................................................... 
Home duties / looking after home or family ............................................................... 
Retired .........................................................................................................................
Other (specify) .............................................................................................................

L11. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. _______________ hours

L11x. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)? __________ minutes  
[Int. if respondent works at home enter ‘0’ for minutes]
L12. [Card L12] What is your occupation in your main job?

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

Use precise terms such as:

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:

- MANAGER
- TEACHER
- ENGINEER

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

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

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

________________________________________________________________________________________

L13. Do you supervise or manage any personnel in your job?

Yes ........  □ 1  No ........ □ 2

L14. How many?

______________

L15. How many employees (if any) do you have? ___________ employees  N A .... □ 99

L15x. [Ask only if Farmer at L10.] What is the acreage of the farm? ______________ acres

L16. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? ___________ hours per week

Go to L22

L17. Apart from holiday or casual work, have you ever had a full-time job?  Yes ... □ 1  No ... □ 2  Go to L21a

L18. In what year did you last work in that full-time job? ______ year

L19. When you last worked in that full-time job were you?

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

L20. [Card L12] What (was) your occupation in your main job?

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

Use precise terms such as:

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:

- MANAGER
- TEACHER
- ENGINEER

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

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

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

________________________________________________________________________________________

L20x. [Ask only if Farmer at L19.] What was the acreage of the farm? ______________ acres

L21a. Do you currently have a part time job outside the home?  Yes □ 1  No .... □ 2  Go to L21d

L21b. On average, how many hours per week do you work in that part-time job? ___________ hours

L21c. [Card L12] What is your occupation in that job?

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

Use precise terms such as:

- RETAIL STORE MANAGER
- SECONDARY TEACHER
- ELECTRICAL ENGINEER

Do not use general terms such as:

- MANAGER
- TEACHER
- ENGINEER

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

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

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.
Write in your main OCCUPATION
___________________________________________________ ___________________________

If a farmer or a farm worker, write in the SIZE of the farm __________ acres

Go to L22

L21d. [Card L21d] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

A. I can’t find a job ................................................... ___  F. I cannot find suitable childcare ................. ___
B. I chose not to work .................................................___  G. There are no suitable jobs available for me... ___
C. I am caring for an elderly or ill relative or friend..___  H. My family would lose Social Welfare or
D. I prefer be at home to look after my children myself     medical benefits if I was earning................. ___
E. I cannot earn enough to pay for childcare.......... ___  I. Other reason (specify)___________________ ___

L21e. Do you plan to start or return to paid work?
Yes, in the next 3 months .................................................... 1
Yes, in 3 to 12 months time .................................................. 2
Yes, in more than 1 year’s time ............................................. 3
Have no plans to return to paid work .................................... 4

Go to L22

L22. [Card L12] What is the occupation of your spouse / partner?

In all cases describe the occupation fully and precisely giving the full job title. Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in main OCCUPATION
___________________________________________________ ___________________________

If a farmer or a farm worker, write in the SIZE of the farm __________ acres

HOUSEHOLD INCOME

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

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

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

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>A. Wages or Salaries</th>
<th>B. Income from Self-Employment</th>
<th>C. Income from Farming</th>
<th>D. Children’s Allowance/ Child Benefit</th>
<th>E. Other Social Welfare Payments</th>
<th>F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Largest</td>
<td>Yes</td>
<td>No</td>
<td>Largest</td>
</tr>
<tr>
<td>A. Wages or Salaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Income from Self-Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Income from Farming</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Children’s Allowance/ Child Benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Other Social Welfare Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28
**HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS**

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

<table>
<thead>
<tr>
<th>Don't Know</th>
<th>€________________ per Week</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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

L26 [Show Card L26] I know that it is difficult to give an exact figure for household income but on Card L26 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI.

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

![TABLE: HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI](image)

L27. Would that be [Int: Show Card L27 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]
L28a. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare? Yes........ Yes...........□  No...... No........□

L28b. Does anyone in your household currently receive any other Social Welfare payments? Yes .................□ Go to L29 No...........□ Go to L30

L29. (Card L29) Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L29, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNEMPLOYMENT PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Jobseeker’s Benefit</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Jobseeker’s Allowance or</td>
</tr>
<tr>
<td></td>
<td>Unemployment Assistance</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>EMPLOYMENT SUPPORTS</td>
<td></td>
</tr>
<tr>
<td>Family Income Supplement</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Widow's or Widower's (Contributory) Pension</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Deserted Wife’s Allowance</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Deserited Wife’s Benefit</td>
</tr>
<tr>
<td></td>
<td>Prisoner’s Wife’s Allowance</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Widowed Parent Grant</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Widow's or Widower’s (Non-Contrib) Pension</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>CHILD RELATED PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Health &amp; Safety Benefit</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Guardian’s Payment (Contributory)</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Guardian’s Payment (Non-Contributory)</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>DISABILITY AND CARING PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Illness Benefit</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Injury Benefit</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Incapacity Supplement</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Disablement Benefit</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Medical Care Scheme</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Carer’s Benefit</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Constant Attendance Allowance</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>Domiciliary Care Allowance</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Death Benefits (Survivor’s Benefits)</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>RETIREMENT PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>State Pension (Transition)</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>State Pension Non-Contributory</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Pre-Retirement Allowance</td>
</tr>
<tr>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

L30. Does anyone in your household currently receive rent or mortgage supplement? Yes..□; No...□

L31. How much does the household receive PER WEEK in rent or mortgage supplement? €-------------------- ---

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

<table>
<thead>
<tr>
<th>None</th>
<th>Less than 5 %</th>
<th>5 % to less than 20%</th>
<th>20% to less than 50%</th>
<th>50% to less than 75%</th>
<th>75% to less than 100%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

L33a. Does anyone in the household other than yourself and your spouse / partner have an income of any sort – from employment, Social Welfare, a pension etc.

Yes .................□; No ...............□
Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Does your household have a roast joint (or its equivalent) at least once a week?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Does each household member possess a warm waterproof coat?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Does each household member possess two pairs of strong shoes?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Does the household replace any worn out furniture?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Does the household keep the home adequately warm?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Does your household have a roast joint (or its equivalent) at least once a week?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Has your household been able to make ends meet?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

L33c. [Card L33c] A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

L33d. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel)?

Yes ...............  
No ............... 

L33e. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes ...............  
No ............... 

L33f. Why was that?

- Didn’t want to  
- Couldn’t leave the children  
- Have a full social life in other ways  
- Illness  
- Couldn’t afford to  
- Other 

L33f. Thinking back to when you were 16 years old, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

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

L34 [Card L34]. What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education
2. Primary education
3. Lower Secondary  
   (Junior/Intermediate/Group Certificate; ‘O’ Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary  
   (Leaving Certificate (including Applied and Vocational Programmes). ‘A’ Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification  
   (Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification
7. Non Degree  
   (National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree  
   (Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least)
10. Both a Degree and a Professional qualification
11. Postgraduate Certificate or Diploma
12. Postgraduate Degree (Masters)
13. Doctorate (Ph.D)

L34x. At what age did you leave full-time education for the first time? ______ years
L35. (Card L35) What language or languages do you and your partner speak with <baby> most often at home?
[Int. Tick all that apply]

- English .......................................................... 
- Arabic ............................................................
- Polish .............................................................
- Czech ............................................................
- Portuguese ....................................................... 
- Chinese ...........................................................
- Romanian ........................................................
- Other (specify) ................................................

L35a. Is English your native language? Yes ............... 1 Go to L38 No ............... 2

[Int: Ask L36 and L37 only if any language other than Irish or English is usually spoken at home see L35 above]

L36. Many people have problems with reading. Can I just check, can you read aloud to a child from a children’s storybook in your own language?  
Yes .......... 1 No .................. 2

L37. Can you usually read and fill out forms you might have to deal with in your own language?  
Yes ........... 1 No .................. 2

L38. Many people have problems with reading. Can I just check can you read aloud to a child from a children’s story book written in English?  
Yes ........... 1 No .................. 2

L39. Can you usually read and fill out forms you might have to deal with in English?  
Yes ........... 1 No .................. 2

L40. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?  
Yes ........... 1 No .................. 2

L41. Are you a citizen of Ireland?  
Yes........... 1 No .............. 2

L42. What citizenship do you hold? _____________________________

L43. Were you born in Ireland?  
Yes........... 1 No .............. 2

L44. In which country were you born? _____________________________

L45. How long ago did you first come to live in Ireland?  
Within the last year 1-5 years ago 6-10 years ago 11-20 years ago More than 20 years ago

1 2 3 4 5

L46. And what about <baby>. Is he / she a citizen of Ireland?  
Yes .............. 1 No .............. 2

L47. What citizenship does he / she hold? _____________________________

L48. Was <baby> born in Ireland?  
Yes........... 1 No .............. 2

L49. In which country was he/she born? _____________________________

L50. How long ago did <baby> first come to live in Ireland?  
Within last 3 months 3-6 months More than 6 months

1 2 3

L51. (Card L51) Looking at Card L51, can you tell me what is your ethnic or cultural background?  
Irish ..............................................................
Irish Traveller ...................................................
Any other white background ................................
African ...........................................................
Any other Black background ................................
Chinese .......................................................... 
Any other Asian background ...............................
Other – incl. mixed background (specify) ...

32
L52a. Do you belong to any religion? 

Yes........... ☐  No......... ☐

L52b. [Card L52b] Which religion

Christian – no denomination.................................................. ☐
Roman Catholic ........................................................................... ☐
Anglican/Church of Ireland/Episcopal ........................................... ☐
Other Protestant ........................................................................... ☐
Jewish .......................................................................................... ☐
Muslim .......................................................................................... ☐
Other (specify) .............................................................................. ☐

L53a. And what about <baby> does he/she belong to any religion?

Yes................. ☐  No......... ☐

L53b. [Card L53b] Which religion

Christian – no denomination.................................................. ☐
Roman Catholic ........................................................................... ☐
Anglican/Church of Ireland/Episcopal ........................................... ☐
Other Protestant ........................................................................... ☐
Jewish .......................................................................................... ☐
Muslim .......................................................................................... ☐
Other (specify) .............................................................................. ☐

L54. Can I just check again, does anyone other than yourself and/ or your spouse / partner provide care to <baby> on a regular basis for 8 or more hours each week? Remember, this could be in your own home, in a child-minder’s home, in a crèche an after-school club etc. The person providing the care might be a relative or non-relative.

Yes, regular care 8 hrs per week or more ....... ☐  No regular care 8 hrs per wk or more ...... ☐ ➞ Go to M1

L55. Is this care provided in:

the child’s home .............................................. ☐
a relative’s home ............................................. ☐
home of carer – non-relative .................. ☐
centre – crèche) ................................................. ☐

L56. We would like to send a short questionnaire to the person / centre who provides this care to <baby>. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for the person or centre which provides this care to <baby>?

Yes ............................................................................... ☐
No, does not wish regular carer to be contacted ...... ☐
No, does not have contact details for regular carer ...... ☐

M. Neighbourhood / Community

Time Section Started (24 hour clock)

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

M1. How long have you lived in your local area? _________ years OR ________ months

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

Rubbish and litter lying about .......................................................... Very Common Fairly Common Not very Common Not at all Common
Homes and -gardens in bad condition .............................................
Vandalism and deliberate damage to property ..................................
People being drunk or taking drugs in public ..................................
M3. To what extent do you agree or disagree with these statements about your local area?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is safe to walk alone in this area after dark.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It is safe for children to play outside during the day in this area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There are safe parks, playgrounds and play spaces in this area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>We as a family intend to continue living in this area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As a family we are settled in and part of this community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Available?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regular public transport</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. GP or health clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Schools (primary or secondary)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Library</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Social Welfare Office</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Banking/ Credit Union</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Essential grocery shopping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Crèche, day-care, mother and toddler groups etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

M5. Do you have any family living in this area, including your partner’s family (if relevant)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In open country</td>
<td></td>
</tr>
<tr>
<td>In a village (200-1,499)</td>
<td></td>
</tr>
<tr>
<td>In a town (1,500-2,999)</td>
<td></td>
</tr>
<tr>
<td>In a town (3,000-4,999)</td>
<td></td>
</tr>
<tr>
<td>In a town (5,000-9,999)</td>
<td></td>
</tr>
<tr>
<td>In a town (10,000 or more)</td>
<td></td>
</tr>
<tr>
<td>Waterford city</td>
<td></td>
</tr>
<tr>
<td>Galway city</td>
<td></td>
</tr>
<tr>
<td>Limerick city</td>
<td></td>
</tr>
<tr>
<td>Cork city</td>
<td></td>
</tr>
<tr>
<td>Dublin city (incl. Dun Laoghaire)</td>
<td></td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) urban</td>
<td></td>
</tr>
<tr>
<td>Dublin county (outside Dublin city) rural</td>
<td></td>
</tr>
</tbody>
</table>

Time Section Ended (24 hour clock)
Prompt Cards for Primary Caregiver Main Questionnaire
Card A3

Looking at Card A3, can you tell me which of the following best describes your relationship to <baby>?

1. Biological mother/ father ........................................................... □
2. Adoptive mother/ father ........................................................... □
3. Step-mother / Step-father / Partner of child’s parent ................ □
4. Foster mother/ father ............................................................... □
5. Grand parent ........................................................................... □
6. Aunt/uncle ................................................................................ □
7. Other relative/ in law ............................................................... □
8. Unrelated guardian................................................................... □
Card A5D1

Each member’s relationship to the Respondent

Spouse/Partner
1. Husband / Wife ................................................................. 1
2. Partner ................................................................. 2

Parent
3. Parent ........................................................................... 3
4. Step-Parent / Partner of child’s parent ........................................ 4
5. Adoptive Parent* .......................................................... 5
6. Foster parent ..................................................................... 6

Child
7. Son / Daughter ............................................................... 7
8. Step Son / Daughter or Partner’s Son/Daughter ........................ 8
9. Adoptive Son / Daughter .................................................. 9
10. Foster Son / Daughter ................................................... 10

Brother/Sister
11. Full brother / sister ....................................................... 11
12. Half brother / sister ...................................................... 12
13. Step brother / sister ...................................................... 13
14. Adoptive brother / sister .............................................. 14
15. Foster brother / sister .................................................. 15

Other
16. Grandparent ............................................................... 16
17. Grandchild ................................................................. 17
18. Parent-in-law / Partner’s Parent ....................................... 18
19. Other Relative ............................................................ 19
20. Other non-relative .......................................................... 20

*Please code as adoptive parent only if the Study Child is not the biological child of either you or your spouse/partner.
Card A5D2

Each member’s relationship to the Study Child

Parent
3. Parent...............................................................................................................□3
4. Step-Parent / Partner of child’s parent.......................................................□4
5. Adoptive Parent*..........................................................................................□5
6. Foster parent...............................................................................................□6

Brother/Sister
11. Full brother / sister ..................................................................................□11
12. Half brother / sister ...................................................................................□12
13. Step brother / sister...................................................................................□13
14. Adoptive brother / sister ...........................................................................□14
15. Foster brother / sister ................................................................................□15

Other
16. Grandparent...............................................................................................□16
18. Parent-in-law / Partner’s Parent .................................................................□18
19. Other Relative ...........................................................................................□19
20. Other non-relative ......................................................................................□20

*Please code as adoptive parent only if the Study Child is not the biological child of either you or your spouse/partner.
Card A5E

Which of these best describes your current economic status

Pre-school .............................................. □ 1
School / Education ................................. □ 2
At Work / Training ................................ □ 3
Unemployed.......................................... □ 4
Retired.................................................. □ 5
Home Duties .......................................... □ 6
Other .................................................... □ 7

*If respondent is on maternity / paternity leave and intends to return to work code A5 as “At Work / Training”
When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave ........................................... □ 1
Is unhappy at first but quickly settles down ....................................... □ 2
Remains unsettled and unhappy during your entire absence ........... □ 3
Have never left <baby> with someone else ........................................... □ 4
Card B2

And when you return, having left <baby> with someone else, how does he or she usually act?

With delight ......................................................................................□_1
With a mixture of delight and annoyance ...........................................□_2
Hard to tell, no particular emotion ....................................................□_3
Seems to be annoyed/angry with me for leaving him/her ............□_4
The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel.

a. Over the last two weeks I would describe my feelings for <baby> as:

Dislike No strong feelings Slight affection Moderate affection Intense affection

☐ 1 ....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................
Card B5

I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of ‘1’ to ‘7’ for each question.

A. How easy or difficult is it for you to calm or soothe your baby when he/she is upset?

Very easy  →  About Average  →  Difficult

B. How easy or difficult is it for you to predict when your baby will go to sleep and wake up?

Very easy  →  About Average  →  Difficult

C. How easy or difficult is it for you to predict when your baby will become hungry?

Very easy  →  About Average  →  Difficult

D. How easy or difficult is it for you to know what’s bothering your baby when he/she cries or fusses?

Very easy  →  About Average  →  Difficult

E. How many times per day, on the average, does your baby get fussy and irritable—for either short or long periods of time?

Never 1-2 times 3-4 times 5-6 times 7-9 times 10-14 times more than 15

F. How much does your baby cry and fuss in general?

Very little; much less than an average baby  →  Average amount; about as much as the average baby  →  A lot; much more than the average baby

G. How did your baby respond to his/her first bath?

very well--baby loved it  →  neither liked nor disliked it  →  terribly--didn’t like it
H. How did your baby respond to his/her first solid food?
very favorably—— liked it immediately
neither liked nor disliked it
very negatively—— did not like it at all

I. How does your baby typically respond to a new person?
Almost always responds favourably
Responds favourably about half the time
Almost always responds negatively at first

J. How does your baby typically respond to being in a new place?
Almost always responds favourably
Responds favourably about half the time
Almost always responds negatively at first

K. How well does your baby adapt to things (such as in items G-J) eventually?
Very well, always likes it eventually
Ends up liking it about half the time
Almost always dislikes it in the end

L. How easily does your infant get upset?
Very hard to upset— even by things that upset most babies
About average
Very easily upset by things that wouldn’t bother other babies

M. When your baby gets upset (e.g. before feeding, during nappy change etc), how vigorously or loudly does he/she cry and fuss?
Very mild intensity or loudness
Moderate intensity or loudness
Very loud or intense, really cuts loose

N. How does your baby react when you are dressing him/her?
Very well— likes it
About average— doesn’t mind it
Doesn’t like it at all

O. How active is your baby in general?
Very calm and quiet
Average
Very active and vigorous

P. How much does your baby smile and make happy sounds?
A great deal, much more than most infants
An average amount
Very little, much less than most infants

Q. What kind of mood is your baby generally in?
Very happy and cheerful
Neither serious nor cheerful
Serious
R. How much does your baby enjoy playing little games with you?
A great deal, really loves it → About average → Very little, doesn’t like it very much

☐ 1 ....................... ☐ 2 .................... ☐ 3 .................. ☐ 4 .................. ☐ 5 .................. ☐ 6 .................. ☐ 7

S. How much does your baby want to be held?
Wants to be free most of the time → Sometimes wants to be held, sometimes not → A great deal—wants to be held almost all the time

☐ 1 ....................... ☐ 2 .................... ☐ 3 .................. ☐ 4 .................. ☐ 5 .................. ☐ 6 .................. ☐ 7

T. How does your baby respond to disruptions and changes in everyday routine, such as when you go to church or a meeting, on trips, etc.?
Very favourably → About average → Very unfavourably, gets quite upset

☐ 1 ....................... ☐ 2 .................... ☐ 3 .................. ☐ 4 .................. ☐ 5 .................. ☐ 6 .................. ☐ 7

U. How easy or difficult is it for you to predict when your baby will need a nappy change?
Very easy → About Average → Difficult

☐ 1 ....................... ☐ 2 .................... ☐ 3 .................. ☐ 4 .................. ☐ 5 .................. ☐ 6 .................. ☐ 7

V. How changeable is your baby’s mood?
Changes seldom, and changes slowly when he/she does change → About average → Changes often and rapidly

☐ 1 ....................... ☐ 2 .................... ☐ 3 .................. ☐ 4 .................. ☐ 5 .................. ☐ 6 .................. ☐ 7

W. How excited does your baby become when people play with or talk to him/her?
Very excited → About average → Not at all

☐ 1 ....................... ☐ 2 .................... ☐ 3 .................. ☐ 4 .................. ☐ 5 .................. ☐ 6 .................. ☐ 7

X. Please rate the overall degree of difficulty your baby would present for the average mother.
Super easy → Ordinary, some problems → Highly difficult to deal with

☐ 1 ....................... ☐ 2 .................... ☐ 3 .................. ☐ 4 .................. ☐ 5 .................. ☐ 6 .................. ☐ 7
Card E9a

What was the single most important reason for you choosing this main form of childcare

It was the only one I could afford ..................□1
Convenient to my home ................................□2
Linked to my job ...........................................□3
The quality of the care provided .......................□4
It was the only one available to me .................□5
Other (please for describe) .............................□6
Card E13

Since <baby> was born has difficulty in arranging childcare ever…

a. prevented you looking for a job ................................□

b. made you turn down or leave a job ........................□

c. stopped you from taking on some study or training .. □

d. made you leave a study or training course ..............□

e. restricted the hours you could work or study ........ □

f. prevented you from engaging in social activities ...... □

g. Other [please specify] ............................................. □
Card G8

Were there any of the following complications with the pregnancy?

a. Raised blood pressure (in isolation) ............................................ □  
b. Raised blood pressure and protein in the urine (Pre-eclampsia) □  
c. Urinary or kidney infection ........................................................ □  
d. Persistent vomiting or nausea ................................................... □  
e. Gestational diabetes (diet treated) ............................................. □  
f. Gestational diabetes (insulin treated) ....................................... □  
g. Bleeding during the second half of pregnancy ......................... □  
h. Vaginal Infection during pregnancy ......................................... □  
i. Intrauterine Growth Restriction (small baby on scan)............... □  
j. Rhesus Incompatibility ................................................................. □  
k. Influenza ...................................................................................... □  
l. Placenta praevia ........................................................................... □  
m. Miscarriage in a multiple pregnancy ........................................ □  
n. Other [please specify] .................................................................. □  


What was the final mode of delivery?

Normal delivery.............................................................................................................

Suction assisted birth...................................................................................................

Forceps assisted birth..................................................................................................

Planned / Elective Caesarean......................................................................................

Emergency Caesarean..................................................................................................

Vaginal breech delivery............................................................................................... 

Other [please specify]....................................................................................................

Card H8

Were there any complications during the <baby’s> birth?

A. No complications...........................................................☐1
B. Very long labour (more than 12 hours) .....................☐2
C. Very rapid labour (less than 2 hours) ......................☐3
D. Foetal distress – Abnormal Heart rate tracing ..........☐4
E. Foetal distress - Meconium or other sign.................☐5
F. Foetal blood sample taken in labour.........................☐6
G. Birth injury – nerve injury / fracture / bruising.........☐7
H. Other complication [please specify] ......................☐8
Card H15c

What were the main reason(s) you stopped breastfeeding <baby>[Please indicate all that apply]

a. Not enough milk/hungry baby ............................................................ 1
b. Inconvenience/fatigue ........................................................................ 2
c. Difficulty with breast feeding techniques ....................................... 3
d. Sore nipples/engorged breast ........................................................... 4
e. Mother’s illness .............................................................................. 5
f. Planned to stop at this time ............................................................... 6
g. Baby weaned himself/herself ............................................................ 7
h. Physician told me to stop ................................................................. 8
i. Returned to work ............................................................................. 9
j. Partner/father wanted me to stop ...................................................... 10
k. Formula feeding preferable ............................................................... 11
l. Wanted to drink alcohol ................................................................. 12
m. Embarrassment/social stigma ......................................................... 13
n. Other, please specify .................................................................. 14
Why did you choose not to breastfeed <baby> [Please indicate all that apply]

a. Not enough milk .............................................................. □
b. Inconvenience/fatigue........................................................... □
c. Difficulty with breast feeding techniques........................... □
d. Sore nipples/engorged breast............................................... □
e. Mother’s illness................................................................. □
f. Physician advised me not to................................................ □
g. Partner/father did not want me to breastfeed......................... □
h. Formula feeding preferable ................................................ □
i. Wanted to drink alcohol ...................................................... □
j. Embarrassment/social stigma .............................................. □
k. Other, please specify........................................................ □
Has a medical professional ever told you that <baby> has any of the following conditions?

a. Respiratory disease (including asthma) ..............................................

b. Heart abnormalities .............................................................................

c. Digestive allergies (e.g. lactose intolerant) ........................................

d. Eczema or any kind of skin allergy....................................................

e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion)........................................

f. Difficulty seeing ..................................................................................

g. A problem with mobility or using his/her arms/legs to get around...

h. A problem with using his/her hands or arms ......................................

i. Cerebral palsy ......................................................................................

j. Kidney disease ....................................................................................

k. Diabetes...............................................................................................

l. Any developmental delay .....................................................................

m. Down syndrome .................................................................................

n. Spina bifida / Hydroencephalis ..........................................................

o. Cleft lip and/or palate..........................................................................

p. Other long-term condition [please specify] ........................................

q. None of the above ...............................................................................
Card H24

We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Health visitor, or to Accident and Emergency. What were these problems?

a. Snuffles/common cold.................................................................□ 1
b. Chest infections........................................................................□ 2
c. Ear infections...........................................................................□ 3
d. Feeding problems......................................................................□ 4
e. Sleeping problems .....................................................................□ 5
f. Dental problems (e.g. teething) ................................................□ 6
g. Wheezing or asthma.................................................................□ 7
h. Skin problems...........................................................................□ 8
i. Persistent nappy rash.................................................................□ 9
j. Undescended testicle...................................................................□ 10
k. Tight foreskin ...........................................................................□ 11
l. Hernia .........................................................................................□ 12
m. Sight or eye problems ...............................................................□ 13
n. Failure to gain weight or to grow .............................................□ 14
o. Persistent or severe vomiting ...................................................□ 15
p. Persistent diarrhoea or constipation .........................................□ 16
q. Fits or convulsions.....................................................................□ 17
r. Meningitis ..................................................................................□ 18
s. Colic...........................................................................................□ 19
t. Other health problems [please specify] .....................................□ 20
u. None of the above .....................................................................□ 21
Card J6

Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)…

No Difficulty ......................... ☐ 1
Just a little difficulty ............... ☐ 2
A moderate level of difficulty ..... ☐ 3
A lot of difficulty .................... ☐ 4
Cannot do at all ..................... ☐ 5
Card J13

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

Never ..............................................................☐1
Less than once a month .....................................☐2
1-2 times a month .............................................☐3
1-2 times a week ..............................................☐4
3-4 times a week .............................................☐5
5-6 times a week .............................................☐6
Every day ..........................................................☐7
Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn't do for my child if it was necessary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. I feel close to my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have a child.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>P. Having a child has meant having too few choices and too little control over my life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q. I am satisfied as a parent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R. I find my child enjoyable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Card L8

From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

Owner occupied (with or without a mortgage)...........................................................☐,
Being purchased from a Local Authority under a Tenant Purchase Scheme..☐,
Rented from a Local Authority....................................................................................☐,
Rented from a Voluntary Body....................................................................................☐,
Rented from a Private Landlord....................................................................................☐,
Living with and paying rent to your (or your partner’s) parent(s) .........................☐,
Occupied free of rent with your (or your partner’s) parent(s).................................☐,
Occupied free of rent from your (or your partner’s) job ..........................................☐
Card L10

Which of these descriptions BEST describes your usual situation in regard to work? [If you are on maternity leave and have a job which you intend to return to you should be coded as ‘at work’ – codes 1, 2 or 3 below]

Employee (incl. apprenticeship or Community Employment) ... □ 1
Self employed outside farming ................................................... □ 2
Farmer .................................................................................. □ 3
Student full-time........................................................................ □ 4
On State training scheme (FAS, Failte Ireland etc.) ............... □ 5
Unemployed, actively looking for a job ..................................... □ 6
Long-term sickness or disability ............................................... □ 7
Home duties / looking after home or family............................. □ 8
Retired .................................................................................. □ 9
Other [please specify] ________________________ ................ □10
Your occupation in your main job.

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

<table>
<thead>
<tr>
<th>Please use precise terms such as:</th>
<th>Please DO NOT use general terms such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETAIL STORE MANAGER</td>
<td>MANAGER</td>
</tr>
<tr>
<td>SECONDARY TEACHER</td>
<td>TEACHER</td>
</tr>
<tr>
<td>ELECTRICAL ENGINEER</td>
<td>ENGINEER</td>
</tr>
</tbody>
</table>

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.
From the reasons listed on this card could you tell me the most important reason(s) for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

A.. I can’t find a job ........................................................................ ____
B. I chose not to work ..................................................................... ____
C. I am caring for an elderly or ill relative or friend ...................... ____
D. I prefer be at home to look after my children myself ............. ____
E. I cannot earn enough to pay for childcare ............................... ____
F. I cannot find suitable childcare................................................... ____
G. There are no suitable jobs available for me ............................ ____
H. My family would lose Social Welfare or medical benefits if I was earning...................................................................................... ____
I. Other reason [please specify]___________________ .................... ____
Card L23 / L24

Which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner’s income. [Please indicate ‘Yes’ or ‘No’ for each in Col. A]

And of these sources of income which is the largest source of income at present? [Please indicate one source only in Col. B]

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A. Wages or Salaries</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>B. Income from Self-Employment</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>C. Income from Farming</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>D. Children’s Allowance/ Child Benefit</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>E. Other Social Welfare Payments</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
I know that it is difficult to give an exact figure for household income but on this card we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI only? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI.

<table>
<thead>
<tr>
<th>HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Per Week</strong></td>
</tr>
<tr>
<td>Under €230</td>
</tr>
<tr>
<td>€231 to under €350</td>
</tr>
<tr>
<td>€351 to under €460</td>
</tr>
<tr>
<td>€461 to under €575</td>
</tr>
<tr>
<td>€576 to under €800</td>
</tr>
<tr>
<td>€801 to under €925</td>
</tr>
<tr>
<td>€926 to under €1,150</td>
</tr>
<tr>
<td>€1,151 to under €1,500</td>
</tr>
<tr>
<td>€1,501 to under €1,850</td>
</tr>
<tr>
<td>€1,851 or more</td>
</tr>
</tbody>
</table>
Card L27

Would that be:

<table>
<thead>
<tr>
<th></th>
<th>Per week</th>
<th>Per Month</th>
<th>Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>under €75</td>
<td>€75 to €150</td>
<td>€151 to €230</td>
</tr>
<tr>
<td></td>
<td>€0 to €300</td>
<td>€301 to €650</td>
<td>€651 to €1,000</td>
</tr>
<tr>
<td></td>
<td>€0 to €4,000</td>
<td>€4,001 to €8,000</td>
<td>€8,001 to €12,000</td>
</tr>
<tr>
<td>B</td>
<td>€231 to €270</td>
<td>€271 to €310</td>
<td>€311 to €350</td>
</tr>
<tr>
<td></td>
<td>€1,001 to €1,150</td>
<td>€1,151 to €1,350</td>
<td>€1,351 to €1,500</td>
</tr>
<tr>
<td></td>
<td>€12,001 to €14,000</td>
<td>€14,001 to €16,000</td>
<td>€16,001 to €18,000</td>
</tr>
<tr>
<td>C</td>
<td>€351 to €390</td>
<td>€391 to €420</td>
<td>€421 to €460</td>
</tr>
<tr>
<td></td>
<td>€1,501 to €1,700</td>
<td>€1,701 to €1,800</td>
<td>€1,801 to €2,000</td>
</tr>
<tr>
<td></td>
<td>€18,001 to €20,000</td>
<td>€20,001 to €22,000</td>
<td>€22,001 to €24,000</td>
</tr>
<tr>
<td>D</td>
<td>€461 to €500</td>
<td>€501 to €535</td>
<td>€536 to €575</td>
</tr>
<tr>
<td></td>
<td>€2,001 to €2,150</td>
<td>€2,151 to €2,300</td>
<td>€2,301 to €2,500</td>
</tr>
<tr>
<td></td>
<td>€24,001 to €26,000</td>
<td>€26,001 to €28,000</td>
<td>€28,001 to €30,000</td>
</tr>
<tr>
<td>E</td>
<td>€576 to €650</td>
<td>€651 to €750</td>
<td>€751 to €800</td>
</tr>
<tr>
<td></td>
<td>€2,501 to €2,800</td>
<td>€2,801 to €3,250</td>
<td>€3,251 to €3,500</td>
</tr>
<tr>
<td></td>
<td>€30,001 to €34,000</td>
<td>€34,001 to €38,000</td>
<td>€38,001 to €42,000</td>
</tr>
<tr>
<td>F</td>
<td>€801 to €850</td>
<td>€851 to €880</td>
<td>€881 to €925</td>
</tr>
<tr>
<td></td>
<td>€3,501 to €3,650</td>
<td>€3,651 to €3,800</td>
<td>€3,801 to €4,000</td>
</tr>
<tr>
<td></td>
<td>€42,001 to €44,000</td>
<td>€44,001 to €46,000</td>
<td>€46,001 to €48,000</td>
</tr>
<tr>
<td>G</td>
<td>€926 to €1,000</td>
<td>€1,001 to €1,050</td>
<td>€1,051 to €1,150</td>
</tr>
<tr>
<td></td>
<td>€4,001 to €4,300</td>
<td>€4,301 to €4,600</td>
<td>€4,601 to €5,000</td>
</tr>
<tr>
<td></td>
<td>€48,001 to €52,000</td>
<td>€52,001 to €56,000</td>
<td>€56,001 to €60,000</td>
</tr>
<tr>
<td>H</td>
<td>€1,151 to €1,250</td>
<td>€1,251 to €1,375</td>
<td>€1,376 to €1,500</td>
</tr>
<tr>
<td></td>
<td>€5,001 to €5,500</td>
<td>€5,501 to €6,000</td>
<td>€6,001 to €6,500</td>
</tr>
<tr>
<td></td>
<td>€60,001 to €66,000</td>
<td>€66,001 to €72,000</td>
<td>€72,001 to €78,000</td>
</tr>
<tr>
<td>I</td>
<td>€1,501 to €1,600</td>
<td>€1,601 to €1,750</td>
<td>€1,751 to €1,850</td>
</tr>
<tr>
<td></td>
<td>€6,501 to €7,000</td>
<td>€7,001 to €7,500</td>
<td>€7,501 to €8,000</td>
</tr>
<tr>
<td></td>
<td>€78,001 to €84,000</td>
<td>€84,001 to €90,000</td>
<td>€90,001 to €96,000</td>
</tr>
<tr>
<td>J</td>
<td>€1,851 to €2,100</td>
<td>€2,101 to €2,400</td>
<td>€2,401 or more</td>
</tr>
<tr>
<td></td>
<td>€8,001 to €9,250</td>
<td>€9,251 to €10,500</td>
<td>€10,501 or more</td>
</tr>
<tr>
<td></td>
<td>€96,000 to €110,000</td>
<td>€110,001 to €125,000</td>
<td>€125,001 or more</td>
</tr>
</tbody>
</table>
Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at this card, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Please indicate all payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNEMPLOYMENT PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Jobseeker's Benefit</td>
<td>Jobseeker’s Allowance or Unemployment Assistance</td>
</tr>
<tr>
<td>EMPLOYMENT SUPPORTS</td>
<td></td>
</tr>
<tr>
<td>Family Income Supplement</td>
<td>Back to Work Enterprise Allowance</td>
</tr>
<tr>
<td>Farm Assist</td>
<td>Part-time Job Incentive Scheme</td>
</tr>
<tr>
<td>Back to Work Allowance (Employees)</td>
<td>Back to Education Allowance</td>
</tr>
<tr>
<td>Supplementary Welfare Allowance (SWA)</td>
<td></td>
</tr>
<tr>
<td>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Widow's or Widower's (Contributory) Pension</td>
<td>Deserted Wife's Allowance</td>
</tr>
<tr>
<td>Deserted Wife's Benefit</td>
<td>Prisoner's Wife’s Allowance</td>
</tr>
<tr>
<td>Widowed Parent Grant</td>
<td>One-Parent Family Payment</td>
</tr>
<tr>
<td>Widow's or Widower's (Non-Contrib) Pension</td>
<td></td>
</tr>
<tr>
<td>CHILD RELATED PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>Health &amp; Safety Benefit</td>
</tr>
<tr>
<td>Adoptive Benefit</td>
<td>Guardian’s Payment (Contributory)</td>
</tr>
<tr>
<td></td>
<td>Guardian’s Payment (Non-Contributory)</td>
</tr>
<tr>
<td>DISABILITY AND CARING PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>Illness Benefit</td>
<td>Injury Benefit</td>
</tr>
<tr>
<td>Invalidity Pension</td>
<td>Incapacity Supplement</td>
</tr>
<tr>
<td>Disability Allowance</td>
<td>Disablement Benefit</td>
</tr>
<tr>
<td>Blind Pension</td>
<td>Medical Care Scheme</td>
</tr>
<tr>
<td>Carer's Benefit</td>
<td>Constant Attendance Allowance</td>
</tr>
<tr>
<td>Domiciliary Care Allowance</td>
<td>Death Benefits (Survivor's Benefits)</td>
</tr>
<tr>
<td>RETIREMENT PAYMENTS</td>
<td></td>
</tr>
<tr>
<td>State Pension (Transition)</td>
<td>State Pension Non-Contributory</td>
</tr>
<tr>
<td>State Pension (Contributory)</td>
<td>Pre-Retirement Allowance</td>
</tr>
</tbody>
</table>
Card L32

Looking at this card and thinking of your household’s total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children’s Allowance /Child Benefit?

<table>
<thead>
<tr>
<th>Percentage Range</th>
<th>Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>Less than 5%</td>
<td>2</td>
</tr>
<tr>
<td>5% to less than 20%</td>
<td>3</td>
</tr>
<tr>
<td>20% to less than 50%</td>
<td>4</td>
</tr>
<tr>
<td>50% to less than 75%</td>
<td>5</td>
</tr>
<tr>
<td>75% to less than 100%</td>
<td>6</td>
</tr>
<tr>
<td>100%</td>
<td>7</td>
</tr>
</tbody>
</table>
Card L33b

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No, Cannot Afford</th>
<th>No, other reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your household have a roast joint (or its equivalent) at least once a week?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do household members buy new rather than second-hand clothes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each household member possess a warm waterproof coat?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each household member possess two pairs of strong shoes?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household replace any worn out furniture?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household keep the home adequately warm?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household have family or friends for a drink or meal once a month?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the household buy presents for family or friends at least once a year?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Card L33c

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

With great difficulty ...................... □₁
With difficulty .............................. □₂
With some difficulty ...................... □₃
Fairly easily ............................... □₄
Easily ........................................... □₅
Very easily .................................... □₆
**Card L34**

What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education .................................................................................................. □
2. Primary education .................................................................................................... □

**Second Level**

3. Lower Secondary ...................................................................................................... □

4. Upper Secondary ..................................................................................................... □
   (Leaving Certificate (including Applied and Vocational Programmes).
   ‘A’ Levels, NCVA Level 1 Certificate or equivalent)

5. Technical or Vocational qualification .................................................................. □
   (Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent).

6. Both Upper Secondary and Technical or Vocational qualification ...... □

**Third Level**

7. Non Degree ............................................................................................................. □
   (National Certificate, Diploma NCEA/Institute of Technology or equivalent,
   Nursing Diploma.)

8. Primary Degree ........................................................................................................ □
   (Third Level Bachelor Degree)

9. Professional qualification (of Degree status at least) .................................. □

10. Both a Degree and a Professional qualification ............................................. □

11. Postgraduate Certificate or Diploma ............................................................... □

12. Postgraduate Degree (Masters) ................................................................. □

13. Doctorate (Ph.D) .................................................................................................. □
What language or languages do you and your partner speak with <baby> most often at home?
[Please indicate all that apply]

English .................................................................☐1
Irish .................................................................☐2
Arabic .................................................................☐3
French .................................................................☐4
Polish .................................................................☐5
Russian ...............................................................☐6
Czech .................................................................☐7
Latvian ...............................................................☐8
Portuguese ...........................................................☐9
Spanish ...............................................................☐10
Chinese ...............................................................☐11
Lithuanian ..........................................................☐12
Romanian ............................................................☐13
German ...............................................................☐14
Other (specify) ......................................................☐15
Looking at this card, can you tell me what is your ethnic or cultural background?

Irish ................................................................................ □
Irish Traveller................................................................. □
Any other white background ......................................... □
African ............................................................................ □
Any other Black background ........................................ □
Chinese ........................................................................... □
Any other Asian background ....................................... □
Other – incl. mixed background [please specify] .......... □
Which religion?

Christian – no denomination

Roman Catholic

Anglican/Church of Ireland/Episcopalian

Other Protestant

Jewish

Muslim

Other [please specify]
Card L53b

Which religion?

Christian – no denomination .......................................................... 1
Roman Catholic ........................................................................ 2
Anglican/Church of Ireland/Episcopalian .................................. 3
Other Protestant ........................................................................ 4
Jewish .................................................................................... 5
Muslim ..................................................................................... 6
Other (specify) ........................................................................ 7
Primary Caregiver Sensitive Questionnaire
GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

MOTHER / LONE FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

GROUP [ ]
H HOLD [ ]
RESPONDENT [ ]

INTERVIEWER NAME ______________________
INTERVIEWER NO: ______________________

Time Section Started ________ (24 hour clock) DATE: ___dd___ mm___yy

We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

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

A1. What is your date of birth? _________ day  ____ ___month  ________year

A2. Are you male or female?
Male ................  [ ]
Female ................ [ ]

S1. Are you the biological parent of <baby>?
Yes................ [ ]  Go to S12
No.................. [ ]  Go to S2

S2. Are you the adoptive parent of <baby>?
Yes................ [ ]
No.................. [ ]  Go to S7

S3. Was that a domestic or an inter-country adoption?
Domestic ........... [ ]
Inter-country .......... [ ]

S4. Was this a within family adoption?
Yes ........ [ ]
No ....... [ ]  S5. From which country?

S6. What age was <baby> when you adopted him/ her? ____________years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <baby>?
Yes........... [ ]
No............ [ ]  Go to S12

S8. How long has <baby> been with your family? ______ months ______ weeks

S9. Do you anticipate that this will be a long-term foster placement?
Yes ........... [ ]
No ............ [ ]

S10. How many previous foster placements has <baby> been in? ______ previous placements DK... [ ]

S11. Immediately before coming to live with you was <baby> living with another foster family, his/her family or in institutional care?
Another foster family....... [ ]
Own family.......... [ ]
Institutional care ......... [ ]

NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.
S12. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife ........................................... [ ] Go to S16
- Married and separated from husband / wife ....................................... [ ] Go to S16
- Divorced ......................................................................................... [ ] Go to S16
- Widowed ......................................................................................... [ ] Go to S16
- Never married ................................................................................ [ ] Go to S15

S13. In what year did you marry your (former) spouse? ________(year)

S14. Since when have you been living apart / spouse deceased? ________(year)

S15. May I just check whether you are currently living with someone in the household as a couple?

- Yes ................................................................. [ ]
- No ................................................................. [ ]
  Go to S25

S16. Since when have you and your spouse or partner been living together? ________ (mth) ________(year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days .................................................................................. [ ] Go to S18
- At least once a week .................................................................. [ ] Go to S18
- Less than once a week ................................................................ [ ] Go to S18
- Hardly ever ................................................................................. [ ] Go to S18
- Never ........................................................................................ [ ] Go to S21

S18. How often would you argue about the child(ren)?

- Most days .................................................................................. [ ]
- At least once a week .................................................................. [ ]
- Less than once a week ................................................................ [ ]
- Hardly ever ................................................................................. [ ]
- Never ........................................................................................ [ ]

S19. When you and your partner argue, how often do you ....

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shout or yell at each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throw something at each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Push, hit or slap each other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S20. And to end an argument, how often would you ....

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Not very often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compromise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apologise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change the subject</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree to discuss the issue later</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agree to disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use affection (hug) or make a joke about it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ignore or refuse to speak any more, walk away, leave the room or leave the house</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

<table>
<thead>
<tr>
<th>Philosophy of life</th>
<th>Always Agree</th>
<th>Almost Always Agree</th>
<th>Occasionally Disagree</th>
<th>Frequently Disagree</th>
<th>Almost Always Disagree</th>
<th>Always Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aims, goals and things believed important</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Amount of time spent together</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

S22. How often would you say the following events occur between you and your partner?

- Have a stimulating exchange of ideas ........................................... [ ]
- Calmly discuss something together ............................................. [ ]
- Work together on a project ....................................................... [ ]

S23. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

<table>
<thead>
<tr>
<th>Extremely Unhappy</th>
<th>Fairly Unhappy</th>
<th>A little unhappy</th>
<th>Happy</th>
<th>Very Happy</th>
<th>Extremely Happy</th>
<th>Perfect</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
S24. Do you feel that having <baby> has...

<table>
<thead>
<tr>
<th>Brought you and your spouse/partner closer together,</th>
<th>Made you less close than before,</th>
<th>Made no difference to your relationship,</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

S25. Apart from your current partner (if relevant) have you had any other partners since <baby> was born who had a close relationship with or influence on <baby>?

Yes.............[☐]  No..............[☐]  ➔Go to S27a

S26. How many?

<table>
<thead>
<tr>
<th>One ..........[☐]</th>
<th>Two ..........[☐]</th>
<th>Three or more ..........[☐]</th>
</tr>
</thead>
</table>

Only answer questions S27a to S35a if you are the BIOLOGICAL MOTHER of <BABY>, If not please skip to S35b

S27a. Did you have any medical fertility treatment for this pregnancy?

<table>
<thead>
<tr>
<th>Yes........................[☐]</th>
<th>No ....................[☐]</th>
</tr>
</thead>
</table>

S27b. What treatment did you receive?

- Clomiphene citrate alone ..........................................................[☐]
- GIFT: Gamete Intrafallopian Transfer .........................................[☐]
- IVF: In Vitro Fertilisation .........................................................[☐]
- ICSI: IVF with intra cytoplasmic sperm injection ..........................[☐]
- Frozen embryo transfer ............................................................[☐]
- Surgery involving the womb, tubes or ovaries ..............................[☐]
- Donor sperm .............................................................................[☐]
- Donor egg ..................................................................................[☐]
- Other (please specify) ___________________________________________[☐]

S28a. What age were you when you became pregnant for the first time? ______ Age in years

S28b. Are you currently pregnant? Yes........[☐]  No ...........[☐]

S28c. What age were you when you had your first period? ______ years of age. Can't remember ....[☐]

S29. Did you intend to become pregnant before <baby> was conceived?

<table>
<thead>
<tr>
<th>Yes, at that time .....................[☐]</th>
<th>Yes, but much later ..................[☐]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, but somewhat later ..................[☐]</td>
<td>Yes, but earlier .....................[☐]</td>
</tr>
<tr>
<td>No intention of ever becoming pregnant ......[☐]</td>
<td>Unsure/Didn’t mind ..................[☐]</td>
</tr>
</tbody>
</table>

S30a. At any time during the pregnancy did you feel under any stress?

<table>
<thead>
<tr>
<th>A great deal</th>
<th>Some</th>
<th>Not much</th>
<th>None at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

S30b. Was that during:

- First Trimester [1st, 2nd or 3rd month] ..............................[☐][☐]
- Second Trimester [4th, 5th or 6th month] ..............................[☐][☐]
- Third Trimester [7th, 8th or 9th month] ..............................[☐][☐]

S30c. Was this stress due to: (tick yes or not for each)

- (i) the pregnancy itself                                      Yes [☐]  No [☐]
- (ii) other factor, such as bereavement, work related etc.     Yes [☐]  No [☐]

---

77
S31. Did you smoke at all during the pregnancy?

Yes ...........................................  
No ...........................................  

S32. Did you smoke during the first, second and third trimester of the pregnancy?

<table>
<thead>
<tr>
<th></th>
<th>First Trimester [1st, 2nd or 3rd month]</th>
<th>Second Trimester [4th, 5th or 6th month]</th>
<th>Third Trimester [7th, 8th or 9th month]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>........................................</td>
<td>........................................</td>
<td>........................................</td>
</tr>
<tr>
<td>No</td>
<td>........................................</td>
<td>........................................</td>
<td>........................................</td>
</tr>
</tbody>
</table>

S33. Did you consume alcohol during your pregnancy?

Yes ...........................................  
No ...........................................  

S34. Did you drink during the first, second and third trimester of the pregnancy? For each trimester that you drank, about how much on average did you drink per week?

<table>
<thead>
<tr>
<th></th>
<th>Pints of beer/cider</th>
<th>Glasses of wine</th>
<th>Measures of spirits</th>
<th>Bottles of alcopops</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Trimester</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>Second Trimester</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>Third Trimester</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
</tbody>
</table>

S35a. How often did you take any of the following during your pregnancy with <baby>?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sleeping pills</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>b. Tranquillisers</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>c. Pills for depression</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>d. Cannabis / Marijuana</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>e. Painkillers (aspirin, paracetamol, etc.)</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>f. Amphetamines or other stimulants</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>g. Heroin, Methadone, Crack, Cocaine</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>h. Anticonvulsants</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>i. Steroids</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
</tbody>
</table>

S35b. How often do you take any of the following currently?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sleeping pills</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>b. Tranquillisers</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>c. Pills for depression</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>d. Cannabis / Marijuana</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>e. Painkillers (aspirin, paracetamol, etc.)</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>f. Amphetamines or other stimulants</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>g. Heroin, Methadone, Crack, Cocaine</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>h. Anticonvulsants</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
<tr>
<td>i. Steroids</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
<td>........................</td>
</tr>
</tbody>
</table>

S36. During the last year have you failed to do what was normally expected from you because of drinking?

Yes ...........................................  
No ...........................................  

S37. How often do you have 6 or more drinks on one occasion?

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>5-6 times a week</th>
<th>2-4 times a week</th>
<th>Once a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>................................</td>
<td>................................</td>
<td>................................</td>
<td>........................</td>
<td>................................</td>
<td>........................</td>
</tr>
<tr>
<td>No</td>
<td>................................</td>
<td>................................</td>
<td>................................</td>
<td>........................</td>
<td>................................</td>
<td>........................</td>
</tr>
</tbody>
</table>

S38. Does anyone smoke in the same room as <baby>?

Yes, on a regular basis...........  
Yes, on an occasional basis...........  
Never  

S39. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?

Yes...........[ ]  No...........[ ]  Go to S41

[Ask S40 if biological mother, otherwise ask S40a.]

S40. Was this:  [Tick all that apply]

Before being pregnant with <baby> ...........................................[ ]  
In the 1st trimester of the pregnancy ........................................[ ]  
In the 2nd trimester of the pregnancy .....................................[ ]  
In the 3rd trimester of the pregnancy .....................................[ ]  
When <baby> was 0-2 months of age ....................................[ ]  
When <baby> was 2-6 months of age ....................................[ ]  
Since <baby> was 6 months of age ......................................[ ]

S40a. Was this:  [Tick all that apply]

Before <baby> was born .........................................................[ ]  
When <baby> was 0-2 months of age ....................................[ ]  
When <baby> was 2-6 months of age ....................................[ ]  
Since <baby> was 6 months of age ......................................[ ]

S41. 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt I could not shake off the blues even with help from my family or friends</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. I felt depressed</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. I thought my life had been a failure</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>d. I felt fearful</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>e. My sleep was restless</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>f. I felt lonely</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>g. I had crying spells</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>h. I felt sad</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

S42. Have you ever been in trouble with the Gardai (other than for traffic offences)?

Yes...........[ ]  No...........[ ]  Go to S44

S43. Have you ever been to prison?

Yes ...........[ ]  No ...........[ ]

S44. Can we check, does <baby’s> biological father/ mother live here with you or elsewhere?

Lives here ...........................................[ ]  Go to S60
Deceased ...........................................[ ]  Go to S60
Temporarily lives elsewhere ...........................................[ ]  Go to S60
Lives elsewhere ...........................................[ ]  Go to S45

S45. Were you ever married to or did you ever live with <baby’s> biological father / mother?

Yes, married to ...........................................[ ]  Go to S45
Yes, lived with ...........................................[ ]
No ...........................................[ ]  Go to S47
Adoptive / Foster parent ...........................................[ ]  Go to S60

S46. When did you separate or split up with <baby’s> biological father / mother?

Before child was born ...........................................[ ]
Before child was six months old ....................................[ ]
In the last three months ...........................................[ ]

S47. What was the nature of your relationship with <baby’s> biological father / mother when you became pregnant with <baby>? (Please tick one box only).

Married and living together ...........................................[ ]
Cohabitating / living as married ....................................[ ]
Separated ...........................................[ ]
Divorced ...........................................[ ]
Going out but not living together ....................................[ ]
Just friends ...........................................[ ]
No relationship ...........................................[ ]

S48. Do you have a formal or informal custody arrangement regarding <baby> and where he / she lives?

Formal ...........................................[ ]
Informal ...........................................[ ]
No custody arrangement ...........................................[ ]

S49. Briefly describe that arrangement

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

S49. Briefly describe that arrangement

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

S49. Briefly describe that arrangement

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

79
S50. Do you and <baby’s> biological father / mother have shared parenting of <baby> on a regular basis?
Yes .................... [□]  No .................... [□] → Go to S52

S51. Please describe the nature of this shared parenting

___________________________________________________
___________________________________________________
___________________________________________________

S52. How far does <baby’s> biological father / mother live from here?
Within ½ hour’s drive from here..................... [□]  More than 1 hour’s drive from here ............ [□]
Between ½ and 1 hour’s drive from here.............. [□]  Outside the country................................. [□]

S53. How often does <baby> have contact with his / her biological father / mother?
Daily .......................................................... [□]  Monthly ................................................ [□]
Once or twice a week.................................... [□]  Less than once a month ............................ [□]
Weekly ........................................................ [□]  No contact.................................................... [□]
Every second week / weekend .................... [□]

S54. Does <baby’s> biological father / mother make ANY financial contribution to your household and the maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.
No, he/she never makes any payment ................ [□]
Yes, he/she makes a regular payment ............... [□]
Yes, he/she makes payments as required............ [□]

S55. How often do you talk to <baby’s> biological father/ mother about <baby>? 

<table>
<thead>
<tr>
<th>Every day</th>
<th>Several times a week</th>
<th>About once a week</th>
<th>A few times a month</th>
<th>Several times a year</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>[□]</td>
<td>[□]</td>
<td>[□]</td>
<td>[□]</td>
<td>[□]</td>
<td>[□]</td>
</tr>
</tbody>
</table>

S56. How well do you get on with <baby’s> biological father/ mother? Would you say your relationship is?

Very positive [□]  Positive [□]  Neither positive nor negative [□]  Somewhat negative [□]  Very negative [□]

S57. We would like to send a short questionnaire to <baby’s> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <baby’s> biological father/ mother?

Yes ............................................................ [□]  Please give contact details to interviewer
No, I do not wish other parent to be contacted .... [□]
No, I do not have contact details for other parent .... [□]

Time Section Ended  [□][□][□] (24 hour clock)

S60. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
YOUR ASSISTANCE IS GREATLY APPRECIATED.
Secondary Caregiver Main Questionnaire
NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)
INFANT QUESTIONNAIRE

GROUP HHOLD RESPONDENT INTERVIEWER NAME ______________________ INTERVIEWER NO: ____________

Time Section Started (24 hour clock) DATE:___dd___ mm___yy

We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

A. INTRODUCTION AND HOUSEHOLD COMPOSITION

A1. Int: Record gender of respondent] Male ..............□ □, Female ................ □ 

A1a. What is your date of birth? _________ day ___ ____month ________year

A2. [Card A2] Which of the following best describes your relationship to <baby>? [Interviewer use codes only]

A. Biological mother/ father ................................................ □, E. Grand parent ................................................ □
B. Adoptive mother/ father ............................................. □, F. Aunt/uncle ................................................ □
C. Step-mother/ Step-father /Partner of child’s parent □, G. Other relative/ in law ........................................... □
D. Foster mother/ father ................................................□, H. Unrelated guardian ................................. □

B. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS

Time Section Started (24 hour clock)

Now I’d like to ask you some questions about your relationship with <baby>.

B1a.

B1b.
C. BABY’S DEVELOPMENT

Time Section Started  

(24 hour clock)

Now I’d like to ask you some questions about  baby’s  habits and routines.

C1. Were you present at the birth of  baby>?
Yes ..................................................[1]  
Wanted to, but missed it ..................[2]  
No ...........[3]

C2. [Card C2] Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

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

C3. [Card C3] Who generally does the following with  baby>?

(a) Bathes him / her
(b) Feeds him / her
(c) Shows him / her pictures in books
(d) Cuddles him / her
(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo)
(f) Taking him / her for walks, outings, visiting relatives or friends etc.
(g) Reading stories to him / her
(h) Changing his / her nappy
(i) Getting up in the night to see to him / her
(j) Sings to him / her
(k) Gets him / her up in the morning
(l) Puts him / her to bed
(m) Dresses him / her in the morning
(n) Picks him up / her when he /she cries
C4. How much is <baby’s> sleeping pattern or habits a problem for you?

A large problem A moderate problem A small problem No problem at all

☐ 1 ........................................... ☐ 2 ........................................... ☐ 3 ........................................... ☐ 4 ...........................................

C5. Do you feel that <baby’s> crying is a problem for you?
Yes ........................................... ☐ 1 ........................................... No ............................. ☐ 2 ...........................................

D. PARENT’S HEALTH AND LIFESTYLE

Now a few questions about your own health.

Time Section Started  __________  __________  (24 hour clock)

D1. In general, how would you say your current health is?

Excellent ........................................... ☐ 1 ........................................... Fair ........................................... ☐ 4 ........................................... 

Very Good........................................... ☐ 2 ........................................... Poor ........................................... ☐ 5 ........................................... 

Good ................................................... ☐ 3 ...........................................

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

D3. What is the nature of this problem, illness or disability? Please describe as fully as possible. [Int. Please record diagnosis – not symptoms of the problem]

__________________________________________________ ___________________________________

__________________________________________________ ___________________________________

D4. Since when have you had this problem, illness or disability? __________(mth)  _____(year)

D5. Are you hampered in your daily activities by this problem, illness or disability?

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

D6. [Card D6] Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (E.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)

Some difficulty

No Difficulty Just a little A moderate level A lot of difficulty Cannot do at all

☐ 1 ........................................... ☐ 2 ........................................... ☐ 3 ........................................... ☐ 4 ........................................... ☐ 5 ...........................................

D7. Do you currently smoke daily, occasionally or not at all?

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

D8. Have you ever smoked? Was it:

Daily ............ ☐ 1 ........................................... Occasionally ... ☐ 2 ........................................... Never .... ☐ 3 ...........................................

D9. About how many cigarettes or cigars do/did you smoke on average each day?

____________ [Int. enter ‘0’ if less than 1 on average]

D10. [Card D10] Looking at Card D10, can you tell me which of the following best describes how often you usually drink alcohol?


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

A. I am happy in my role as a parent……………………………………………………………………………………………………….. 1 2 3 4 5
B. There is little or nothing I wouldn't do for my child if it was necessary………………………………………………………………………………….. 1 2 3 4 5
C. Caring for my child sometimes takes more time and energy than I have to give………………………………………………………………………………….. 1 2 3 4 5
D. I sometimes worry whether I am doing enough for my child……………………………………………………………………………………………………….. 1 2 3 4 5
E. I feel close to my child………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
F. I enjoy spending time with my child………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
G. My child is an important source of affection for me………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
H. Having a child gives me a more certain and optimistic view for the future………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
I. The major source of stress in my life is my child………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
J. Having a child leaves little time and flexibility in my life………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
K. Having a child has been a financial burden……………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
L. It is difficult to balance different responsibilities because of my child……………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
M. The behaviour of my child is often embarrassing or stressful to me……………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
N. If I had it to do over again, I might decide not to have a child……………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
O. I feel overwhelmed by the responsibility of being a parent……………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
P. Having a child has meant having too few choices and too little control over my life……………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
Q. I am satisfied as a parent…………………………………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5
R. I find my child enjoyable………………………………………………………………………………………………………………………………………………………………………………………………………………….. 1 2 3 4 5

If currently drink alcohol between everyday and 1-2 times a month ask:
D11. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit and bottles of alcopops would you drink?

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

D12. What is your height without shoes? ________ feet ________ inches OR Metres ______

D13. What is your weight without clothes and shoes? ________stones ________lbs OR ______Kilograms

E. FAMILY CONTEXT

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

E1. [Card E1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your child now. Remember, there are no right and wrong answers, just try and be as honest as possible.

Strongly Agree Agree Not Disagree Strongly Disagree

E2. If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

Strongly Disagree Neither Agree Agree Strongly
Because of your work responsibilities:
A. You have missed out on home or family activities that you would have liked to have taken part in.................................[ ] [ ] [ ] [ ] [ ] [ ]
B. Your family time is less enjoyable and more pressured.................................................................[ ] [ ] [ ] [ ] [ ] [ ]

Because of your family responsibilities:
C. You have to turn down work activities or opportunities you would prefer to take on ...........................................................[ ] [ ] [ ] [ ] [ ] [ ]
D. The time you spend working is less enjoyable and more pressured..............................................................[ ] [ ] [ ] [ ] [ ] [ ]

E3a. Are you currently taking, or intend to take, unpaid parental leave with <baby>?

Currently........................................ No...............................[ ][ ]
In the past.................................[ ]

E3b. How many days or weeks will you take?__________ days OR weeks............[ ]

E3c. Were these / will these be taken as a block or spread over a period of time?
Taken as a block.....[ ] Spread over a period of time.....[ ]

F: SOCIO-DEMOGRAPHICS

Time Section Started [ ] [ ] [ ] (24 hour clock)

Now some questions about the circumstances of your household.

F1. [Card F1] Looking at Card F1, which of these descriptions BEST describes your usual situation in regard to work?

Employee (incl. apprenticeship or Community Employment).................................[ ]
Self employed outside farming...........................................................................[ ]
Farmer .............................................................................................................[ ]
Student full-time ............................................................................................[ ]
On State training scheme (FAS, Failte Ireland etc.)...........................................[ ]
Unemployed, actively looking for a job.............................................................[ ]
Long-term sickness or disability.......................................................................[ ]
Home duties / looking after home or family.....................................................[ ]
Retired .............................................................................................................[ ]
Other (specify) __________________________

F2. How many hours do you normally work per week, including any regular overtime work?
If you work at more than one job, please include the hours in all jobs. ____________ hours

F2x. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?
__________ minutes [Int. if respondent works at home enter ‘0’ for minutes]

F3. [Card F3] What is your occupation in your main job?

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

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION
________________________________________________________________________________________

F4a. Do you supervise or manage any personnel in your job?

Yes [ ] No [ ]

F4b. How many? __________________________

F5. How many employees (if any) do you have?_________ employees N A . . . . . . [ ]

F5x. [Ask only if Farmer at F1.] What is the acreage of the farm? ____________ acres
F6. If you were completely free to choose, how many hours a week (paid work) would you like to work overall? _________ hours per week

F7. Apart from holiday or casual work, have you ever had a full-time job?  
Yes ________  No ________  Go to F11a

F8. In what year did you last work in that full-time job? ________ year

F9. When you last worked in that full-time job were you?  
Employee (incl. apprenticeship or Community Employment) ________  
Self-employed outside farming ________  
Farmer ________

F10. [Card F3] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible
In all cases please describe the occupation fully and precisely giving the full job title.
Use precise terms such as:  
Do not use general terms such as:
RETAIL STORE MANAGER  MANAGER  
SECONDARY TEACHER  TEACHER  
ELECTRICAL ENGINEER  ENGINEER  
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.
Write in your main OCCUPATION

F10x. [Ask only if Farmer at F9.] What was the acreage of the farm? __________ acres

F11a. Do you currently have a part time job outside the home?  
Yes ________  No ________  Go to F11c

F11b. On average, how many hours per week do you work in that part-time job? ________ hours

F11c. [Card F3] What is your occupation in that job? (What do you mainly do in that part-time job?)
In all cases describe the occupation fully and precisely giving the full job title.
Use precise terms such as:  
Do not use general terms such as:
RETAIL STORE MANAGER  MANAGER  
SECONDARY TEACHER  TEACHER  
ELECTRICAL ENGINEER  ENGINEER  
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.
Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm ________ acres

F11d. [Card F11d] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.
I can't find a job........................................................______  I cannot find suitable childcare................................______  
I chose not to work...................................................______  There are no suitable jobs available for me........______  
I am caring for an elderly or ill relative or friend......______  My family would lose Social Welfare or medical benefits if I was earning.................______  
I prefer be at home to look after my children myself_____  Other reason (specify)_________________________________

F12. Do you plan to start or return to paid work?  
Yes, in the next 3 months ..........................................______
Yes, in 3 to 12 months time .................................................... [2
Yes, in more than 1 year’s time ............................................. [3
Have no plans to return to paid work ................................... [4
Other reason (specify) ......................................................... [9

F13. [Card F13] What is the highest level of education (full-time or part-time) which you have completed to date?
1. No formal education .......................................................... [1
2. Primary education ............................................................ [2

Second Level
3. Lower Secondary ............................................................. [3
4. Upper Secondary ............................................................. [4
(Leaving Certificate (including Applied and Vocational Programmes), ‘A’ Levels, NCVA Level 1 Certificate or equivalent)
5. Technical or Vocational qualification .................................. [5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification ............................................................. [6

Third Level
7. Non Degree ................................................................. [7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree ................................................................. [8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) .................... [9
10. Both a Degree and a Professional qualification ......................... [10
11. Postgraduate Certificate or Diploma ..................................... [11
12. Postgraduate Degree (Masters) ............................................ [12
13. Doctorate (Ph.D) ................................................................. [13

F13x. At what age did you leave full-time education for the first time? ______ years

F14. [Card F14] What language or languages do you and your partner speak with <baby> most often at home? [Int. Tick all that apply]

English ................................................................. [1
Irish ................................................................. [2
Arabic ................................................................. [3
French ................................................................. [4
Polish ................................................................. [5
Russian ................................................................. [6
Czech ................................................................. [7
Latvian ................................................................. [8
Portuguese .............................................................. [9
Spanish ................................................................. [10
Chinese ............................................................... [11
Lithuanian ............................................................. [12
Romanian .............................................................. [13
German ............................................................... [14
Other (specify) .......................................................... [15


[Int: Ask F16 and F17 only if any language other than Irish or English is usually spoken at home see F14 above]

F16. As you may know, many people have problems with reading. Can I just check, can you read aloud to a child from a children’s storybook in your own language?

F17. Can you usually read and fill out forms you might have to deal with in your own language?

F18. As you may know many people have problems with reading. Can I just check can you read aloud to a child from a children’s story book written in English?

F19. Can you usually read and fill out forms you might have to deal with in English?

F20. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

88
F21. Are you a citizen of Ireland?  
Yes ...□  No ...□

F22. What citizenship do you hold?  

F23. Were you born in Ireland?  
Yes ...□  No ...□

F24. In which country were you born?  

F25. How long ago did you first come to live in Ireland?  

F26. [Card F26] What is your ethnic or cultural background?  

F27. Do you belong to any religion  
Yes ...□  No ...□

F28. [Card F28] Which religion  

Time Section Ended  
(24 hour clock)
Prompt Cards for Secondary Caregiver Main Questionnaire
Card A2

Which of the following best describes your relationship to <baby>?

A. Biological mother/ father .......................................................... 

B. Adoptive mother/ father .......................................................... 

C. Step-mother/ Step-father /Partner of child’s parent ........ 

D. Foster mother/ father ............................................................ 

E. Grand parent ........................................................................ 

F. Aunt/uncle ........................................................................... 

G. Other relative/ in law ............................................................... 

H. Unrelated guardian ..............................................................
a. Over the last two weeks I would describe my feelings for <baby> as:

Dislike  No strong feelings  Slight affection  Moderate affection  Intense affection

□1 ................................................ □2 ................................................ □3 ................................................ □4 ................................................ □5

b. When I am with <baby> I feel bored:

Very frequently  Frequently  Occasionally  Almost Never

□1 ................................................ □2 ................................................ □3 ................................................ □4

c. When I am with <baby> and other people are present, I feel proud of <baby>:

Very frequently  Frequently  Occasionally  Almost Never

□1 ................................................ □2 ................................................ □3 ................................................ □4

d. When I am with <baby>:

I always get a lot of enjoyment / satisfaction  I frequently get a lot of enjoyment / satisfaction  I occasionally get a lot of enjoyment / satisfaction  I rarely get a lot of enjoyment / satisfaction

□1 ................................................ □2 ................................................ □3 ................................................ □4

e. I now think of <baby> as:

Very much my own baby  A bit like my own baby  Not yet really my own baby

□1 ................................................ □2 ................................................ □3 □4
Fathers do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a father to do? Please rank them as ‘1’ (most important), ‘2’ (second most important) and ‘3’ (third most important).

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

Other [please specify] ____________________________
Card C3

Who generally does the following with <baby>?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Always yourself</th>
<th>Usually yourself</th>
<th>About equally by you &amp; partner</th>
<th>Usually spouse/partner</th>
<th>Always spouse/partner</th>
<th>Some one else</th>
<th>No one does this</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Bathes him / her</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(b) Feeds him / her</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(c) Shows him / her pictures in books</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(d) Cuddles him / her</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(e) Plays with him / her (eg. clapping, rolling over, peek-a-boo)</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(f) Taking him / her for walks, outings, visiting relatives or friends etc.</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(g) Reading stories to him / her</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(h) Changing his /her nappy</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(i) Getting up in the night to see to him / her</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(j) Sings to him / her</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(k) Gets him / her up in the morning</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(l) Puts him / her to bed</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(m) Dresses him / her in the morning</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
<tr>
<td>(n) Picks up him / her when he /she cries</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
<td>□ 7</td>
</tr>
</tbody>
</table>
Card D6

Since <baby> was born have you suffered from any chronic illness or disability which made it difficult for you to look after <baby>? (e.g. feeding, changing nappy, lifting, bringing to doctor, communicating with baby)…

No Difficulty ...........................................□₁
Just a little difficulty...............................□₂
A moderate level of difficulty .............□₃
A lot of difficulty.................................□₄
Cannot do at all.....................................□₅
Card D10

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

Never ................................................................. 1
Less than once a month .................................... 2
1-2 times a month ............................................ 3
1-2 times a week .............................................. 4
3-4 times a week ............................................. 5
5-6 times a week ............................................. 6
Every day .......................................................... 7
Card E1

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

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn't do for my child if it was necessary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have a child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>P. Having a child has meant having too few choices and too little control over my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q. I am satisfied as a parent</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R. I find my child enjoyable</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Which of these descriptions BEST describes your usual situation in regard to work? [If you are on maternity leave and have a job which you intend to return to you should be coded as ‘at work’ – codes 1, 2 or 3 below]

Employee (incl. apprenticeship or Community Employment) ... □ 1
Self employed outside farming ................................................... □ 2
Farmer ..................................................................................... □ 3
Student full-time....................................................................... □ 4
On State training scheme (FAS, Failte Ireland etc.) ............... □ 5
Unemployed, actively looking for a job ................................. □ 6
Long-term sickness or disability ............................................... □ 7
Home duties / looking after home or family ......................... □ 8
Retired .................................................................................. □ 9
Other [please specify] __________________________ .............. □ 10
Your occupation in your main job.

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

<table>
<thead>
<tr>
<th>Please use precise terms such as:</th>
<th>Please DO NOT use general terms such as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETAIL STORE MANAGER</td>
<td>MANAGER</td>
</tr>
<tr>
<td>SECONDARY TEACHER</td>
<td>TEACHER</td>
</tr>
<tr>
<td>ELECTRICAL ENGINEER</td>
<td>ENGINEER</td>
</tr>
</tbody>
</table>

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER. Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER. Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.
Card F11d

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

I can’t find a job .............................................................................. ____
I chose not to work........................................................................____
I am caring for an elderly or ill relative or friend ......................... ____
I prefer be at home to look after my children myself ................. ____
I cannot earn enough to pay for childcare................................. ____
I cannot find suitable childcare ..................................................... ____
There are no suitable jobs available for me ................................. ____
My family would lose Social Welfare or medical benefits if I was earning........................................................ ................____
Other reason  [please specify] ______________________________ __________ ____
What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education

2. Primary education

**Second Level**

3. **Lower Secondary**

4. **Upper Secondary**
   (Leaving Certificate (including Applied and Vocational Programmes). ‘A’ Levels, NCVA Level 1 Certificate or equivalent)

5. **Technical or Vocational qualification**
   (Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagsac Certificate/Diploma or equivalent).

6. **Both Upper Secondary and Technical or Vocational qualification**

**Third Level**

7. **Non Degree**
   (National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)

8. **Primary Degree**
   (Third Level Bachelor Degree)

9. **Professional qualification (of Degree status at least)**

10. **Both a Degree and a Professional qualification**

11. **Postgraduate Certificate or Diploma**

12. **Postgraduate Degree (Masters)**

13. **Doctorate (Ph.D)**
What language or languages do you and your partner speak with <baby> most often at home?
[Please indicate all that apply]

English .................................................................☐1
Irish ........................................................................☐2
Arabic .................................................................☐3
French .....................................................................☐4
Polish .................................................................☐5
Russian ...............................................................☐6
Czech .....................................................................☐7
Latvian ..................................................................☐8
Portuguese ..........................................................☐9
Spanish ...............................................................☐10
Chinese .............................................................☐11
Lithuanian .........................................................☐12
Romanian .........................................................☐13
German .............................................................☐14
Other (specify) ....................................................☐15
Looking at this card, can you tell me what is your ethnic or cultural background?

Irish ................................................................. □1
Irish Traveller........................................................ □2
Any other white background........................................ □3
African........................................................................□4
Any other Black background ..................................... □5
Chinese................................................................... □6
Any other Asian background ..................................... □7
Other – incl. mixed background (specify) .................. □8
Card F28

Which religion?

Christian – no denomination .........................................................☐ 1
Roman Catholic ..............................................................................☐ 2
Anglican/Church of Ireland/Episcopalian ....................................☐ 3
Other Protestant ............................................................................☐ 4
Jewish ..............................................................................................☐ 5
Muslim ............................................................................................☐ 6
Other (specify) ................................................................................☐ 7
Secondary Caregiver Sensitive Questionnaire
We have a few final questions which we would like to discuss with you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer.

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

A1. What is your date of birth? ________ day ________ month ________ year

A2. Are you male or female?
   Male ................... /boxopen 1
   Female ................ /boxopen 2

S1. Are you the biological parent of <baby>?
   Yes................ /boxopen 1 → Go to S12
   No................... /boxopen 2 → Go to S2

S2. Are you the adoptive parent of <baby>?
   Yes................ /boxopen 1
   No................... /boxopen 2 → Go to S7

S3. Was that a domestic or an inter-country adoption?
   Domestic ........ /boxopen 1
   Inter-country ........... /boxopen 2

S4. Was this a within family adoption?
   Yes ........ /boxopen 1
   No ........ /boxopen 2

S5. From which country?
   ____________________________________________

S6. What age was <baby> when you adopted him/ her? __________ years

   NOW PLEASE GO TO S12

S7. Are you the foster parent of <baby>?
   Yes................ /boxopen 1
   No................... /boxopen 2 → Go to S12

S8. How long has <baby> been with your family? ________ months ________ weeks

S9. Do you anticipate that this will be a long-term foster placement?
   Yes ........ /boxopen 1
   No ........ /boxopen 2

S10. How many previous foster placements has <baby> been in? ________ previous placements DK... /boxopen 9

S11. Immediately before coming to live with you was <baby> living with another foster family, his/her family or in institutional care?
   Another foster family ....... /boxopen 1
   Own family ........... /boxopen 2
   Institutional care ....... /boxopen 3

   NOW PLEASE GO TO S12

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.
S12. Can you tell me which of these best describes your current marital status?
Married and living with husband / wife ........................................... [ ] Go to S16
Married and separated from husband / wife ................................... [ ] Go to S13
Divorced .................................................................................... [ ] Go to S13
Widowed .................................................................................. [ ] Go to S13
Never married ........................................................................... [ ] Go to S15

S13. In what year did you marry your (former) spouse? ________ (year)

S14. Since when have you been living apart / spouse deceased? ________ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?
Yes ........................................ [ ] No ........................................... [ ] Go to S25

S16. Since when have you and your spouse or partner been living together? ________ (mth) ________ (year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
Most days ................................................................................. [ ] Go to S18
At least once a week ............................................................... [ ] Go to S18
Less than once a week ............................................................ [ ] Go to S18
Hardly ever .............................................................................. [ ] Go to S18
Never ...................................................................................... [ ] Go to S21

S18. How often would you argue about the child(ren)?
Most days ................................................................................. [ ]
At least once a week ............................................................... [ ]
Less than once a week ............................................................ [ ]
Hardly ever .............................................................................. [ ]
Never ...................................................................................... [ ]

S19. When you and your partner argue, how often do you ....

Shout or yell at each other ......................................................... [ ]
Throw something at each other .............................................. [ ]
Push, hit or slap each other .................................................... [ ]

S20. And to end an argument, how often would you ....

Compromise ............................................................................... [ ]
Apologise ................................................................................. [ ]
Change the subject ................................................................... [ ]
Agree to discuss the issue later .............................................. [ ]
Agree to disagree ...................................................................... [ ]
Use affection (hug) or make a joke about it ......................... [ ]
Ignore or refuse to speak any more, walk away, leave the room or leave the house [ ]

S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

Always Agree ......................................................... [ ]
Almost Always Agree ........................................... [ ]
Occasionally Disagree .......................................... [ ]
Frequently Disagree ........................................... [ ]
Almost Always Disagree .................................. [ ]
Always Disagree ................................................... [ ]

Philosophy of life........................................................................ [ ]
Aims, goals and things believed important .................... [ ]
Amount of time spent together ........................................ [ ]

S22. How often would you say the following events occur between you and your partner?

Have a stimulating exchange of ideas ................................... [ ]
Calmly discuss something together .................................... [ ]
Work together on a project .................................................. [ ]

S23. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

Extremely Unhappy ........................................... Fairly Unhappy ........................................... A little unhappy ........................................... Happy ........................................... Very Happy ........................................... Extremely Happy ........................................... Perfect ...........................................
S24. Do you feel that having <baby> has...
Brought you and your spouse/partner closer together,  Made you less close than before,  Made no difference to your relationship,


S25. Apart from your current partner (if relevant) have you had any other partners since <baby> was born who had a close relationship with or influence on <baby>?  
Yes...........[ ]  No.................[ ]  

S26. How many?  
One ...........[ ]  Two ............[ ]  Three or more...........[ ]  

Only answer questions S27a to S35a if you are the BIOLOGICAL MOTHER of <BABY>,  
If not please skip to S35b  

S27a. Did you have any medical fertility treatment for this pregnancy?  
Yes.....................[ ]  No..................[ ]  

S27b. What treatment did you receive?  
Clomiphene citrate alone .................................................................[ ]  
GIFT: Gamete Intrafallopian Transfer...............................................[ ]  
IVF: In Vitro Fertilisation.................................................................[ ]  
ICSI: IVF with intra cytoplasmic sperm injection..............................[ ]  
Frozen embryo transfer.................................................................[ ]  
Surgery involving the womb, tubes or ovaries....................................[ ]  
Donor sperm ...................................................................................[ ]  
Donor egg ....................................................................................[ ]  
Other (please specify) ______________________________............................[ ]  

S28a. What age were you when you became pregnant for the first time? ______ Age in years  
S28b. Are you currently pregnant?  Yes.............[ ]  No.....................[ ]  
S28c. What age were you when you had your first period? ______ years of age. Can't remember .......[ ]  

S29. Did you intend to become pregnant before <baby> was conceived?  
Yes, at that time........................................................[ ]  
Yes, but much later.................................................................[ ]  
Yes, but somewhat later ...........................................................[ ]  
Yes, but earlier........................................................................[ ]  
No intention of ever becoming pregnant...........................................[ ]  
Other (specify) ...........................................................................[ ]  
Unsure/Didn't mind ......................................................................[ ]  

S30a. At any time during the pregnancy did you feel under any stress?  
A great deal .................................................................................[ ]  
Some .........................................................................................[ ]  
Not much ..................................................................................[ ]  
None at all ..................................................................................[ ]  

S30b. Was that during:  
First Trimester [1st, 2nd or 3rd month].................................[ ]  
Second Trimester [4th, 5th or 6th month]...............................[ ]  
Third Trimester [7th, 8th or 9th month].................................[ ]  

S30c. Was this stress due to: (tick yes or not for each)  
(iii) the pregnancy itself .................................................[ ]  
(iv) other factor, such as bereavement, work related etc. .........[ ]  

108
S31. Did you smoke at all during the pregnancy?
Yes ........................................ [ ] No .............................. [ ]

S32. Did you smoke during the first, second and third trimester of the pregnancy?
[Tick one box on each line]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>How many per day?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Trimester [1st, 2nd or 3rd month]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Trimester [4th, 5th or 6th month]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Trimester [7th, 8th or 9th month]</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S33. Did you consume alcohol during your pregnancy?
Yes ........................................ [ ] No .............................. [ ]

S34. Did you drink during the first, second and third trimester of the pregnancy? For each trimester that you drank, about how much on average did you drink per week?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Pints of beer/cider</th>
<th>Glasses of wine</th>
<th>Measures of spirits</th>
<th>Bottles of alcopops</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Trimester [1st, 2nd or 3rd month]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second Trimester [4th, 5th or 6th month]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Trimester [7th, 8th or 9th month]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S35a. How often did you take any of the following during your pregnancy with <baby>?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sleeping pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tranquillisers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Pills for depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Cannabis / Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Painkillers (aspirin, paracetamol, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Amphetamines or other stimulants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Heroin, Methadone, Crack, Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Anticonvulsants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S35b. How often do you take any of the following currently?

<table>
<thead>
<tr>
<th></th>
<th>Often</th>
<th>Most days</th>
<th>Sometimes</th>
<th>Once or twice</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sleeping pills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Tranquillisers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Pills for depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Cannabis / Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Painkillers (aspirin, paracetamol, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Amphetamines or other stimulants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Heroin, Methadone, Crack, Cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Anticonvulsants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Steroids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S36. During the last year have you failed to do what was normally expected from you because of drinking?
Yes ........................................ [ ] No .............................. [ ]

S37. How often do you have 6 or more drinks on one occasion?

<table>
<thead>
<tr>
<th></th>
<th>Every day</th>
<th>5-6 times a week</th>
<th>2-4 times a week</th>
<th>Once a week</th>
<th>1-3 times a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
</table>
S38. Does anyone smoke in the same room as <baby>?
Yes, on a regular basis..............  □ 1  Yes, on an occasional basis........□ 2  Never ..................... □ 3

S39. Have you ever been treated by a medical professional for clinical depression, anxiety or ‘nerves’?
Yes.................. □ 1  No...........□ 2  Go to S41

[Ask S40 if biological mother, otherwise ask S40a.]

S40. Was this: [Tick all that apply]
Before being pregnant with <baby>.......................................................... □ 1
In the 1st trimester of the pregnancy...................................................... □ 2
In the 2nd trimester of the pregnancy..................................................... □ 3
In the 3rd trimester of the pregnancy..................................................... □ 4
When <baby> was 0-2 months of age..................................................... □ 5
When <baby> was 2-6 months of age..................................................... □ 6
Since <baby> was 6 months of age....................................................... □ 7

S40a. Was this: [Tick all that apply]
Before <baby> was born............................................................... □ 1
When <baby> was 0-2 months of age.................................................. □ 2
When <baby> was 2-6 months of age................................................... □ 3
Since <baby> was 6 months of age....................................................... □ 4

S41. 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt I could not shake off the blues even with help from my family or friends</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>b. I felt depressed</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>c. I thought my life had been a failure</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>d. I felt fearful</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>e. My sleep was restless</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>f. I felt lonely</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>g. I had crying spells</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
<tr>
<td>h. I felt sad</td>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
</tr>
</tbody>
</table>

S42. Have you ever been in trouble with the Gardai (other than for traffic offences)?
Yes.......................... □ 1  No.............. □ 2  Go to S44

S43. Have you ever been to prison?
Yes ...................... □ 1  No ............... □ 2

S44. Can we check, does <baby’s> biological father/ mother live here with you or elsewhere?
Lives here .......................................................... □ 1  Go to S60
Deceased ............................................................. □ 1  Go to S60
Temporarily lives elsewhere .............................................. □ 1  Go to S60
Lives elsewhere ........................................................ □ 4  Go to S45

S45. Were you ever married to or did you ever live with <baby’s> biological father / mother?
Yes, married to .................................................. □ 1  No □ 3  Go to S47  Adoptive / Foster parent □ 4  Go to S60
Yes, lived with ........................................................................ □ 2

S46. When did you separate or split up with <baby’s> biological father / mother?
Before child was born .................................................. □ 1
Before child was six months old ........................................... □ 2
In the last three months .................................................... □ 3

S47. What was the nature of your relationship with <baby’s> biological father / mother when you became pregnant with <baby>? (Please tick one box only).
Married and living together .................................................. □ 1
Cohabiting / living as married ................................................ □ 2
Separated .............................................................................. □ 3
Divorced ................................................................................ □ 4
Going out but not living together .......................................... □ 5
Just friends ........................................................................... □ 6
No relationship ..................................................................... □ 7

S48. Do you have a formal or informal custody arrangement regarding <baby> and where he / she lives?
Formal ............................................................................... □ 1
Informal............................................................................... □ 2
No custody arrangement....................................................... □ 3

S49. Briefly describe that arrangement

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

110
**S50. Do you and <baby’s> biological father / mother have shared parenting of <baby> on a regular basis?**

Yes .................... [ ]

No .................... [ ] → Go to S52

**S51. Please describe the nature of this shared parenting**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**S52. How far does <baby’s> biological father / mother live from here?**

<table>
<thead>
<tr>
<th>Distance</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within ½ hour’s drive from here</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>More than 1 hour’s drive from here</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Between ½ and 1 hour’s drive from here</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Outside the country</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

**S53. How often does <baby> have contact with his / her biological father / mother?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Monthly</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice a week</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Weekly</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Every second week / weekend</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

**S54. Does <baby’s> biological father / mother make ANY financial contribution to your household and the maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

<table>
<thead>
<tr>
<th>Financial Contribution</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, he/she never makes any payment</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Yes, he/she makes a regular payment</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Yes, he/she makes payments as required</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**S55. How often do you talk to <baby’s> biological father/ mother about <baby>?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Several times a week</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>About once a week</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>A few times a month</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Several times a year</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Never</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

**S56. How well do you get on with <baby’s> biological father/ mother? Would you say your relationship is?**

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very positive</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Positive</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Neither positive nor negative</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Somewhat negative</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Very negative</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

**S57. We would like to send a short questionnaire to <baby’s> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <baby’s> biological father/ mother?**

<table>
<thead>
<tr>
<th>Contact Details</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No, I do not wish other parent to be contacted</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>No, I do not have contact details for other parent</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Please give contact details to interviewer

---

Time Section Ended [ ] [ ] [ ] (24 hour clock)

**S60. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.**

YOUR ASSISTANCE IS GREATLY APPRECIATED.
Primary Caregiver Twin Questionnaire
We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

A. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

Time Section Started ______________________ (24 hour clock) DATE:___dd___mm___yy

X1a. Record <baby’s> name: ________________________________________________

X1b. Record <baby’s> gender Male ...............[ ] Female .................[ ]

X1c. Record <baby’s> date of birth ___dd____mm_______yyy

A1. [Card A1] When you leave <baby> with someone else (not you or your partner), how does he/she usually react?

Is happy and settled by the time you leave .......................................................[ ]

Is unhappy at first but quickly settles down .....................................................[ ]

Remains unsettled and unhappy during your entire absence ...........................[ ]

Have never left <baby> with someone else.................................................[ ]

A2. [Card A2] And when you return, having left <baby> with someone else, how does he or she usually act?

With delight ...........................................................................................................[ ]

With a mixture of delight and annoyance .........................................................[ ]

Hard to tell, no particular emotion ....................................................................[ ]

Seems to be annoyed/angry with me for leaving him/her .. .........................[ ]
A3. The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel

a. Over the last two weeks I would describe my feelings for <baby> as:

<table>
<thead>
<tr>
<th>Dislike</th>
<th>No strong feelings towards baby</th>
<th>Slight affection</th>
<th>Moderate affection</th>
<th>Intense affection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Regarding my overall level of interaction with <baby> I:

Feel very guilty that I am not more involved
Feel moderately guilty that I am not more involved
Feel slightly guilty that I am not more involved
I don’t have any guilty feelings regarding this


c. When I interact with <baby> I feel:

Very incompetent and lacking in confidence
Moderately incompetent and lacking in confidence
Moderately competent and confident
Very competent and confident


d. When I am with <baby> I feel tense and anxious

Very frequently
Frequently
Occasionally
Almost Never


e. When I am with <baby> and other people are present, I feel proud of <baby>:

Very frequently
Frequently
Occasionally
Almost Never


f. When I am with <baby>:

I always get a lot of enjoyment / satisfaction
I frequently get a lot of enjoyment / satisfaction
I occasionally get a lot of enjoyment / satisfaction
I rarely get a lot of enjoyment / satisfaction


g. I now think of <baby> as:

Very much my own baby
A bit like my own baby
Not yet really my own baby

h. I trust my own judgement in deciding what <baby> needs

Almost never
Occasionally
Most of the time
Almost all the time

i. Usually when I am with <baby>

I am very impatient
I am a bit impatient
I am moderately patient
I am extremely patient

A4. When <baby> cries how often does he/she get on your nerves?

Never / Almost never
Rarely
Sometimes
Often
Always / Almost always


A5. [Card A5] I would like you to look at the questions on this card. Please tell me where you would rate your baby on a scale of ‘1’ to ‘7’ for each question.

A. How easy or difficult is it for you to calm or soothe your baby when he/she is upset?

Very easy
About Average
Difficult

B. How easy or difficult is it for you to predict when your baby will go to sleep and wake up?

Very easy
About Average
Difficult
C. How easy or difficult is it for you to predict when your baby will become hungry?

<table>
<thead>
<tr>
<th>Very easy</th>
<th>About Average</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

D. How easy or difficult is it for you to know what’s bothering your baby when he/she cries or fusses?

<table>
<thead>
<tr>
<th>Very easy</th>
<th>About Average</th>
<th>Difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

E. How many times per day, on the average, does your baby get fussy and irritable—for either short or long periods of time?

| Never | 1-2 times | 3-4 times | 5-6 times | 7-9 times | 10-14 times | 15+
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

F. How much does your baby cry and fuss in general?

<table>
<thead>
<tr>
<th>Very little; much less than an average baby</th>
<th>Average amount; about as much as the average baby</th>
<th>A lot much more than the average baby</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

G. How did your baby respond to his/her first bath?

<table>
<thead>
<tr>
<th>Very favorably-- baby loved it</th>
<th>neither liked nor disliked it</th>
<th>terribly-- didn’t like it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

H. How did your baby respond to his/her first solid food?

<table>
<thead>
<tr>
<th>very favorably-- liked it immediately</th>
<th>neither liked nor disliked it</th>
<th>very negatively— did not like it at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

I. How does your baby typically respond to a new person?

<table>
<thead>
<tr>
<th>Almost always responds favourably</th>
<th>Responds favourably about half the time</th>
<th>Almost always responds negatively at first</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

J. How does your baby typically respond to being in a new place?

<table>
<thead>
<tr>
<th>Almost always responds favourably</th>
<th>Responds favourably about half the time</th>
<th>Almost always responds negatively at first</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

K. How well does your baby adapt to things (such as in items G-J) eventually?

<table>
<thead>
<tr>
<th>Very well, always likes it eventually</th>
<th>Ends up liking it about half the time</th>
<th>Almost always dislikes it in the end</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

L. How easily does your infant get upset?

<table>
<thead>
<tr>
<th>Very hard to upset- even by things that upset most babies</th>
<th>About average</th>
<th>Very easily upset by things that wouldn’t bother other babies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

M. When your baby gets upset (e.g. before feeding, during nappy change etc), how vigorously or loudly does he/she cry and fuss?

<table>
<thead>
<tr>
<th>Very mild intensity or loudness</th>
<th>Moderate intensity or loudness</th>
<th>Very loud or intense, really cuts loose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

N. How does your baby react when you are dressing him/her?

<table>
<thead>
<tr>
<th>Very well-- likes it</th>
<th>About average— doesn’t mind it</th>
<th>Doesn’t like it at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

O. How active is your baby in general?

<table>
<thead>
<tr>
<th>Very calm and quiet</th>
<th>Average</th>
<th>Very active and vigorous</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

115
P. How much does your baby smile and make happy sounds?
A great deal, much more than most infants
An average amount
Very little, much less than most infants

Q. What kind of mood is your baby generally in?
Very happy and cheerful
Neither serious nor cheerful
Serious

R. How much does your baby enjoy playing little games with you?
A great deal, really loves it
About average
Very little, doesn’t like it very much

S. How much does your baby want to be held?
Wants to be free
Sometimes wants to be held, sometimes not
A great deal-- wants to be held almost all the time

T. How does your baby respond to disruptions and changes in everyday routine, such as when you go to church or a meeting, on trips, etc.?
Very favourably, doesn’t get upset
About average
Very unfavourably, gets quite upset

U. How easy or difficult is it for you to predict when your baby will need a nappy change?
Very easy
About Average
Difficult

V. How changeable is your baby’s mood?
Changes seldom, and changes slowly when he/she does change
About average
Changes often and rapidly

W. How excited does your baby become when people play with or talk to him/her?
Very excited
About average
Not at all

X. Please rate the overall degree of difficulty your baby would present for the average mother.
Super easy
Ordinary, some problems
Highly difficult to deal with

B. BABY’S DEVELOPMENT

<table>
<thead>
<tr>
<th>Communication</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your baby make high-pitched squeals?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. If you call to your baby when you are out of sight, does he look in the direction of your voice?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. When a loud noise occurs, does your baby turn to see where the sound came from?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If you copy the sounds your baby makes, does your baby repeat the same sounds to you?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 6. Does your baby make sounds like “da”, “ga”, “ka” and “ba”?

7. Does your baby respond to the tone of your voice and stop her activity at least briefly when you say “no-no” to her?

8. Does your baby make two similar sounds like “ba-ba,” “da-da”, or “ga-ga,” (he may say these sounds without referring to any particular object or person.)

9. If you ask her to, does your baby play at least one nursery game even if you don’t show her the activity yourself (e.g. “bye-bye”, “Peekaboo”, “clap your hands”, “so big”)?

10. Does your baby follow one simple command such as “Come here”, “Give it to me”, or “Put it back” without using your gestures?

11. Does your baby say one word in addition to “Mama” and “Dada”? (A “word” is a sound or sounds the baby says consistently to mean someone or something, such as “baba” of bottle.)

12. When you ask “Where is the ball (hat, shoe etc?)” does your baby look at the object? Make sure the object is present. Check yes if he knows one object.

13. When your baby wants something, does she tell you by pointing to it?

14. Does your baby shake his head when he means “no” or “yes”?

<table>
<thead>
<tr>
<th>Gross Motor</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. While on his back, does your baby lift his legs high enough to see his feet?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. When she is on her tummy, does your baby straighten both arms and push her whole chest off the bed or floor?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. When you put her on the floor, does your baby lean on her hands when sitting? (If she already sits up straight without leaning on her hands, check yes for this item).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Does your baby roll from his back to his tummy, getting both arms out from under him?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Does your baby get into the crawling position by getting up on her hands and knees?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. If you hold both hands just to balance him, does your baby support his own weight when standing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. When you stand him next to the furniture or the crib rail, does your baby hold on without leaning his chest against the furniture for support?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. While holding onto furniture, does your baby bend down and pick up a toy from the floor and then return to a standing position?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Does your baby walk along furniture while holding on with only one hand?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. If you hold both hands just to balance him, does your baby take several steps without tripping or falling? (If your baby already walks alone check yes for this item.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. When you hold one hand just to balance her, does your baby take several steps forward? (If your baby already walks alone check yes for this item.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Does your baby stand up in the middle of the floor by himself and take several steps forward?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fine Motor</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Does your baby reach for or grasp a toy using both hands at once?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Does your baby reach for a crumb or Cheerio and touch it with her finger or hand? (If she already picks up a small object, check “yes” for this item.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Does your baby pick up a small toy, holding it in the centre of his/her hand with his/her fingers around it?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Does your baby try to pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion, even if he isn’t able to pick it up? (If he already picks up a crumb or Cheerio, check “yes” for this item.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Does your baby pick up small toys with only one hand?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Does your baby successfully pick up a crumb or Cheerio by using his thumb and all his fingers in a raking motion? (If he already picks up a crumb or Cheerio, check “yes” for this item.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Does your baby pick up a small toy with the tips of her thumb and fingers? (you should see a space between the toy and her palm.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. After one or two tries, does your baby pick up a piece of string with her first finger and thumb? (The string may be attached to a toy).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Does your baby pick up a crumb or Cheerio with the tips of his thumb and finger? He may rest his arm or hand on the table while doing it.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Does your baby set a small toy down, without dropping it, and then take her hand off the toy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. Without resting his arm or hand on the table does your baby pick up a crumb or Cheerio with the tip of his thumb and a finger?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Does your baby throw a small ball with a forward arm motion? (If he simply drops the ball, check “not yet” for this item.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Does your baby help turn the pages of a book? (You may lift a page for her to grasp).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. When a toy is in front of her, does your baby reach for it with both hands?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. When he is on his back, does your baby turn his head to look for a toy when he drops</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
118

45. Does your baby pick up a toy and put it in his mouth?
46. When she is on her back, does your baby try to get a toy she has dropped if she can see it?
47. Does your baby play by banging a toy up and down on the floor or table?
48. Does your baby pass a toy back and forth from one hand to the other?
49. Does your baby pick up two small toys, one in each hand, and hold onto them for about 1 minute?
50. When holding a toy in his hand, does your baby bang it against another toy on the table?
51. While holding a small toy in each hand, does your baby clap the toys together (like “Pat-a-cake”)?
52. Does your baby poke at or try to get a crumb or Cheerio that is inside a clear bottle (such as a plastic soda-pop bottle or baby bottle)?
53. After he watches you hide a small toy under a piece of paper or cloth, does your baby find it? (be sure the toy is completely hidden.)
54. If you put a small toy into a bowl or box, does your baby copy you by putting in a toy, although she may not let go of it? (If she already lets go of the toy into a bowl or box, check “yes” for this item).
55. Does your baby drop two small toys, one after the other, into a container like a bowl or a box? (You may show him how to do it).
56. After you scribble back and forth on paper with a crayon (or a pencil or pen), does your baby copy you by scribbling? (If she already scribbles on her own check “yes” for this item.)

<table>
<thead>
<tr>
<th>Personal - Social</th>
<th>Yes</th>
<th>Sometimes</th>
<th>Not Yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>57. When in front of a large mirror, does your baby smile or coo at herself?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58. Does your baby act differently toward strangers than he does with you and other familiar people? (Reactions to strangers may include staring, frowning, withdrawing or crying.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59. While lying on her back does your baby play by grabbing her foot?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60. When in front of a large mirror, does your baby reach out to pat the mirror?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61. Does your baby try to get a toy that is out of reach? (He may roll, pivot on his tummy, or crawl to get it.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>62. While on her back, does your baby put her foot in her mouth?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63. Does your baby drink water, juice, or formula from a cup while you hold it?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>64. Does your baby feed himself a cracker or a cookie?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65. When you hold out your hand and ask for her toy, does your baby offer it to you even if she doesn’t let go of it? (If she already lets go of the toy into your hand, check “yes” for this item).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>66. When you dress him, does your baby push his arm through a sleeve once his arm is started in the hole of the sleeve?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>67. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>68. When you dress her, does your baby lift her foot for her shoe, sock, or pant leg?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>69. Does your baby roll or throw a ball back to you so that you can return it to him?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. Does your baby play with a doll or stuffed animal by hugging it?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BX1. Do you talk to your baby while you are busy doing other things? (e.g. while you do housework).

Never

Rarely

Sometimes

Often

Always

BX2a. Do you have any other concerns about any aspects of baby’s behaviour or development?

Yes ........ [ ] No ........... [ ]

BX2b. What concerns do you have?

___________________________________________________ _________________________
___________________________________________________ _________________________
C. BABY’S HABITS

Time Section Started [ ] [ ] [ ] (24 hour clock)

C1. In general, what time in the evening does your baby usually go to sleep? ________ (24 hour clock)

C2. Approximately how many hours sleep does your baby have during
(a) the day? ________ hours  (b) the night? ________ hours

C3. On a normal day what time does your baby usually get up at in the morning? ________ (24 hour clock)

C4. Is your baby ever difficult when put to bed?
Most of the time  Often  At times  Rarely  Never
[ ] [ ] [ ] [ ] [ ]

C5. How often does your baby wake at night?
Never  Occasionally  Most nights  Every night  More than once per night
[ ] [ ] [ ] [ ] [ ]

C6. How many times per night on average? ________________

C7. Do you ever wake <baby> for a feed during the night?
Yes, usually  Yes, sometimes  No, not at all
[ ] [ ] [ ]

C8. How do you normally put <baby> down to sleep?
On his/her stomach  On his/her side  On his/her back
[ ] [ ] [ ]

C9. Does <baby> usually sleep:
In a room on his/her own  In your bedroom  In a room with other children  Elsewhere
[ ] [ ] [ ] [ ]

C10. Where does <baby> sleep for most of the night?
In his/her own bed/cot  In bed/cot with other children  In your bed  Other (specify)
[ ] [ ] [ ] [ ]

C11. Approximately how many nights per week would <baby> spend at least some part of the night in your bed? ____________

C12. Do you feel that <baby’s> crying is a problem for you?
Yes  No
[ ] [ ]

C13. How much is <baby’s> sleeping pattern or habits a problem for you?
A large problem  A moderate problem  A small problem  No problem at all
[ ] [ ] [ ] [ ]

C14. Have you ever taken your child to a doctor, consulted a pharmacist for a sleeping problem?
Yes  No
[ ] [ ]

C15. Have you used a soother / dummy with <baby> in the last week?
Yes  No
[ ] [ ]

D. CHILDCARE ARRANGEMENTS

Time Section Started [ ] [ ] [ ] (24 hour clock)
D1. Is <baby> currently being minded by someone else, other than you or your partner, on a regular basis each week?

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

D2. Can you indicate (a) who else minds <baby> on a regular basis, (b) number of days per week (<baby> spends in each type of childcare, (c) number of hours per week <baby> spends in each type of childcare, (d) how much you pay for this childcare for <baby> per week (e) whether this is your main type of childcare

[Tick all that apply] Number of days Number of hours Cost per week Main type of care

a. A relative in your home ................................................... 1 Go to D3a  N  N  €  k
b. A non-relative in your home ...................................... 2 Go to D4a  N  N  €  k
c. A relative in their home ........................................................... 3 Go to D3b  N  N  €  k
d. A non-relative in their home ......................................................... 4 Go to D4b  N  N  €  k
e. Centre-based caregiver (e.g. Crèche / Day nursery) ................... 5 Go to D5  N  N  €  k
f. Other (please specify) ................................................................. 6 Go to D6  N  N  €  k

D3a. Please specify how this person is related to <baby>

a. Grandmother of <baby> .......................................................... 1
b. Grandfather of <baby> ............................................................. 2
c. Aunt /Uncle of <baby> ......................................................... 3
d. Brother / Sister of <baby> ..................................................... 4
e. Non-resident Parent ............................................................ 5
f. Cousin of <baby> ................................................................. 6
g. Other relative ........................................................................... 7

D3b. Please specify how this person is related to <baby>

a. Grandmother of <baby> .......................................................... 1
b. Grandfather of <baby> ............................................................. 2
c. Aunt /Uncle of <baby> ......................................................... 3
d. Brother / Sister of <baby> ..................................................... 4
e. Non-resident Parent ............................................................ 5
f. Cousin of <baby> ................................................................. 6
g. Other relative ........................................................................... 7

D4a. Which of the following best describes that person?

a. Au pair / Nanny ................................................................. 1
b. Friend or parent ................................................................. 2
c. Neighbour ............................................................................. 3
d. Registered childminder ..................................................... 4
e. Unregistered childminder .................................................. 5
f. Other ...................................................................................... 6

D4b. Which of the following best describes that person?

a. Au pair / Nanny ................................................................. 1
b. Friend or parent ................................................................. 2
c. Neighbour ............................................................................. 3
d. Registered childminder ..................................................... 4
e. Unregistered childminder .................................................. 5
f. Other ...................................................................................... 6

D5. What type of centre is it?

a. Work-based crèche ............................................................... 1
b. Other crèche/nursery ............................................................ 2
c. Montessori .............................................................................. 3
d. Playschool or pre-school ..................................................... 4
e. Naoinra ................................................................................... 5
f. Other ...................................................................................... 6

D6. What age was <baby> when you started to use the main childcare arrangement? _______months

D7. How many children (excluding <baby>) are looked after in this main type of care?

_____________ number of children

[Int. if answer at D2 is a or b please go to D9]

D8a. Do you personally drop <baby> to this main type of care on your way to work?

Yes .................. 1  No .................. 2  Don’t work ............ 3

D8b. Do you personally collect <baby> from this main type of care on your way home from work?

Yes .................. 1  No .................. 2  Don’t work ............ 3

D8c. What distance do you travel from home to this main type of care?

Carer lives on my street / road ...................................................... 1
Less than ½ mile (1 kilometre) .................................................. 2
½ to 1 mile (1 – 1.5 kilometres) .................................................. 3
1 to 5 miles (1.5 – 8 kilometres) ................................................. 4
6 to 10 miles (9 –16 kilometres) ................................................. 5
More than 10 miles (more than 16 kilometres) ............................. 6
D8d. On average how long does it take to travel from home to where <baby> is cared for? [Int. if time differs between getting there and coming home record the longer of the two]
____________ minutes

D8e. On a typical day, what time in the morning does <baby> leave home to go to the main type of care?
____________ 24 hour clock

D8f. On a typical day, what time does <baby> return home from the main type of care?
____________ 24 hour clock

D9a. [Card D9a] What was the single most important reason for you choosing this main form of childcare?
It was the only one I could afford .............................................................. 1
Convenient to my home ............................................................................ 2
Linked to my job ........................................................................................ 3
The quality of the care provided ............................................................... 4
It was the only one available to me .......................................................... 5
Other (please for describe) ........................................................................ 6

D9b. To what extent was your choice of childcare determined by financial constraints?
Completely To a large degree To some degree Only a little Not at all
1 ............................................. 2 ............................................. 3 ............................................. 4 ............................................. 5

D10a. How satisfied are you with these arrangements?
Very satisfied Fairly satisfied Neither satisfied nor dissatisfied Fairly dissatisfied Very dissatisfied
1 ............................................. 2 ............................................. 3 ............................................. 4 ............................................. 5

D10b. Why are you dissatisfied?
_________________________________________________________________________________
_________________________________________________________________________________

D10c. Why do you not change the arrangement?
_________________________________________________________________________________
_________________________________________________________________________________

D11. What are your intentions for childcare when <baby> is 3 years old? [Tick all that apply]
Baby minded by me on a full-time basis .................................................. 1
Baby minded by my partner on a full-time basis ........................................ 2
Shared by my partner and me .................................................................... 3
Part-time child-care .................................................................................. 4
Full-time child-care .................................................................................. 5

D12. Which type of childcare?
A relative in your home ............................................................................ 1
Someone else in your home .................................................................... 2
A relative in their home .......................................................................... 3
Someone else in their home .................................................................... 4
A professional caregiver (e.g. crèche/day nursery) .................................... 5
Other (please specify) .............................................................................. 6

D13. [Card D13] Since <baby> was born has difficulty in arranging child care ever.... [Tick all that apply]
a. prevented you looking for a job........................................................... 1
b. made you turn down or leave a job .................................................... 2
c. stopped you from taking on some study or training ............................ 3
d. made you leave a study or training course ........................................... 4
e. restricted the hours you could work or study ..................................... 5
f. prevented you from engaging in social activities ............................... 6
g. Other please specify ........................................................................... 7
E. SIBLINGS AND TWINS

Int: ask only if siblings recorded on household grid

E1. Have any of the other children in your household been particularly jealous/unhappy about <baby> (e.g. hitting etc.)?
Yes .................................................  □1  No ................................................. □2

F. INFANT’S HEALTH AND PHYSICAL DEVELOPMENT

Time Section Started  [ ] [ ] [ ] [ ] (24 hour clock)

F1. How much did <baby> weigh at birth? ___lbs ___ounces OR  ___kgs

F2. What was <baby’s> length at birth? ___inches OR  ____cms

F3. [Card F3] Were there any complications during <baby’s> birth? [Tick all that apply]
A. No complications ....................................................... □1  E. Foetal distress - Meconium or other sign.............. □5
B. Very long labour (more than 12 hours).......................... □2  F. Foetal blood sample taken in labour ...................... □6
C. Very rapid labour (less than 2 hours)........................... □3  G. Birth injury – nerve injury / fracture / bruising......... □7
D. Foetal distress – Abnormal Heart rate tracing ............. □4  H. Other complication [please specify]______________ □8

F4. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?
Yes........................ □1  No ...................... □2  Don’t know....... □3

F5. Did <baby> need any help with his/her breathing from a ventilator?
Yes........................ □1  No ...................... □2  Don’t know....... □3

F6. How many days or parts of days were you in hospital after the birth?  ____days

F7. How many days or parts of days was <baby> in hospital after the birth?  ____days

F8a. Was <baby> ever breastfed? INCLUDE COLOSTRUM IN FIRST FEW DAYS AFTER BIRTH
Yes ................................................. □1  No ................................................. □2  Go to F10d

F8b. Was <baby> still being breastfed when you brought him/her home from hospital?
Yes ................................................. □1  No ................................................. □2

F9a. Was <baby> ever exclusively breastfed? [Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]
Yes ................................................. □1  No ................................................. □2  Go to F11

F9b. How old was <baby> when he/she stopped being exclusively breastfed?
[Int: Accept answer in Days OR Weeks OR Months]
____Days  ____Weeks  ____Months  <Baby> still being exclusively breastfed…□99

F10a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?
Yes ............... □1  Go to F11  No ............... □2

F10b. How old was <baby> when he/she completely stopped being breastfed?
[Int: Accept answer in Days OR Weeks OR Months]
____Days  ____Weeks  ____Months

[INT: Only Ask F10c if biological mother]
F10c. [Card F10c] What were the main reason(s) you stopped breastfeeding <baby> [Tick all that apply]

- a. Not enough milk/hungry baby
- b. Inconvenience/fatigue
- c. Difficulty with breast feeding techniques
- d. Sore nipples/engorged breast
- e. Mother’s illness
- f. Planned to stop at this time
- g. Baby weaned himself/herself
- h. Physician told me to stop
- i. Returned to work
- j. Partner/father wanted me to stop
- k. Formula feeding preferable
- l. Wanted to drink alcohol
- m. Embarrassment/social stigma
- n. Other, please specify

INT: Only Ask F10d if biological mother

F10d. [Card F10d] Why did you choose not to breastfeed <baby> [Tick all that apply]

- a. Not enough milk
- b. Inconvenience/fatigue
- c. Difficulty with breast feeding techniques
- d. Sore nipples/engorged breast
- e. Mother’s illness
- f. Planned to stop at this time
- g. Baby weaned himself/herself
- h. Physician told me not to
- i. Partner/father did not want me to breastfeed
- j. Formula feeding preferable
- k. Wanted to drink alcohol
- l. Other, please specify

F11. I’m now going to ask when <baby> first had (other) different types of milk. Please include any eaten with cereal. How old was <baby> when he/she first had:

Formula milk, such as Cow & Gate or SMA?
- Days
- Weeks
- Months
- Hasn’t Had

Cow’s milk?
- Days
- Weeks
- Months
- Hasn’t Had

Any other type of milk, such as soya milk?
- Days
- Weeks
- Months
- Hasn’t Had

F12. What else does <baby> drink apart from milk or formula? [Tick all that apply]

- Water
- Baby Juice
- Fruit juices/Cordial/Squash
- Fizzy or soft drinks (e.g. lemonade, coke)
- Herbal drinks
- Tea
- Coffee
- Other [please specify]

None of the above

F13. Can I check, has <baby> had any solid food on a regular basis?

REGULARLY = MORE THAN TWICE A WEEK FOR SEVERAL CONTINUOUS WEEKS
SOLID FOOD = BABY CEREALS, PUREED FRUITS ETC. – NOT MILKS OR DRINKS

Yes
No

F14. How old was <baby> when he/she first had solid food regularly?

- Days
- Weeks
- Months
- Hasn’t yet

F15. In general, how would you describe (a) <Baby’s> Health at Birth (i.e. the first two weeks after birth) and (b) <Baby’s> Current Health

(a) Health at birth

- Very healthy, no problems
- Healthy, but a few minor problems
- Sometimes quite ill
- Almost always unwell

(b) Current health

- Very healthy, no problems
- Healthy, but a few minor problems
- Sometimes quite ill
- Almost always unwell

F16. Can you tell me whether <baby> has received: [Tick all that apply]

- Their six-week checkup
- Vaccines at 6 months
- Vaccines at 2 months
- No vaccinations
- Vaccines at 4 months

F17. [Card F17] Has a medical professional ever told you that <baby> has any of the following conditions? [Tick all that apply]

- a. Respiratory disease [including asthma]
- b. Heart abnormalities
- c. Digestive allergies (e.g. lactose intolerant)
- d. Eczema or any kind of skin allergy
- e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion)
F18. If yes to any of the above: You said that <baby> has/or has had [NAMES OF CONDITIONS]. Would you describe his/her health condition(s) as minor, moderate, or severe?

IF THE RESPONDENT ASKS WHICH HEALTH CONDITION TO CONSIDER IF THE CHILD HAS MULTIPLE CONDITIONS, INSTRUCT THE RESPONDENT TO CONSIDER [CHILD]'s MOST SEVERE CONDITION.

Minor .............☐  Moderate ..........☐  Severe ..........☐

F19. [Card F19] We would like to know about any health problems or illnesses for which <baby> has been taken to the GP, Health Centre or Public Health Nurse, or to Accident and Emergency. What were these problems?

[TICK ALL THAT APPLY]

a. Snuffles/common cold ...........................................☐
b. Chest infections ..................................................☐
c. Ear infections .......................................................☐
d. Feeding problems ..................................................☐
e. Sleep problems ......................................................☐
f. Dental problems (e.g. teething) .........................☐
g. Wheezing or asthma .............................................☐
h. Skin problems .....................................................☐
i. Persistent nappy rash ..........................................☐
j. Undescended testicle ............................................☐
k. Tight foreskin ......................................................☐
l. Hernia .....................................................................☐
m. Sight or eye problems ..........................................☐
n. Failure to gain weight or to grow .........................☐
o. Persistent or severe vomiting ...............................☐
p. Persistent diarrhea or constipation .....................☐
q. Fits or convulsions .............................................☐
r. Meningitis .............................................................☐
s. Colic .......................................................................☐
t. Other health problems [please specify] ...............☐
u. None of the above ..................................................☐

F20. Since <baby> was born, how many times have you seen, or talked on the telephone with any of the following about <baby’s> physical health? (exclude time of birth) [If none enter ‘0’ do not leave blank]

A general practitioner (GP), or family physician .............. N
A paediatrician ................................................................ N
A public health nurse or practice nurse ............................. N
Another medical doctor (such as a hearing specialist) ...... N
Accident and Emergency or Outpatient ......................... N

F21. Has <baby> ever been admitted to a hospital ward because of an illness or health problem?

Yes ............... ☐  No ............. ☐  Don’t know....... ☐

F22. Not including when he/she was born, approximately how many nights has <baby> spent in hospital?  NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS. ______ Nights

F23. Since <baby> was born, was there any time, in your opinion, when he/she needed a medical examination or treatment but did not receive it?

Yes ............ ☐  No .......... ☐  Don’t know........ ☐  Refused........ ☐

F24. Why did <baby> not get the medical care or treatment? Was this because:

[TICK YES OR NO TO EACH]

You couldn’t afford to pay ............................................ Yes ☐  No ☐
The necessary medical care wasn’t available or accessible to you ........................................... Yes ☐  No ☐
You could not take time off work to visit the doctor ......................................................... Yes ☐  No ☐
Wanted to wait and see if the problem got better ................................................................. Yes ☐  No ☐
Still on the waiting list ................................................................................. Yes ☐  No ☐
Other (specify) ......................................................................................... Yes ☐  No ☐
F25. Many babies have accidents at some time. Has <baby> ever had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?

Yes .............................................................. □ □ □ □ □
No .................................................................................. □ □ □ □ □

G. FAMILY CONTEXT

Time Section Started ____________________________ (24 hour clock)

G1. [Card G1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <baby> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent..................................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn't do for my child if it was necessary</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child..................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>E. I feel close to my child ..................................................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>F. I enjoy spending time with my child.................................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>G. My child is an important source of affection for me ..........................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child ............................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>K. Having a child has been a financial burden .....................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me ....</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have child ..........</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent ...............</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>P. Having child has meant having too few choices and too little control over my life</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Q. I am satisfied as a parent ..............................................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>R. I find my child enjoyable..................................................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

125
Secondary Caregiver Twin Questionnaire
We are seeking to interview the parents/guardians of <baby>. The whole interview with the parents/guardians and child will take about 110-120 minutes to complete. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

The Department of Health and Children is funding the study through the Office of the Minister for Children (OMC), in association with the Department of Social and Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

A. PARENTING, CHILD’S FUNCTIONING AND RELATIONSHIPS

A1a. [Card A1] Over the last two weeks I would describe my feeling for <baby> as:

Dislike No strong feelings Slight affection Moderate affection Intense affection
towards the baby

A1b. [Card A1] When I am with <baby> I feel bored:

Very frequently Frequently Occasionally Almost Never

A1c. [Card A1] When I am with <baby> and other people are present, I feel proud of <baby>:

Very frequently Frequently Occasionally Almost Never

A1d. [Card A1] When I am with <baby>:

I always get a lot of enjoyment / satisfaction I frequently get a lot of enjoyment / satisfaction I occasionally get a lot of enjoyment / satisfaction I rarely get a lot of enjoyment / satisfaction

A1e. [Card A1] I now think of <baby> as:

Very much my own baby A bit like my own baby Not yet really my own baby
B. BABY’S DEVELOPMENT

Now I’d like to ask you some questions about <baby’s> habits and routines.

B1. [Card B1] Who generally does the following with <baby>?

<table>
<thead>
<tr>
<th>Task</th>
<th>Always yourself</th>
<th>Usually yourself</th>
<th>About equally by you &amp; partner</th>
<th>Usually spouse/partner</th>
<th>Always spouse/partner</th>
<th>Some one else</th>
<th>No one does this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathes him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeds him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows him / her pictures in books</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cuddles him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plays with him / her (eg. clapping, rolling over, peek-a-boo)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking him / her for walks, outings, visiting relatives or friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reading stories to him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changing his / her nappy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting up in the night to see to him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sings to him / her</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gets him / her up in the morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Puts him / her to bed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dresses him / her in the morning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Picks up him / her when he / she cries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B2. How much is <baby’s> sleeping pattern or habits a problem for you?

A large problem                   A moderate problem                      A small problem         No problem at all

B3. Do you feel that <baby’s> crying is a problem for you? Yes .......[ ] No...........[ ]

C. FAMILY CONTEXT

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

C1. [Card C1] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and your child now. Remember, there are no right and wrong answers, just try and be as honest as possible.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. I am happy in my role as a parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. There is little or nothing I wouldn’t do for my child if it was necessary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Caring for my child sometimes takes more time and energy than I have to give</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. I sometimes worry whether I am doing enough for my child.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. I feel close to my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. I enjoy spending time with my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. My child is an important source of affection for me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Having a child gives me a more certain and optimistic view for the future</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. The major source of stress in my life is my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Having a child leaves little time and flexibility in my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Having a child has been a financial burden</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L. It is difficult to balance different responsibilities because of my child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. The behaviour of my child is often embarrassing or stressful to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N. If I had it to do over again, I might decide not to have child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. I feel overwhelmed by the responsibility of being a parent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P. Having child has meant having too few choices and too little control over my life.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q. I am satisfied as a parent.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R. I find my child enjoyable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Consistency checks in the Primary Caregiver Main Questionnaire

Hard Checks

**PERSON 1 IN RELATIONSHIP GRID**

**What is your relationship to the Study Child?**
- Mother/Lone Father cannot be the Husband/Wife of the Study Child
- Mother/Lone Father cannot be the Partner of the Study Child
- Mother/Lone Father cannot be the Son/Daughter of the Study Child
- Mother/Lone Father cannot be the Step-Son/Daughter of the Study Child
- Mother/Lone Father cannot be the Adoptive Son/Daughter of the Study Child
- Mother/Lone Father cannot be the Foster Son/Daughter of the Study Child

**What best describes your current economic status?**
- Mother/Lone Father cannot be in Pre-school

**PERSON 2 IN RELATIONSHIP GRID**

**What is the Study Child’s relationship to the respondent?**
- Study Child cannot be the Husband/Wife of the respondent
- Study Child cannot be the Partner of the respondent
- Study Child cannot be the Parent of the respondent
- Study Child cannot be the Step-parent of the respondent
- Study Child cannot be the Adoptive Parent of the respondent
- Study Child cannot be the Foster Parent of the respondent
- Study Child cannot be the Parent-in-law of the respondent
- Study Child cannot be the Grandparent of the respondent

E2e. Can you indicate whether this is your main type of childcare
- Please choose only the main form of childcare

H8. Were there any complications during the baby’s birth?
- Can’t be ‘No complications’ and any other response category

H14b. How old was baby when he/she completely stopped being exclusively breastfed?
- Accept answer in ‘DAYS’ OR ‘WEEKS’ OR ‘MONTHS’ OR ‘CHILD IS STILL BEING BREASTFED’.

H15a. How old was baby when he/she completely stopped being breastfed?
- Accept answer in ‘DAYS’ OR ‘WEEKS’ OR ‘MONTHS’

H16a. How old was baby when he/she first had: Formula milk, such as Cow & Gate or SMA?
- Accept answer in ‘DAYS’ OR ‘WEEKS’ OR ‘MONTHS’ OR ‘CHILD HASN’T HAD’.

H16b. How old was baby when he/she first had: Cow’s Milk?
- Accept answer in ‘DAYS’ OR ‘WEEKS’ OR ‘MONTHS’ OR ‘CHILD HASN’T HAD’.

H16c. How old was baby when he/she first had: Any other type of milk, such as soya milk?
- Accept answer in ‘DAYS’ OR ‘WEEKS’ OR ‘MONTHS’ OR ‘CHILD HASN’T HAD’.
H17. What else does baby drink part from milk or formula?
• Can’t be ‘None of the above’ and any other response category
• All cells can’t be empty. Please tick at least one box.

H18. How old was baby when he/she first had solid food regularly?
• Accept answer in ‘DAYS’ OR ‘WEEKS’ OR ‘MONTHS’

H21. Can you tell me whether baby has received:
(a) their six-week checkup
(b) Vaccines at 2 months
(c) Vaccines at 4 months
(d) Vaccines at 6 months
(e) No vaccinations
• Can’t be ‘No vaccinations’ and any other response category.

H22. Has a medical professional ever told you that baby has any of the following conditions?
• Can’t be ‘None of the above’ and any other response category.
• All cells can’t be empty. Please tick at least one box.

H24. We would like to know about any health problems or illnesses for which baby has been taken to the GP, Health Centre or Public Health Nurse, or to Accident and Emergency. What were these problems?
• Can’t be ‘None of the above’ and any other response category.
• All cells can’t be empty. Please tick at least one box.

K7. How long before you gave birth did you stop working?
• Accept answer in ‘WEEKS’ OR ‘MONTHS’.

L21d. From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.
• No two cells can have the same cell value: ‘rank is already assigned’
• All cells can’t be empty. Please rank at least one option category.

Soft Checks

PERSON 1 IN RELATIONSHIP GRID

What best describes your current economic status?
• If the Mother/Lone Father indicates that they are School/Education, this will bring up a soft check.

L11. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs?
• Entering a value of 45 hours or more per week will bring up a soft check.

L21b. On average, how many hours per week do you work in that part-time job?
• Entering a value of 35 hours or more per week will bring up a soft check. If respondent works 35 hours or more per week, check if they are in full-time employment. If so, may need to revise answer to L11.
Consistency checks in the Secondary Caregiver Main Questionnaire

**Hard Checks**

FC2. Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you as a parent to do? Please rank them from 1 (most important), 2 (second most important) and 3 (third most important).

- No two cells can have the same cell value: ‘rank is already assigned’
- All cells can’t be empty. Please rank at least one option category.

FF11d. From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- No two cells can have the same cell value: ‘rank is already assigned’
- All cells can’t be empty. Please rank at least one option category.

**Soft Checks**

FF2. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs?

- Entering a value of 45 hours or more per week will bring up a soft check.

FF11b. On average, how many hours per week do you work in that part-time job?

- Entering a value of 35 hours or more per week will bring up a soft check. If respondent works 35 hours or more per week, check if they are in full-time employment. If so, may need to revise answer to I.11.