



The Economic and Social Research Institute  
Whitaker Square  
Sir John Rogerson's Quay  
Dublin 2  
Ph: 01-863 2000 Fax 01-863 2100



University of Dublin  
Trinity College  
College Green  
Dublin 2



**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**

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## 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-crypted 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 focussed 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**

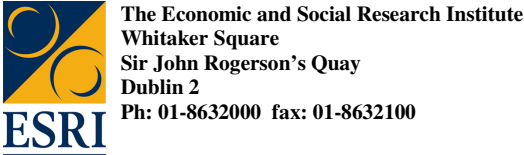
This section recorded details on background characteristics of the Secondary Caregiver, including information on employment status, education and ethnicity.

### **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**



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)  
INFANT QUESTIONNAIRE  
STRICTLY CONFIDENTIAL  
MOTHER or LONE FATHER 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**

X1a. Record <baby's> name: \_\_\_\_\_

X1b. Record <baby's> gender Male .....<sub>1</sub> Female ..... <sub>2</sub>

X1c. Record <baby's> date of birth \_\_dd\_\_mm\_\_yyyy

X1d. Do you have a resident spouse / partner Yes .....<sub>1</sub> No .....<sub>2</sub>

A1. Are you the legal parent / guardian of <baby> who usually provides the most care to him / her.  
Yes .....<sub>1</sub> No .....<sub>2</sub>

A1a. Are you in a position to answer in respect of <baby>  
Yes .....<sub>1</sub> No .....<sub>2</sub> → Int. Terminate interview, reschedule

A2. [Int: Record gender of respondent] Male .....<sub>1</sub> Female .....<sub>2</sub>

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

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

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

Interviewer: Mother or lone father should be on line 1. Study Child should be on line 2. 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 ..... 1 No ..... 2

A6a. How many children \_\_\_\_\_ n

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

	Male	Female	Date of Birth
1.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / _____
2.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / _____
3.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	___ / ___ / _____

## 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 ..... 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 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 ..... 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



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

Disagree ..... <sub>2</sub>

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

Older ..... <sub>2</sub>

Not sure..... <sub>3</sub>

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

Never/  
Almost never

Rarely

Sometimes

Often

Always /  
Almost always

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

<sub>2</sub> .....

<sub>3</sub> .....

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

<sub>5</sub>

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.

O.

P.

Q.

R.

S.

T.

U.

V.

W.

X.

**C. BABY'S DEVELOPMENT**

**Time Section Started**     **(24 hour clock)**

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

<b>Communication</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>

<b>Gross Motor</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>
<b>Fine Motor</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>

<b>Problem Solving</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>
<b>Personal - Social</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>

**CX1. Do you talk to your baby while you are busy doing other things? ( eg. while you do housework).**

Never <sub>1</sub> ..... Rarely <sub>2</sub> ..... Sometimes <sub>3</sub> ..... Often <sub>4</sub> ..... Always <sub>5</sub>

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

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

**CX2b. What concerns do you have?**

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### 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 <sub>1</sub> ..... Often <sub>2</sub> ..... At times <sub>3</sub> ..... Rarely <sub>4</sub> ..... Never <sub>5</sub>

**D6. How often does your baby wake at night?**

Never <sub>1</sub> ..... Occasionally <sub>2</sub> ..... Most nights <sub>3</sub> ..... Every night <sub>4</sub> ..... More than once per night <sub>5</sub>

<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
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**D7. How many times per night on average? \_\_\_\_\_**

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

Yes, usually <sub>1</sub> ..... Yes, sometimes <sub>2</sub> ..... No, not at all <sub>3</sub>

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

On his/her stomach <sub>1</sub> ..... On his/her side <sub>2</sub> ..... On his/her back <sub>3</sub>

**D10. Does <baby> usually sleep:**

In a room on his/her own ..... <sub>1</sub> In your bedroom ..... <sub>3</sub>  
In a room with other children ..... <sub>2</sub> Elsewhere ..... <sub>4</sub>

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

In his/her own bed/cot ..... <sub>1</sub>  
In bed/cot with other children ..... <sub>2</sub>  
In your bed ..... <sub>3</sub>  
Other (specify) ..... <sub>4</sub>

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

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

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

**D14. 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

<sub>1</sub>.....<sub>2</sub>.....<sub>3</sub>.....<sub>4</sub>

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

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

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

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

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

**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 .....	<input type="checkbox"/> <sub>1</sub> Go to E3a	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
b. A non-relative in your home.....	<input type="checkbox"/> <sub>2</sub> Go to E4a	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
c. A relative in their home.....	<input type="checkbox"/> <sub>3</sub> Go to E3b	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
d. A non-relative in their home.....	<input type="checkbox"/> <sub>4</sub> Go to E4b	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
e. Centre-based caregiver (e.g. Crèche / Day nursery) .....	<input type="checkbox"/> <sub>5</sub> Go to E5	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
f. Other (please specify).....	<input type="checkbox"/> <sub>6</sub> Go to E6	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>

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

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

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

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

**E4a. Which of the following best describes that person?**

- a. Au pair / Nanny.....<sub>1</sub>
- b. Friend or parent.....<sub>2</sub>
- c. Neighbour.....<sub>3</sub>
- d. Registered childminder.....<sub>4</sub>
- e. Unregistered childminder.....<sub>5</sub>
- f. Other.....<sub>6</sub>

**E4b. Which of the following best describes that person?**

- a. Au pair / Nanny.....<sub>1</sub>
- b. Friend or parent.....<sub>2</sub>
- c. Neighbour.....<sub>3</sub>
- d. Registered childminder.....<sub>4</sub>
- e. Unregistered childminder.....<sub>5</sub>
- f. Other.....<sub>6</sub>

**E5. What type of centre is it?**

- a. Work-based crèche.....<sub>1</sub>
- b. Other crèche/nursery.....<sub>2</sub>
- c. Montessori.....<sub>3</sub>
- d. Playschool or pre-school.....<sub>4</sub>
- e. Naoinra.....<sub>5</sub>
- f. Other.....<sub>6</sub>

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 ..... <sub>1</sub> No ..... <sub>2</sub> Don't work ..... <sub>3</sub>

E8b. Do you personally collect <baby> from this main type of care on your way home from work?

Yes ..... <sub>1</sub> No ..... <sub>2</sub> Don't work ..... <sub>3</sub>

E8c. What distance do you travel from home to this main type of care?

- Carer lives on my street / road..... <sub>1</sub>
- Less than ½ mile (1 kilometre)..... <sub>2</sub>
- ½ to 1 mile (1 – 1.5 kilometres) ..... <sub>3</sub>
- 1 to 5 miles (1.5 – 8 kilometres)..... <sub>4</sub>
- 6 to 10 miles (9 –16 kilometres)..... <sub>5</sub>
- More than 10 miles (more than 16 kilometres) ..... <sub>6</sub>

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..... <sub>1</sub>
- Convenient to my home..... <sub>2</sub>
- Linked to my job ..... <sub>3</sub>
- The quality of the care provided ..... <sub>4</sub>
- It was the only one available to me..... <sub>5</sub>
- Other (please for describe) \_\_\_\_\_ <sub>6</sub>

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  
<sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>

E10a. How satisfied are you with these arrangements?

Very satisfied Fairly satisfied Neither satisfied Fairly dissatisfied Very dissatisfied  
nor dissatisfied  
<sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>

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 ..... 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

**E12. 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

**E13. [Card E13] Since <baby> was born has difficulty in arranging childcare 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

**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 ..... 1                      No ..... 2

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

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

**F2a. Was <baby> a single birth, twin, triplet etc.** Single child..... 1    Twin... 2    Triplet... 3

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

- Yes ..... 1    Lives elsewhere ..... 2    Deceased..... 3

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

- Identical twins ..... 1    Fraternal (i.e. non-identical twins) ..... 2

**F4. Has this been confirmed by a medical professional?**

- Yes ..... 1    No ..... 2

**F5. How do you dress them?**

- in matching clothes each day ..... 1
- in matching clothes sometimes ..... 2
- never in matching clothes ..... 3

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

- |  | Yes, most<br>of the time   | Yes, some<br>of the time   | No, hardly<br>ever         |
|--|----------------------------|----------------------------|----------------------------|
| a) he/ she likes to be with his / her twin .....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b) he/she doesn't seem to notice his / her twin.....       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c) he/she is upset if she is parted from his/her twin..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

## 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'.) .... <sub>1</sub>  
Private consultant alone ..... <sub>2</sub>  
Hospital clinic alone ..... <sub>3</sub>  
Midwives clinic alone ..... <sub>4</sub>  
Independent midwife alone ..... <sub>5</sub>  
Had no ante-natal care ..... <sub>6</sub>  
Other [Please specify]..... <sub>7</sub>

### 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 ..... <sub>1</sub> Midwives clinic alone ..... <sub>4</sub>  
Private consultant alone ..... <sub>2</sub> Independent midwife alone..... <sub>5</sub>  
Hospital clinic alone ..... <sub>3</sub> Had no ante-natal care ..... <sub>6</sub>

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

[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..... <sub>99</sub>

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

- a. Raised blood pressure (in isolation) ..... <sub>1</sub>  
b. Raised blood pressure and protein in the urine (Pre-eclampsia) ..... <sub>2</sub>  
c. Urinary or kidney infection ..... <sub>3</sub>  
d. Persistent vomiting or nausea ..... <sub>4</sub>  
e. Gestational diabetes (diet treated)..... <sub>5</sub>  
f. Gestational diabetes (insulin treated) ..... <sub>6</sub>  
g. Bleeding during the second half of pregnancy ..... <sub>7</sub>  
h. Vaginal Infection during pregnancy ..... <sub>8</sub>  
i. Intrauterine Growth Restriction (small baby on scan) ..... <sub>9</sub>  
j. Rhesus Incompatibility ..... <sub>10</sub>  
k. Influenza..... <sub>11</sub>  
l. Placenta praevia ..... <sub>12</sub>  
m. Miscarriage in a multiple pregnancy ..... <sub>13</sub>  
n. Other [please specify] ..... <sub>14</sub>

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

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

G11b. Did you take Folic acid/Folate during the first 3 months of pregnancy with <baby>?

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

G11c. Did you take Iron during your pregnancy with <baby>?

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

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].....<sub>1</sub> In hospital.....<sub>2</sub> Other [please specify] \_\_\_\_\_<sub>3</sub>

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 .....<sub>1</sub> No .....<sub>2</sub> Did not have any labour .....<sub>3</sub>

H4. [Card H4] What was the final mode of delivery?

Normal delivery .....<sub>1</sub> Emergency Caesarean .....<sub>5</sub>  
Suction assisted birth .....<sub>2</sub> Vaginal breech delivery .....<sub>6</sub>  
Forceps assisted birth.....<sub>3</sub> Other [please specify] \_\_\_\_\_<sub>7</sub>  
Planned / Elective Caesarean .....<sub>4</sub>

H5a. After how many weeks of pregnancy was <baby> born? \_\_\_\_\_ Wks Don't Know.....<sub>99</sub>

H5b. Was <baby> born late, on time or early?

Late birth (42 weeks or more) .....<sub>1</sub>  
On time (37-41 weeks).....<sub>2</sub>  
Somewhat early (33-36 weeks) ....<sub>3</sub>  
Very early (32 weeks or less) .....<sub>4</sub>

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 .....<sub>1</sub> E. Foetal distress - Meconium or other sign.....<sub>5</sub>  
B. Very long labour (more than 12 hours).....<sub>2</sub> F. Foetal blood sample taken in labour .....<sub>6</sub>  
C. Very rapid labour (less than 2 hours) .....<sub>3</sub> G. Birth injury – nerve injury / fracture / bruising .....<sub>7</sub>  
D. Foetal distress – Abnormal Heart rate tracing .....<sub>4</sub> H. Other complication [please specify] \_\_\_\_\_<sub>8</sub>

H9. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

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

H10. Did <baby> need any help with his/her breathing from a ventilator?

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

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 ..... \_1 No ..... \_2 → Go to H15d

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

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

H14a. 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 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... \_999 → Go to H20

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

Yes ..... \_1 → Go to H16 No..... \_2

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.....               | <input type="checkbox"/> _1 | h. Physician told me to stop.....        | <input type="checkbox"/> _8  |
| b. Inconvenience/fatigue.....                     | <input type="checkbox"/> _2 | i. Returned to work.....                 | <input type="checkbox"/> _9  |
| c. Difficulty with breast feeding techniques..... | <input type="checkbox"/> _3 | j. Partner/father wanted me to stop..... | <input type="checkbox"/> _10 |
| d. Sore nipples/engorged breast.....              | <input type="checkbox"/> _4 | k. Formula feeding preferable.....       | <input type="checkbox"/> _11 |
| e. Mother's illness.....                          | <input type="checkbox"/> _5 | l. Wanted to drink alcohol.....          | <input type="checkbox"/> _12 |
| f. Planned to stop at this time.....              | <input type="checkbox"/> _6 | m. Embarrassment/social stigma.....      | <input type="checkbox"/> _13 |
| g. Baby weaned himself/herself.....               | <input type="checkbox"/> _7 | n. Other, please specify.....            | <input type="checkbox"/> _14 |

[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.....                           | <input type="checkbox"/> _1 | f. Physician advised me not to.....                  | <input type="checkbox"/> _6  |
| b. Inconvenience/fatigue.....                     | <input type="checkbox"/> _2 | g. Partner/father did not want me to breastfeed..... | <input type="checkbox"/> _7  |
| c. Difficulty with breast feeding techniques..... | <input type="checkbox"/> _3 | h. Formula feeding preferable.....                   | <input type="checkbox"/> _8  |
| d. Sore nipples/engorged breast.....              | <input type="checkbox"/> _4 | i. Wanted to drink alcohol.....                      | <input type="checkbox"/> _9  |
| e. Mother's illness.....                          | <input type="checkbox"/> _5 | j. Embarrassment/social stigma.....                  | <input type="checkbox"/> _10 |
|   |                             | k. Other, please specify.....                        | <input type="checkbox"/> _11 |

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	<input type="checkbox"/> _999 Hasn't Had
Cow's milk?	____ Days	____ Weeks	____ Months	<input type="checkbox"/> _999 Hasn't Had
Any other type of milk, such as soya milk?	____ Days	____ Weeks	____ Months	<input type="checkbox"/> _999 Hasn't Had

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

- |   |                             |                             |                             |
|---|-----------------------------|-----------------------------|-----------------------------|
| Water.....                                      | <input type="checkbox"/> _1 | Herbal drinks.....          | <input type="checkbox"/> _5 |
| Baby Juice.....                                 | <input type="checkbox"/> _2 | Tea.....                    | <input type="checkbox"/> _6 |
| Fruit juices/Cordial/Squash.....                | <input type="checkbox"/> _3 | Coffee.....                 | <input type="checkbox"/> _7 |
| Fizzy or soft drinks (e.g. lemonade, coke)..... | <input type="checkbox"/> _4 | Other [please specify]..... | <input type="checkbox"/> _8 |
| None of the above.....                          | <input type="checkbox"/> _9 |                             |                             |

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

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

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

\_\_\_\_\_ 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 (b) Current health

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

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

Their six-week checkup ..... <sub>1</sub> Vaccines at 6 months ..... <sub>4</sub>  
 Vaccines at 2 months ..... <sub>2</sub> No vaccinations ..... <sub>5</sub>  
 Vaccines at 4 months ..... <sub>3</sub>

**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] ..... <sub>1</sub>  
 b. Heart abnormalities ..... <sub>2</sub>  
 c. Digestive allergies (e.g. lactose intolerant) ..... <sub>3</sub>  
 d. Eczema or any kind of skin allergy ..... <sub>4</sub>  
 e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) ..... <sub>5</sub>  
 f. Difficulty seeing ..... <sub>6</sub>  
 g. A problem with mobility or using his/her arms/legs to get around ..... <sub>7</sub>  
 h. A problem with using his/her hands or arms ..... <sub>8</sub>  
 i. Cerebral palsy ..... <sub>9</sub>  
 j. Kidney disease ..... <sub>10</sub>  
 k. Diabetes ..... <sub>11</sub>  
 l. Any developmental delay ..... <sub>12</sub>  
 m. Down syndrome ..... <sub>13</sub>  
 n. Spina bifida / Hydrocephalus ..... <sub>14</sub>  
 o. Cleft lip and/or palate ..... <sub>15</sub>  
 p. Other long-term condition [please specify] \_\_\_\_\_ <sub>16</sub>  
 q. None of the above ..... <sub>17</sub>

**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 ..... <sub>1</sub> Moderate ..... <sub>2</sub> Severe ..... <sub>3</sub>

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

**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 an illness or health problem?**

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

**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 ..... \_1 No ..... \_2

**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 .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
The necessary medical care wasn't available or accessible to you .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
You could not take time off work to visit the doctor .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
You wanted to wait and see if the problem got better .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
The child is still on the waiting list.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
Other (specify) .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2

**H30. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?**

Yes, full card ..... \_1 Yes, GP only..... \_2 Not covered..... \_3

**H31. Does the family have private medical insurance?**

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

**H32. Does that insurance include the cost of GP visits?**

Yes, in full ..... \_1 Yes, partially ..... \_2 No..... \_3

**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 ..... \_1 No..... \_2

### 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 ..... \_1 Fair ..... \_4
- Very Good ..... \_2 Poor..... \_5
- Good ..... \_3

**J2. Do you have any on-going chronic physical or mental health problem, illness or disability?**

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

**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.]

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**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 ..... \_1 Yes, to some extent ..... \_2 No ..... \_3

**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)**

	<b>Some difficulty</b>			
<b>No Difficulty</b> <input type="checkbox"/> _1	<b>Just a little</b> <input type="checkbox"/> _2	<b>A moderate level</b> <input type="checkbox"/> _3	<b>A lot of difficulty</b> <input type="checkbox"/> _4	<b>Cannot do at all</b> <input type="checkbox"/> _5

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

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

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

Parent ..... \_1 Brother / Sister ..... \_2 Other relative ..... \_3 Non relative ..... \_4

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

Daily ..... \_1 Occasionally ..... \_2 Not at all ..... \_3

**J10. Have you ever smoked? Was it:**

Daily ..... \_1 Occasionally ... \_2 Never ..... \_3

**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?**

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

*If currently drink alcohol between everyday and 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.**

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

**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 <sub>1</sub> ..... I don't get enough help <sub>2</sub> ..... I don't get any help at all <sub>3</sub> ..... I don't need any help <sub>4</sub> .....

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

Yes..... <sub>1</sub> No..... <sub>2</sub> All Grandparents are deceased .... <sub>3</sub> All Grandparents live abroad <sub>4</sub>

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

	Never	Less often than once every 3 months	At least once every 3 months	At least once a month	At least once a week	Every day or almost every day
How often do <baby's> grandparents babysit?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
How often do <baby's> grandparents have <baby> to stay over night?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
How often do <baby's> grandparents take <baby> out?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
How often do <baby's> grandparents buy toys or clothes for <baby>?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
How often do <baby's> grandparents help you around the house?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
How often do <baby's> grandparents help you out financially?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>



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

Full-time ..... \_1 Part – time ..... \_2 Not at all ..... \_3 → **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 ..... \_1 Part – time ..... \_2 No..... \_3

**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 → \_1 How many weeks \_\_\_\_\_ wks No... \_2

b. Unpaid maternity/ paternity leave? Yes → \_1 How many weeks \_\_\_\_\_ wks No... \_2

c. Annual leave? Yes → \_1 How many weeks \_\_\_\_\_ wks No... \_2  
(Accumulated before or during maternity / paternity leave)

d. Sick leave? Yes → \_1 How many weeks \_\_\_\_\_ wks No... \_2

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

Financial..... \_1 Need an outlet outside the home..... \_4  
Maintain a Career ..... \_2 Other [please specify] ..... \_5  
Job related benefits (pension, car,  
health insurance etc)..... \_3

**Go to K21**

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

Full-time ..... \_1 Part – time ..... \_2 No ..... \_3 → **Go to K21** Not sure yet... \_4 **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 you take?**

a. Paid maternity / paternity leave? Yes → \_1 How many weeks \_\_\_\_\_ wks No... \_2

b. Unpaid maternity /paternity leave? Yes → \_1 How many weeks \_\_\_\_\_ wks No... \_2

c. Annual leave? Yes → \_1 How many weeks \_\_\_\_\_ wks No... \_2  
(Accumulated before or during maternity / paternity leave)

d. Sick leave? Yes → \_1 How many weeks \_\_\_\_\_ wks No... \_2

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

Financial..... \_1 Need an outlet outside the home..... \_4  
Maintain a Career ..... \_2 Other [ please specify] ..... \_5  
Job related benefits (pension, car,  
health insurance etc)..... \_3

**Go to K21**

**K16. Did you ever work?** Yes \_1 No \_2 → **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 ..... \_1 Yes, probably ..... \_2 No ..... \_3 → **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..... \_1 Need an outlet outside the home..... \_4  
Maintain a Career ..... \_2 Other [ please specify] ..... \_5  
Job related benefits (pension, car,  
health insurance etc)..... \_3

**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?**

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

**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..... 1
- Apartment / Flat/ Bedsit ..... 2
- Other (specify) \_\_\_\_\_ 3

**L7b. Does your accommodation have access to a garden or common space (either private or shared)?**

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

**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) ..... 1
- Being purchased from a Local Authority under a Tenant Purchase Scheme ..... 2
- Rented from a Local Authority ..... 3
- Rented from a Voluntary Body..... 4
- Rented from a Private Landlord ..... 5
- Living with and paying rent to your (or your partner's) parent(s) ..... 6
- Occupied free of rent with your (or your partner's) parent(s) ..... 7
- Occupied free of rent from your (or your partner's) job ..... 8

**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'].**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>Employee (incl. apprenticeship<br/>or Community Employment) ..... <input type="checkbox"/>1</li> <li>Self employed outside farming ..... <input type="checkbox"/>2</li> <li>Farmer ..... <input type="checkbox"/>3</li> </ul> | <ul style="list-style-type: none"> <li>Student full-time ..... <input type="checkbox"/>4</li> <li>On State training scheme (FAS, Failte Ireland etc.) ..... <input type="checkbox"/>5</li> <li>Unemployed, actively looking for a job ..... <input type="checkbox"/>6</li> <li>Long-term sickness or disability ..... <input type="checkbox"/>7</li> <li>Home duties / looking after home or family..... <input type="checkbox"/>8</li> <li>Retired ..... <input type="checkbox"/>9</li> <li>Other (specify) _____ ..... <input type="checkbox"/>10</li> </ul> |
|--|--|

**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 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**

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

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

**L14. How many?** \_\_\_\_\_

**L15. How many employees (if any) do you have?** \_\_\_\_\_ employees N A ....  <sub>99</sub>

**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 ...  <sub>1</sub> No ...  <sub>2</sub> 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) .....  <sub>1</sub> Self-employed outside farming .....  <sub>2</sub> Farmer .....  <sub>3</sub>

**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 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**

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

**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]**

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

## HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

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

Dont.Know.....<sub>99</sub> € \_\_\_\_\_ per Week.....<sub>1</sub> Month.....<sub>2</sub> Year <sub>3</sub>

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

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

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

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

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

**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]

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

**L28a. Do you receive early child care supplement to assist in the cost of raising your children and / or providing childcare?**

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

**L28b. Does anyone in your household currently receive any other Social Welfare payments?**

Yes ..... <sub>1</sub> → **Go to L29**      No ..... <sub>2</sub> → **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]**

Social Welfare Payment		Social Welfare Payment	
<b>UNEMPLOYMENT PAYMENTS</b>			
Jobseeker's Benefit	<input type="checkbox"/> <sub>1</sub>	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> <sub>2</sub>
<b>EMPLOYMENT SUPPORTS</b>			
Family Income Supplement	<input type="checkbox"/> <sub>3</sub>	Back to Work Enterprise Allowance	<input type="checkbox"/> <sub>6</sub>
Farm Assist	<input type="checkbox"/> <sub>4</sub>	Part-time Job Incentive Scheme	<input type="checkbox"/> <sub>7</sub>
Back to Work Allowance (Employees)	<input type="checkbox"/> <sub>5</sub>	Back to Education Allowance	<input type="checkbox"/> <sub>8</sub>
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> <sub>9</sub>		
<b>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</b>			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> <sub>10</sub>	Deserted Wife's Allowance	<input type="checkbox"/> <sub>14</sub>
Deserted Wife's Benefit	<input type="checkbox"/> <sub>11</sub>	Prisoner's Wife's Allowance	<input type="checkbox"/> <sub>15</sub>
Widowed Parent Grant	<input type="checkbox"/> <sub>12</sub>	One-Parent Family Payment	<input type="checkbox"/> <sub>16</sub>
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> <sub>13</sub>		
<b>CHILD RELATED PAYMENTS</b>			
Maternity Benefit	<input type="checkbox"/> <sub>17</sub>	Health & Safety Benefit	<input type="checkbox"/> <sub>19</sub>
Adoptive Benefit	<input type="checkbox"/> <sub>18</sub>	Guardian's Payment (Contributory)	<input type="checkbox"/> <sub>20</sub>
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> <sub>21</sub>
<b>DISABILITY AND CARING PAYMENTS</b>			
Illness Benefit	<input type="checkbox"/> <sub>22</sub>	Injury Benefit	<input type="checkbox"/> <sub>28</sub>
Invalidity Pension	<input type="checkbox"/> <sub>23</sub>	Incapacity Supplement	<input type="checkbox"/> <sub>29</sub>
Disability Allowance	<input type="checkbox"/> <sub>24</sub>	Disablement Benefit	<input type="checkbox"/> <sub>30</sub>
Blind Pension	<input type="checkbox"/> <sub>25</sub>	Medical Care Scheme	<input type="checkbox"/> <sub>31</sub>
Carer's Benefit	<input type="checkbox"/> <sub>26</sub>	Constant Attendance Allowance	<input type="checkbox"/> <sub>32</sub>
Domiciliary Care Allowance	<input type="checkbox"/> <sub>27</sub>	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> <sub>33</sub>
<b>RETIREMENT PAYMENTS</b>			
State Pension (Transition)	<input type="checkbox"/> <sub>34</sub>	State Pension Non-Contributory	<input type="checkbox"/> <sub>36</sub>
State Pension (Contributory)	<input type="checkbox"/> <sub>35</sub>	Pre-Retirement Allowance	<input type="checkbox"/> <sub>37</sub>

**L30. Does anyone in your household currently receive rent or mortgage supplement? Yes..**<sub>1</sub> **No...**<sub>2</sub>

**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?**

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

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

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

**L33b. [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?

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

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

**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 ..... 1      No ..... 2

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

Yes ..... 1      No ..... 2

**L33f. Why was that?**

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

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

**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 ..... 1
2. Primary education ..... 2

**Second Level**

3. Lower Secondary ..... 3  
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
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

**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 .....         | <input type="checkbox"/> 1  | Irish .....      | <input type="checkbox"/> 2  |
| Arabic .....          | <input type="checkbox"/> 3  | French .....     | <input type="checkbox"/> 4  |
| Polish .....          | <input type="checkbox"/> 5  | Russian .....    | <input type="checkbox"/> 6  |
| Czech .....           | <input type="checkbox"/> 7  | Latvian .....    | <input type="checkbox"/> 8  |
| Portuguese .....      | <input type="checkbox"/> 9  | Spanish .....    | <input type="checkbox"/> 10 |
| Chinese .....         | <input type="checkbox"/> 11 | Lithuanian ..... | <input type="checkbox"/> 12 |
| Romanian .....        | <input type="checkbox"/> 13 | German .....     | <input type="checkbox"/> 14 |
| Other (specify) ..... | <input type="checkbox"/> 15 |                  |                             |

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

**L51. [Card L51] Looking at Card L51, can you tell me what is your ethnic or cultural background?**

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



L52a. Do you belong to any religion?

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

**L52b. [Card L52b] Which religion**

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

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

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

**L53b. [Card L53b] Which religion**

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

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 ..... <sub>1</sub> No regular care 8 hrs per wk or more..... <sub>2</sub> → Go to M1

L55. Is this care provided in:

- the child’s home ..... <sub>1</sub>
- a relative’s home ..... <sub>2</sub>
- home of carer – non-relative ..... <sub>3</sub>
- centre – crèche) ..... <sub>4</sub>

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 ..... <sub>1</sub>
- No, does not wish regular carer to be contacted ..... <sub>2</sub>
- No, does not have contact details for regular carer ..... <sub>3</sub>

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

**M. Neighbourhood / Community**

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**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.

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

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

	Strongly Agree	Agree	Disagree	Strongly Disagree
It is safe to walk alone in this area after dark .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It is safe for children to play outside during the day in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
There are safe parks, playgrounds and play spaces in this area .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
We as a family intend to continue living in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
As a family we are settled in and part of this community .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

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

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

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

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

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

**Time Section Ended**

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

# Card A5D1

## Each member's relationship to the Respondent

### Spouse/Partner

1. Husband / Wife ..... <sub>1</sub>  
2. Partner ..... <sub>2</sub>

### Parent

3. Parent ..... <sub>3</sub>  
4. Step-Parent / Partner of child's parent..... <sub>4</sub>  
5. Adoptive Parent\* ..... <sub>5</sub>  
6. Foster parent..... <sub>6</sub>

### Child

7. Son / Daughter ..... <sub>7</sub>  
8. Step Son / Daughter or Partner's Son/Daughter ..... <sub>8</sub>  
9. Adoptive Son / Daughter ..... <sub>9</sub>  
10. Foster Son / Daughter ..... <sub>10</sub>

### Brother/Sister

11. Full brother / sister ..... <sub>11</sub>  
12. Half brother / sister ..... <sub>12</sub>  
13. Step brother / sister ..... <sub>13</sub>  
14. Adoptive brother / sister ..... <sub>14</sub>  
15. Foster brother / sister ..... <sub>15</sub>

### Other

16. Grandparent..... <sub>16</sub>  
17. Grandchild..... <sub>17</sub>  
18. Parent-in-law / Partner's Parent..... <sub>18</sub>  
19. Other Relative ..... <sub>19</sub>  
20. Other non-relative ..... <sub>20</sub>

\*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

Retured ..... 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”**

# 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 ..... <sub>1</sub>

Is unhappy at first but quickly settles down ..... <sub>2</sub>

Remains unsettled and unhappy during your entire absence ..... <sub>3</sub>

Have never left <baby> with someone else ..... <sub>4</sub>



## 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

# 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

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

Dislike	No strong feelings towards baby	Slight affection	Moderate affection	Intense affection
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

**d. When I am with <baby> I feel tense and anxious**

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

**g. I now think of <baby> as:**

Very much my own baby	A bit like my own baby	Not yet really my own baby
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4

**h. I trust my own judgement in deciding what <baby> needs**

Almost never	Occasionally	Most of the time	Almost all the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**i. Usually when I am with <baby>**

I am very impatient	I am a bit impatient	I am moderately patient	I am extremely patient
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

# 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  $\longrightarrow$  About Average  $\longrightarrow$  Difficult

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

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

Very easy  $\longrightarrow$  About Average  $\longrightarrow$  Difficult

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

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

Very easy  $\longrightarrow$  About Average  $\longrightarrow$  Difficult

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

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

Very easy  $\longrightarrow$  About Average  $\longrightarrow$  Difficult

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

**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 per day	3-4 times per day	5-6 times per day	7-9 times per day	10-14 times per day	more than 15
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5.....	<input type="checkbox"/> 6.....	<input type="checkbox"/> 7

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

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

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

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

very well-- baby loved it  $\longrightarrow$  neither liked nor disliked it  $\longrightarrow$  terribly-- didn't like it

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

**H. How did your baby respond to his/her first solid food?**

very favorably-- liked it immediately  $\longrightarrow$  neither liked nor disliked it  $\longrightarrow$  very negatively— did not like it at all  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**I. How does your baby typically respond to a new person?**

Almost always responds favourably  $\longrightarrow$  Responds favourably about half the time  $\longrightarrow$  Almost always responds negatively at first  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**J. How does your baby typically respond to being in a new place?**

Almost always responds favourably  $\longrightarrow$  Responds favourably about half the time  $\longrightarrow$  Almost always responds negatively at first  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**K. How well does your baby adapt to things (such as in items G-J) eventually?**

Very well, always likes it eventually  $\longrightarrow$  Ends up liking it about half the time  $\longrightarrow$  Almost always dislikes it in the end  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**L. How easily does your infant get upset?**

Very hard to upset- even by things that upset most babies  $\longrightarrow$  About average  $\longrightarrow$  Very easily upset by things that wouldn't bother other babies  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**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  $\longrightarrow$  Moderate intensity or loudness  $\longrightarrow$  Very loud or intense, really cuts loose  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**N. How does your baby react when you are dressing him/her?**

Very well-- likes it  $\longrightarrow$  About average— doesn't mind it  $\longrightarrow$  Doesn't like it at all  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**O. How active is your baby in general?**

Very calm and quiet  $\longrightarrow$  Average  $\longrightarrow$  Very active and vigorous  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**P. How much does your baby smile and make happy sounds?**

A great deal, much more than most infants  $\longrightarrow$  An average amount  $\longrightarrow$  Very little, much less than most infants  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**Q. What kind of mood is your baby generally in?**

Very happy and cheerful  $\longrightarrow$  Neither serious nor cheerful  $\longrightarrow$  Serious  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**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 doesn't get upset → 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 ..... <sub>1</sub>

Convenient to my home ..... <sub>2</sub>

Linked to my job ..... <sub>3</sub>

The quality of the care provided..... <sub>4</sub>

It was the only one available to me ..... <sub>5</sub>

Other (please for describe)..... <sub>6</sub>

## Card E13

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

- 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

## Card G8

**Were there any of the following complications with the pregnancy?**

- a. Raised blood pressure (in isolation) ..... <sub>1</sub>
- b. Raised blood pressure and protein in the urine (Pre-eclampsia) <sub>2</sub>
- c. Urinary or kidney infection ..... <sub>3</sub>
- d. Persistent vomiting or nausea ..... <sub>4</sub>
- e. Gestational diabetes (diet treated) ..... <sub>5</sub>
- f. Gestational diabetes (insulin treated) ..... <sub>6</sub>
- g. Bleeding during the second half of pregnancy ..... <sub>7</sub>
- h. Vaginal Infection during pregnancy ..... <sub>8</sub>
- i. Intrauterine Growth Restriction (small baby on scan)..... <sub>9</sub>
- j. Rhesus Incompatibility ..... <sub>10</sub>
- k. Influenza..... <sub>11</sub>
- l. Placenta praevia ..... <sub>12</sub>
- m. Miscarriage in a multiple pregnancy ..... <sub>13</sub>
- n. Other [please specify] ..... <sub>14</sub>



# Card H4

## What was the final mode of delivery?

- Normal delivery..... 1
- Suction assisted birth..... 2
- Forceps assisted birth..... 3
- Planned / Elective Caesarean..... 4
- Emergency Caesarean..... 5
- Vaginal breech delivery ..... 6
- Other [please specify] ..... 7

## 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

## Card H15d

**Why did you choose not to breastfeed <baby> [Please indicate all that apply]**

- a. Not enough milk ..... 1
- b. Inconvenience/fatigue..... 2
- c. Difficulty with breast feeding techniques..... 3
- d. Sore nipples/engorged breast..... 4
- e. Mother's illness..... 5
- f. Physician advised me not to..... 6
- g. Partner/father did not want me to breastfeed..... 7
- h. Formula feeding preferable ..... 8 ...
- i. Wanted to drink alcohol ..... 9
- j. Embarrassment/social stigma ..... 10
- k. Other, please specify..... 11

## Card H22

**Has a medical professional ever told you that <baby> has any of the following conditions?**

- a. Respiratory disease (including asthma) ..... 1
- b. Heart abnormalities ..... 2
- c. Digestive allergies (e.g. lactose intolerant) ..... 3
- d. Eczema or any kind of skin allergy..... 4
- e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) ..... 5
- f. Difficulty seeing ..... 6
- g. A problem with mobility or using his/her arms/legs to get around .... 7 ...
- h. A problem with using his/her hands or arms ..... 8
- i. Cerebral palsy ..... 9
- j. Kidney disease ..... 10
- k. Diabetes ..... 11
- l. Any developmental delay ..... 12
- m. Down syndrome ..... 13
- n. Spina bifida / Hydroencephalis ..... 14
- o. Cleft lip and/or palate..... 15
- p. Other long-term condition [please specify] ..... 16
- q. None of the above ..... 17

## 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 ..... <sub>1</sub>

Just a little difficulty..... <sub>2</sub>

A moderate level of difficulty ..... <sub>3</sub>

A lot of difficulty ..... <sub>4</sub>

Cannot do at all ..... <sub>5</sub>

## 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



# 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.

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

## Card L8

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

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

# 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

## Card L12 / L20 / L21c / L22

### Your occupation in your main job.

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

<p>Please use precise terms such as:</p> <p>RETAIL STORE MANAGER SECONDARY TEACHER ELECTRICAL ENGINEER</p>	<p>Please DO NOT use general terms such as:</p> <p>MANAGER TEACHER ENGINEER</p>
<p>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.</p>	

## Card L21d

**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]**

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

## Card L26

**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.**

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

<b>Per Week</b>	<b>Per Month</b>	<b>Per Year</b>	<b>Category</b>
Under €230.....	Under €1,000 .....	Under €12,000.....	A <input type="checkbox"/> <sub>1</sub>
€231 to under €350.....	€1,001 to under €1,500 ....	€12,001 to under €18,000.....	B <input type="checkbox"/> <sub>2</sub>
€351 to under €460.....	€1,501 to under €2,000 ....	€18,001 to under €24,000.....	C <input type="checkbox"/> <sub>3</sub>
€461 to under €575.....	€2,001 to under €2,500 ....	€24,001 to under €30,000.....	D <input type="checkbox"/> <sub>4</sub>
€576 to under €800.....	€2,501 to under €3,500 ....	€30,001 to under €42,000.....	E <input type="checkbox"/> <sub>5</sub>
€801 to under €925.....	€3,501 to under €4,000 ....	€42,001 to under €48,000.....	F <input type="checkbox"/> <sub>6</sub>
€926 to under €1,150.....	€4,001 to under €5,000 ....	€48,001 to under €60,000.....	G <input type="checkbox"/> <sub>7</sub>
€1,151 to under €1,500.....	€5,001 to under €6,500 ....	€60,001 to under €78,000.....	H <input type="checkbox"/> <sub>8</sub>
€1,501 to under €1,850.....	€6,501 to under €8,000 ....	€78,001 to under €96,000.....	I <input type="checkbox"/> <sub>9</sub>
€1,851 or more .....	€8,001 or more.....	€96,001 or more .....	J <input type="checkbox"/> <sub>10</sub>

## Card L27

**Would that be:**

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



## Card L29

**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]**

Social Welfare Payment		Social Welfare Payment	
<b>UNEMPLOYMENT PAYMENTS</b>			
Jobseeker's Benefit	<input type="checkbox"/> <sub>1</sub>	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> <sub>2</sub>
<b>EMPLOYMENT SUPPORTS</b>			
Family Income Supplement	<input type="checkbox"/> <sub>3</sub>	Back to Work Enterprise Allowance	<input type="checkbox"/> <sub>6</sub>
Farm Assist	<input type="checkbox"/> <sub>4</sub>	Part-time Job Incentive Scheme	<input type="checkbox"/> <sub>7</sub>
Back to Work Allowance (Employees)	<input type="checkbox"/> <sub>5</sub>	Back to Education Allowance	<input type="checkbox"/> <sub>8</sub>
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> <sub>9</sub>		
<b>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</b>			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> <sub>10</sub>	Deserted Wife's Allowance	<input type="checkbox"/> <sub>14</sub>
Deserted Wife's Benefit	<input type="checkbox"/> <sub>11</sub>	Prisoner's Wife's Allowance	<input type="checkbox"/> <sub>15</sub>
Widowed Parent Grant	<input type="checkbox"/> <sub>12</sub>	One-Parent Family Payment	<input type="checkbox"/> <sub>16</sub>
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> <sub>13</sub>		
<b>CHILD RELATED PAYMENTS</b>			
Maternity Benefit	<input type="checkbox"/> <sub>17</sub>	Health & Safety Benefit	<input type="checkbox"/> <sub>19</sub>
Adoptive Benefit	<input type="checkbox"/> <sub>18</sub>	Guardian's Payment (Contributory)	<input type="checkbox"/> <sub>20</sub>
		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> <sub>21</sub>
<b>DISABILITY AND CARING PAYMENTS</b>			
Illness Benefit	<input type="checkbox"/> <sub>22</sub>	Injury Benefit	<input type="checkbox"/> <sub>28</sub>
Invalidity Pension	<input type="checkbox"/> <sub>23</sub>	Incapacity Supplement	<input type="checkbox"/> <sub>29</sub>
Disability Allowance	<input type="checkbox"/> <sub>24</sub>	Disablement Benefit	<input type="checkbox"/> <sub>30</sub>
Blind Pension	<input type="checkbox"/> <sub>25</sub>	Medical Care Scheme	<input type="checkbox"/> <sub>31</sub>
Carer's Benefit	<input type="checkbox"/> <sub>26</sub>	Constant Attendance Allowance	<input type="checkbox"/> <sub>32</sub>
Domiciliary Care Allowance	<input type="checkbox"/> <sub>27</sub>	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> <sub>33</sub>
<b>RETIREMENT PAYMENTS</b>			
State Pension (Transition)	<input type="checkbox"/> <sub>34</sub>	State Pension Non-Contributory	<input type="checkbox"/> <sub>36</sub>
State Pension (Contributory)	<input type="checkbox"/> <sub>35</sub>	Pre-Retirement Allowance	<input type="checkbox"/> <sub>37</sub>

## 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?**

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

## 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?**

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

## 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 ..... <sub>1</sub>

With difficulty ..... <sub>2</sub>

With some difficulty..... <sub>3</sub>

Fairly easily ..... <sub>4</sub>

Easily ..... <sub>5</sub>

Very easily..... <sub>6</sub>

## Card L34

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

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

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

### *Second Level*

**3. Lower Secondary** ..... <sub>3</sub>  
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).

**4. Upper Secondary** ..... <sub>4</sub>  
(Leaving Certificate (including Applied and Vocational Programmes).  
'A' Levels, NCVA Level 1 Certificate or equivalent)

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

**6. Both Upper Secondary and Technical or Vocational qualification**..... <sub>6</sub>

### *Third Level*

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

**8. Primary Degree** ..... <sub>8</sub>  
(Third Level Bachelor Degree)

**9. Professional qualification (of Degree status at least)** ..... <sub>9</sub>

**10. Both a Degree and a Professional qualification** ..... <sub>10</sub>

**11. Postgraduate Certificate or Diploma** ..... <sub>11</sub>

**12. Postgraduate Degree (Masters)** ..... <sub>12</sub>

**13. Doctorate (Ph.D)** ..... <sub>13</sub>

## Card L35

**What language or languages do you and your partner speak with <baby> most often at home?  
[Please indicate all that apply]**

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

## Card L51

**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 [please specify] ..... 8

# Card L52b

## Which religion?

- Christian – no denomination ..... <sub>1</sub>
- Roman Catholic..... <sub>2</sub>
- Anglican/Church of Ireland/Episcopalian..... <sub>3</sub>
- Other Protestant..... <sub>4</sub>
- Jewish ..... <sub>5</sub>
- Muslim ..... <sub>6</sub>
- Other [please specify] ..... <sub>7</sub>



# 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**



The Economic and Social Research Institute  
Whitaker Square  
Sir John Rogerson's Quay  
Dublin 2  
Ph: 01-8632000 fax: 01-8632100



Office of the Minister for Children and Youth Affairs  
Dilig an Aire Leanaí agus Gnóthaí Olige

University of Dublin  
Trinity College  
College Green  
Dublin 2

C2Q002



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

GROUP  HHOLD  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 .....<sub>1</sub> Female .....<sub>2</sub>

S1. Are you the biological parent of <baby>?

Yes .....<sub>1</sub> → Go to S12 No .....<sub>2</sub> → Go to S2

S2. Are you the adoptive parent of <baby>?

Yes .....<sub>1</sub> No .....<sub>2</sub> → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic .....<sub>1</sub>

Inter-country .....<sub>2</sub>

S4. Was this a within family adoption?

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

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

S10. How many previous foster placements has <baby> been in? \_\_\_\_\_ previous placements DK...<sub>99</sub>

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 .....<sub>1</sub> Own family .....<sub>2</sub> Institutional care .....<sub>3</sub>

**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..... 1 **Go to S16**
- Married and separated from husband / wife..... 2 **Go to S13**
- Divorced..... 3 **Go to S13**
- Widowed..... 4 **Go to S13**
- Never married..... 5 **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..... 1      No..... 2 **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..... 1 **→Go to S18**
- At least once a week..... 2 **→Go to S18**
- Less than once a week..... 3 **→Go to S18**
- Hardly ever..... 4 **→Go to S18**
- Never..... 5 **→Go to S21**

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

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

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

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

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

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

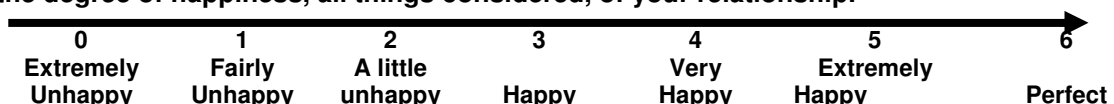
**S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.**

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

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

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

**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.**



**S24. Do you feel that having <baby> has...**

Brought you and your spouse/partner closer together,  
1.....

Made you less close than before,  
2.....

Made no difference to your relationship,  
3.....

**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.....1

No.....2 →Go to S27a

**S26. How many?**

One.....1

Two.....2

Three or more.....3

**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.....1

No.....2

**S27b. What treatment did you receive?**

- Clomiphene citrate alone.....1
- GIFT: Gamete Intrafallopian Transfer.....2
- IVF: In Vitro Fertilisation.....3
- ICSI: IVF with intra cytoplasmic sperm injection.....4
- Frozen embryo transfer.....5
- Surgery involving the womb, tubes or ovaries.....6
- Donor sperm.....7
- Donor egg.....8
- Other (please specify).....9

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

**S28b. Are you currently pregnant? Yes.....1 No.....2**

**S28c. What age were you when you had your first period? \_\_\_\_\_ years of age. Can't remember ....2**

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

- Yes, at that time.....1
- Yes, but much later.....2
- Yes, but somewhat later.....3
- Yes, but earlier.....4
- No intention of ever becoming pregnant....5
- Other (specify).....6
- Unsure/Didn't mind.....7

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

**A great deal**

**Some**

**Not much**

**None at all**

1.....

2.....

3.....

4.....

**S30b. Was that during:**

- |   | <b>Yes</b>                 | <b>No</b>                  |
|---|----------------------------|----------------------------|
| First Trimester [1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> month]..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Second Trimester [4th, 5th or 6th month].....                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Third Trimester [7th, 8th or 9th month].....                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

- |   | <b>Yes</b>                 | <b>No</b>                  |
|---|----------------------------|----------------------------|
| (i) the pregnancy itself                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (ii) other factor, such as bereavement, work related etc. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

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

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

[Tick one box on each line]

	Yes	No	How many per day?
First Trimester [1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____ N
Second Trimester [4 <sup>th</sup> , 5 <sup>th</sup> or 6 <sup>th</sup> month] .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____ N
Third Trimester [7 <sup>th</sup> , 8 <sup>th</sup> or 9 <sup>th</sup> month] .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____ N

**S33. Did you consume alcohol during your pregnancy?**

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

**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?**

	Yes	No	Pints of beer/cider	Glasses of wine	Measures of spirits	Bottles of alcopops
First Trimester [1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____	_____	_____	_____
Second Trimester [4 <sup>th</sup> , 5 <sup>th</sup> or 6 <sup>th</sup> month] .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____	_____	_____	_____
Third Trimester [7 <sup>th</sup> , 8 <sup>th</sup> or 9 <sup>th</sup> month] .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____	_____	_____	_____

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

Often      Most days      Sometimes      Once or twice      Not at all

a. Sleeping pills.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
b. Tranquillisers.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
c. Pills for depression.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
d. Cannabis / Marijuana.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
f. Amphetamines or other stimulants .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
g. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
h. Anticonvulsants.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
i. Steroids.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>

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

Often      Most days      Sometimes      Once or twice      Not at all

a. Sleeping pills.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
b. Tranquillisers.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
c. Pills for depression.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
d. Cannabis / Marijuana.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
f. Amphetamines or other stimulants .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
g. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
h. Anticonvulsants.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
i. Steroids.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>

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

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

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

Every day	5-6 times a week	2-4 times a week	Once a week	1-3 times a month	Less often	Never
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

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

Yes, on a regular basis.....<sub>1</sub> Yes, on an occasional basis.....<sub>2</sub> Never .....<sub>3</sub>

**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 1<sup>st</sup> trimester of the pregnancy.....2
- In the 2<sup>nd</sup> trimester of the pregnancy.....3
- In the 3<sup>rd</sup> 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.**

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

- a. I felt I could not shake off the blues even with help from my family or friends.....1.....2.....3.....4
- b. I felt depressed.....1.....2.....3.....4
- c. I thought my life had been a failure.....1.....2.....3.....4
- d. I felt fearful.....1.....2.....3.....4
- e. My sleep was restless.....1.....2.....3.....4
- f. I felt lonely.....1.....2.....3.....4
- g. I had crying spells.....1.....2.....3.....4
- h. I felt sad.....1.....2.....3.....4

**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.....2 → Go to S60
- Temporarily lives elsewhere.....3 → 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      Yes, lived with.....2      No 3 Go to S47      Adoptive / Foster parent 4 Go to S60

**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      Going out but not living together.....5
- Cohabiting / living as married.....2      Just friends.....6
- Separated.....3      No relationship.....7
- Divorced.....4

**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**

\_\_\_\_\_

\_\_\_\_\_

**S50. Do you and <baby's> biological father / mother have shared parenting of <baby> on a regular basis?**

Yes ..... \_1 No ..... \_2 →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 ..... \_1 More than 1 hour's drive from here ..... \_3  
Between ½ and 1 hour's drive from here.. \_2 Outside the country..... \_4

**S53. How often does <baby> have contact with his / her biological father / mother?**

Daily ..... \_1 Monthly ..... \_5  
Once or twice a week..... \_2 Less than once a month ..... \_6  
Weekly ..... \_3 No contact..... \_7  
Every second week / weekend ..... \_4

**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 ..... \_1  
Yes, he/she makes a regular payment ..... \_2  
Yes, he/she makes payments as required..... \_3

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

Every day \_1      Several times a week \_2      About once a week \_3      A few times a month \_4      Several times a year \_5      Never \_6

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

Very positive \_1      Positive \_2      Neither positive nor negative \_3      Somewhat negative \_4      Very negative \_5

**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 ..... \_1  
No, I do not wish other parent to be contacted ..... \_2  
No, I do not have contact details for other parent ..... \_3

**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.**



## **Secondary Caregiver Main Questionnaire**



The Economic and Social Research Institute  
Whitaker Square  
Sir John Rogerson's Quay  
Dublin 2  
Ph: 01-8632000 fax: 01-8632100



University of Dublin  
Trinity College  
College Green  
Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)  
INFANT QUESTIONNAIRE  
STRICTLY CONFIDENTIAL  
FATHER / PARTNER 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 .....<sub>1</sub> Female .....<sub>2</sub>

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 ..... <input type="checkbox"/> <sub>1</sub>                     | E. Grand parent ..... <input type="checkbox"/> <sub>5</sub>           |
| B. Adoptive mother/ father ..... <input type="checkbox"/> <sub>2</sub>                       | F. Aunt/uncle ..... <input type="checkbox"/> <sub>6</sub>             |
| C. Step-mother/ Step-father /Partner of child's parent <input type="checkbox"/> <sub>3</sub> | G. Other relative/ in law ..... <input type="checkbox"/> <sub>7</sub> |
| D. Foster mother/ father ..... <input type="checkbox"/> <sub>4</sub>                         | H. Unrelated guardian ..... <input type="checkbox"/> <sub>8</sub>     |

**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.

B1c.

B1d.

B1e.

### 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 .....<sub>1</sub>      Wanted to, but missed it .....<sub>2</sub>      No .....<sub>3</sub>

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>?

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

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
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 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.....	<input type="checkbox"/> 1	Fair.....	<input type="checkbox"/> 4
Very Good.....	<input type="checkbox"/> 2	Poor.....	<input type="checkbox"/> 5
Good.....	<input type="checkbox"/> 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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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?

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

*If currently drink alcohol between everyday and 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**

**Time Section Started**     **(24 hour clock)**

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

**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    Disagree    Neither Agree    Agree    Strongly



**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 ... <sub>1</sub> No... <sub>2</sub> **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) ..... <sub>1</sub> Self-employed outside farming <sub>2</sub> Farmer <sub>3</sub>

**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:  
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 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 <sub>1</sub> ..... No <sub>2</sub> **Go to F11d**

**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:  
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 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
I prefer be at home to look after my children myself _____	medical benefits if I was earning..... _____
I cannot earn enough to pay for childcare _____	Other reason (specify)..... _____

**F12. Do you plan to start or return to paid work?**

Yes, in the next 3 months ..... <sub>1</sub>

- 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  
 (Junior/Intermediate/Group Certificate. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).  
 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 ..... <input type="checkbox"/> 1          | Irish ..... <input type="checkbox"/> 2       |
| Arabic ..... <input type="checkbox"/> 3           | French ..... <input type="checkbox"/> 4      |
| Polish ..... <input type="checkbox"/> 5           | Russian ..... <input type="checkbox"/> 6     |
| Czech ..... <input type="checkbox"/> 7            | Latvian ... <input type="checkbox"/> 8       |
| Portuguese ..... <input type="checkbox"/> 9       | Spanish..... <input type="checkbox"/> 10     |
| Chinese ..... <input type="checkbox"/> 11         | Lithuanian ..... <input type="checkbox"/> 12 |
| Romanian ..... <input type="checkbox"/> 13        | German..... <input type="checkbox"/> 14      |
| Other (specify) ..... <input type="checkbox"/> 15 |  |

**F15. Is English your native language? Yes ..... 1 → Go to F18 No ..... 2**

[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?**

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

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

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

**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? Yes..... 1 No..... 2**

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

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

**F20. 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.....

**F21. Are you a citizen of Ireland?**

Yes .....\_1

No .....\_2

**F22. What citizenship do you hold?** \_\_\_\_\_

**F23. Were you born in Ireland?**

Yes .....\_1

No .....\_2

**F24. In which country were you born?** \_\_\_\_\_

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

Within the last  
year  
\_1

1-5 years ago  
\_2

6-10 years  
ago  
\_3

11-20 years ago  
\_4

More than 20  
years ago  
\_5

**F26. [Card F26] 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

**F27. Do you belong to any religion**

Yes .....\_1

No .....\_2

**F28. [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

**Time Section Ended**

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

# Card B1

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

Dislike	No strong feelings towards baby	Slight affection	Moderate affection	Intense affection
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## Card C2

**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>?

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

## 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.

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

# Card F1

**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

# Card F3 / F10 / F11c

## Your occupation in your main job.

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

<p>Please use precise terms such as:</p> <p>RETAIL STORE MANAGER SECONDARY TEACHER ELECTRICAL ENGINEER</p>	<p>Please DO NOT use general terms such as:</p> <p>MANAGER TEACHER ENGINEER</p>
<p>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.</p>	

## 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] \_\_\_\_\_ .....

# Card F13

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

- 1. No formal education**..... <sub>1</sub>  
**2. Primary education**..... <sub>2</sub>

## *Second Level*

- 3. Lower Secondary** ..... <sub>3</sub>  
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).  
**4. Upper Secondary** ..... <sub>4</sub>  
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent  
**5. Technical or Vocational qualification** ..... <sub>5</sub>  
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Teagsac Certificate/Diploma or equivalent).  
**6. Both Upper Secondary and Technical or Vocational qualification** ..... <sub>6</sub>

## *Third Level*

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

# Card F14

**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

## Card F26

**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**



**GROWING UP IN IRELAND – the national longitudinal study of children**  
**STRICTLY CONFIDENTIAL**

**FATHER / PARTNER QUESTIONNAIRE – SUPPLEMENTARY SECTION**

GROUP  HHOLD  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 .....<sub>1</sub> Female .....<sub>2</sub>

S1. Are you the biological parent of <baby>?

Yes.....<sub>1</sub> → Go to S12 No.....<sub>2</sub> → Go to S2

S2. Are you the adoptive parent of <baby>?

Yes.....<sub>1</sub> No.....<sub>2</sub> → Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic .....<sub>1</sub>

Inter-country .....<sub>2</sub>

S4. Was this a within family adoption?

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

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

S10. How many previous foster placements has <baby> been in? \_\_\_\_\_ previous placements DK...<sub>99</sub>

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

Own family.....<sub>2</sub>

Institutional care .....<sub>3</sub>

**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..... 1 **Go to S16**
- Married and separated from husband / wife..... 2 **Go to S13**
- Divorced..... 3 **Go to S13**
- Widowed..... 4 **Go to S13**
- Never married..... 5 **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..... 1 No..... 2 **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..... 1 **→Go to S18**
- At least once a week..... 2 **→Go to S18**
- Less than once a week..... 3 **→Go to S18**
- Hardly ever..... 4 **→Go to S18**
- Never..... 5 **→Go to S21**

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

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

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

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

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

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

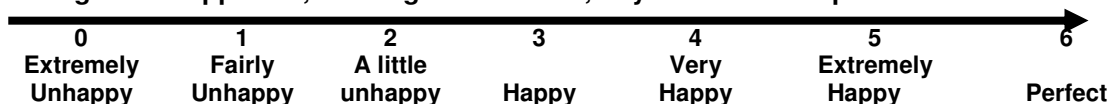
**S21. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.**

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

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

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

**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.**



**S24. Do you feel that having <baby> has...**

Brought you and your spouse/partner closer together,

1

Made you less close than before,

2

Made no difference to your relationship,

3

**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.....1

No.....2 →Go to S27a

**S26. How many?**

One .....1

Two .....2

Three or more.....3

**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.....1

No.....2

**S27b. What treatment did you receive?**

- Clomiphene citrate alone .....1
- GIFT: Gamete Intrafallopian Transfer.....2
- IVF: In Vitro Fertilisation.....3
- ICSI: IVF with intra cytoplasmic sperm injection.....4
- Frozen embryo transfer.....5
- Surgery involving the womb, tubes or ovaries .....6
- Donor sperm .....7
- Donor egg .....8
- Other (please specify) .....9

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

**S28b. Are you currently pregnant?** Yes.....1 No.....2

**S28c. What age were you when you had your first period? \_\_\_\_\_ years of age. Can't remember ....2**

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

- Yes, at that time .....1
- Yes, but much later .....2
- Yes, but somewhat later .....3
- Yes, but earlier.....4
- No intention of ever becoming pregnant....5
- Other (specify) .....6
- Unsure/Didn't mind .....7

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

**A great deal**

**Some**

**Not much**

**None at all**

1

2

3

4

**S30b. Was that during:**

- |  | Yes                        | No                         |
|--|----------------------------|----------------------------|
| First Trimester [1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> month] ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Second Trimester [4th, 5th or 6th month] .....                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Third Trimester [7th, 8th or 9th month] .....                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| (iii) the pregnancy itself                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| (iv) other factor, such as bereavement, work related etc. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

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

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

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

[Tick one box on each line]

	Yes	No	How many per day?
First Trimester [1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____ N
Second Trimester [4 <sup>th</sup> , 5 <sup>th</sup> or 6 <sup>th</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____ N
Third Trimester [7 <sup>th</sup> , 8 <sup>th</sup> or 9 <sup>th</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____ N

**S33. Did you consume alcohol during your pregnancy?**

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

**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?**

	Yes	No	Pints of beer/cider	Glasses of wine	Measures of spirits	Bottles of alcopops
First Trimester [1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____	_____	_____	_____
Second Trimester [4 <sup>th</sup> , 5 <sup>th</sup> or 6 <sup>th</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____	_____	_____	_____
Third Trimester [7 <sup>th</sup> , 8 <sup>th</sup> or 9 <sup>th</sup> month].....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	_____	_____	_____	_____

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

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
b. Tranquillisers.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
c. Pills for depression.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
d. Cannabis / Marijuana.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
f. Amphetamines or other stimulants.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
g. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
h. Anticonvulsants.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
i. Steroids.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....

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

	Often	Most days	Sometimes	Once or twice	Not at all
a. Sleeping pills.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
b. Tranquillisers.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
c. Pills for depression.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
d. Cannabis / Marijuana.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
e. Painkillers (aspirin, paracetamol, etc.).....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
f. Amphetamines or other stimulants.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
g. Heroin, Methadone, Crack, Cocaine.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
h. Anticonvulsants.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....
i. Steroids.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub> .....

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

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

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

Every day	5-6 times a week	2-4 times a week	Once a week	1-3 times a month	Less often	Never
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**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 1<sup>st</sup> trimester of the pregnancy.....2
- In the 2<sup>nd</sup> trimester of the pregnancy.....3
- In the 3<sup>rd</sup> 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.**

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

- a. I felt I could not shake off the blues even with help from my family or friends.....1.....2.....3.....4
- b. I felt depressed.....1.....2.....3.....4
- c. I thought my life had been a failure.....1.....2.....3.....4
- d. I felt fearful.....1.....2.....3.....4
- e. My sleep was restless.....1.....2.....3.....4
- f. I felt lonely.....1.....2.....3.....4
- g. I had crying spells.....1.....2.....3.....4
- h. I felt sad.....1.....2.....3.....4

**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.....2 → Go to S60
- Temporarily lives elsewhere.....3 → 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 Yes, lived with...2 No 3 Go to S47 Adoptive / Foster parent 4 Go to S60

**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**

\_\_\_\_\_  
\_\_\_\_\_

**S50. Do you and <baby's> biological father / mother have shared parenting of <baby> on a regular basis?**

Yes ..... \_1 No ..... \_2 →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 ..... \_1 More than 1 hour's drive from here ..... \_3  
Between ½ and 1 hour's drive from here.. \_2 Outside the country..... \_4

**S53. How often does <baby> have contact with his / her biological father / mother?**

Daily ..... \_1 Monthly ..... \_5  
Once or twice a week..... \_2 Less than once a month ..... \_6  
Weekly ..... \_3 No contact..... \_7  
Every second week / weekend ..... \_4

**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 ..... \_1  
Yes, he/she makes a regular payment ..... \_2  
Yes, he/she makes payments as required..... \_3

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

Every day \_1      Several times a week \_2      About once a week \_3      A few times a month \_4      Several times a year \_5      Never \_6

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

Very positive \_1      Positive \_2      Neither positive nor negative \_3      Somewhat negative \_4      Very negative \_5

**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 ..... \_1  
No, I do not wish other parent to be contacted ..... \_2  
No, I do not have contact details for other parent ..... \_3

**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**





The Economic and Social Research Institute  
 Whitaker Square  
 Sir John Rogerson's Quay  
 Dublin 2  
 Ph: 01-8632000 fax: 01-8632100



University of Dublin  
 Trinity College  
 College Green  
 Dublin 2



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)  
 INFANT QUESTIONNAIRE  
 STRICTLY CONFIDENTIAL  
 MOTHER or LONE FATHER QUESTIONNAIRE - TWIN MODULE**

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. PARENTING, CHILD'S FUNCTIONING AND RELATIONSHIPS**

Time Section Started     (24 hour clock)

X1a. Record <baby's> name: \_\_\_\_\_

X1b. Record <baby's> gender      Male ..... <sub>1</sub>      Female ..... <sub>2</sub>

X1c. Record <baby's> date of birth    \_\_dd\_\_mm\_\_yyyy

**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 ..... <sub>1</sub>
- Is unhappy at first but quickly settles down ..... <sub>2</sub>
- Remains unsettled and unhappy during your entire absence ..... <sub>3</sub>
- Have never left <baby> with someone else..... <sub>4</sub>

**A2. [Card A2] And when you return, having left <baby> with someone else, how does he or she usually act?**

- With delight ..... <sub>1</sub>
- With a mixture of delight and annoyance ..... <sub>2</sub>
- Hard to tell, no particular emotion ..... <sub>3</sub>
- Seems to be annoyed/angry with me for leaving him/her .. <sub>4</sub>

**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:**

Dislike	No strong feelings towards baby	Slight affection	Moderate affection	Intense affection
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

**d. When I am with <baby> I feel tense and anxious**

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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

**g. I now think of <baby> as:**

Very much my own baby	A bit like my own baby	Not yet really my own baby
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**h. I trust my own judgement in deciding what <baby> needs**

Almost never	Occasionally	Most of the time	Almost all the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**i. Usually when I am with <baby>**

I am very impatient	I am a bit impatient	I am moderately patient	I am extremely patient
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**A4. When <baby> cries how often does he/she get on your nerves?**

Never/ Almost never	Rarely	Sometimes	Often	Always / Almost always
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

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

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

Very easy  $\xrightarrow{\hspace{10em}}$  About Average  $\xrightarrow{\hspace{10em}}$  Difficult  
1.....2.....3.....4.....5.....6.....7

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

Very easy  $\xrightarrow{\hspace{10em}}$  About Average  $\xrightarrow{\hspace{10em}}$  Difficult  
1.....2.....3.....4.....5.....6.....7

**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 per day      3-4 times per day      5-6 times per day      7-9 times per day      10-14 times per day      more than 15  
1.....2.....3.....4.....5.....6.....7

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

Very little; much less than an average baby  $\xrightarrow{\hspace{10em}}$  Average amount; about as much as the average baby  $\xrightarrow{\hspace{10em}}$  A lot much more than the average baby  
1.....2.....3.....4.....5.....6.....7

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

very well-- baby loved it  $\xrightarrow{\hspace{10em}}$  neither liked nor disliked it  $\xrightarrow{\hspace{10em}}$  terribly-- didn't like it  
1.....2.....3.....4.....5.....6.....7

**H. How did your baby respond to his/her first solid food?**

very favorably-- liked it immediately  $\xrightarrow{\hspace{10em}}$  neither liked nor disliked it  $\xrightarrow{\hspace{10em}}$  very negatively— did not like it at all  
1.....2.....3.....4.....5.....6.....7

**I. How does your baby typically respond to a new person?**

Almost always responds favourably  $\xrightarrow{\hspace{10em}}$  Responds favourably about half the time  $\xrightarrow{\hspace{10em}}$  Almost always responds negatively at first  
1.....2.....3.....4.....5.....6.....7

**J. How does your baby typically respond to being in a new place?**

Almost always responds favourably  $\xrightarrow{\hspace{10em}}$  Responds favourably about half the time  $\xrightarrow{\hspace{10em}}$  Almost always responds negatively at first  
1.....2.....3.....4.....5.....6.....7

**K. How well does your baby adapt to things (such as in items G-J) eventually?**

Very well, always likes it eventually  $\xrightarrow{\hspace{10em}}$  Ends up liking it about half the time  $\xrightarrow{\hspace{10em}}$  Almost always dislikes it in the end  
1.....2.....3.....4.....5.....6.....7

**L. How easily does your infant get upset?**

Very hard to upset- even by things that upset most babies  $\xrightarrow{\hspace{10em}}$  About average  $\xrightarrow{\hspace{10em}}$  Very easily upset by things that wouldn't bother other babies  
1.....2.....3.....4.....5.....6.....7

**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  $\xrightarrow{\hspace{10em}}$  Moderate intensity or loudness  $\xrightarrow{\hspace{10em}}$  Very loud or intense, really cuts loose  
1.....2.....3.....4.....5.....6.....7

**N. How does your baby react when you are dressing him/her?**

Very well-- likes it  $\xrightarrow{\hspace{10em}}$  About average— doesn't mind it  $\xrightarrow{\hspace{10em}}$  Doesn't like it at all  
1.....2.....3.....4.....5.....6.....7

**O. How active is your baby in general?**

Very calm and quiet  $\xrightarrow{\hspace{10em}}$  Average  $\xrightarrow{\hspace{10em}}$  Very active and vigorous  
1.....2.....3.....4.....5.....6.....7

**P. How much does your baby smile and make happy sounds?**

A great deal, much more than most infants  $\longrightarrow$  An average amount  $\longrightarrow$  Very little, much less than most infants  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**Q. What kind of mood is your baby generally in?**

Very happy and cheerful  $\longrightarrow$  Neither serious nor cheerful  $\longrightarrow$  Serious  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**R. How much does your baby enjoy playing little games with you?**

A great deal, really loves it  $\longrightarrow$  About average  $\longrightarrow$  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  $\longrightarrow$  Sometimes wants to be held, sometimes not  $\longrightarrow$  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, doesn't get upset  $\longrightarrow$  About average  $\longrightarrow$  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  $\longrightarrow$  About Average  $\longrightarrow$  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  $\longrightarrow$  About average  $\longrightarrow$  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  $\longrightarrow$  About average  $\longrightarrow$  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  $\longrightarrow$  Ordinary, some problems  $\longrightarrow$  Highly difficult to deal with  
1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7

**B. BABY'S DEVELOPMENT**

Time Section Started

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(24 hour clock)

Communication	Yes	Sometimes	Not Yet
1. Does your baby make high-pitched squeals?			
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?			
3. If you call to your baby when you are out of sight, does he look in the direction of your voice?			
4. When a loud noise occurs, does your baby turn to see where the sound came from?			
5. If you copy the sounds your baby makes, does your baby repeat the same sounds to you?			
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 your using 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”?			
<b>Gross Motor</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>
15. While on his back, does your baby lift his legs high enough to see his feet?			
16. When she is on her tummy, does your baby straighten both arms and push her whole chest off the bed or floor?			
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).			
18. Does your baby roll from his back to his tummy, getting both arms out from under him?			
19. Does your baby get into the crawling position by getting up on her hands and knees?			
20. If you hold both hands just to balance him, does your baby support his own weight when standing?			
21. When sitting on the floor, does your baby sit up straight for several minutes without using her hands for support?			
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?			
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?			
24. While holding onto furniture, does your baby lower himself with control (without falling or flopping down)?			
25. Does your baby walk along furniture while holding on with only one hand?			
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.)			
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.)			
28. Does your baby stand up in the middle of the floor by himself and take several steps forward?			
<b>Fine Motor</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>
29. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?			
30. Does your baby reach for or grasp a toy using both hands at once?			
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.			
32. Does your baby pick up a small toy, holding it in the centre of his/her hand with his/her fingers around it?			
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.)			
34. Does your baby pick up small toys with only one hand?			
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.)			
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.)			
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).			
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.			
39. Does your baby set a small toy down, without dropping it, and then take her hand off the toy?			
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?			
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.)			
42. Does your baby help turn the pages of a book? (You may lift a page for her to grasp).			
<b>Problem Solving</b>	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>
43. When a toy is in front of her, does your baby reach for it with both hands?			
44. When he is on his back, does your baby turn his head to look for a toy when he drops			

it? (If he already picks it up, check "yes" for this item)?			
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.)			
<b>Personal - Social</b>			
	<b>Yes</b>	<b>Sometimes</b>	<b>Not Yet</b>
57. When in front of a large mirror, does your baby smile or coo at herself?			
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.)			
59. While lying on her back does your baby play by grabbing her foot?			
60. When in front of a large mirror, does your baby reach out to pat the mirror?			
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.)			
62. While on her back, does your baby put her foot in her mouth?			
63. Does your baby drink water, juice, or formula from a cup while you hold it?			
64. Does your baby feed himself a cracker or a cookie?			
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).			
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?			
67. When you hold out your hand and ask for her toy, does your baby let go of it into your hand?			
68. When you dress her, does your baby lift her foot for her shoe, sock, or pant leg?			
69. Does your baby roll or throw a ball back to you so that you can return it to him?			
70. Does your baby play with a doll or stuffed animal by hugging it?			

**BX1. Do you talk to your baby while you are busy doing other things? ( eg. while you do housework).**

Never <sub>1</sub> ..... Rarely <sub>2</sub> ..... Sometimes <sub>3</sub> ..... Often <sub>4</sub> ..... Always <sub>5</sub>

**BX2a. Do you have any other concerns about any aspects of baby's behaviour or development?**

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

**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 <sub>1</sub> ..... Often <sub>2</sub> ..... At times <sub>3</sub> ..... Rarely <sub>4</sub> ..... Never <sub>5</sub>

**C5. How often does your baby wake at night?**

Never  ..... Occasionally  ..... Most nights  ..... Every night  ..... More than once per night <sub>5</sub>

<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
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**C6. How many times per night on average?** \_\_\_\_\_

**C7. Do you ever wake <baby> for a feed during the night?**

Yes, usually <sub>1</sub> ..... Yes, sometimes <sub>2</sub> ..... No, not at all <sub>3</sub>

**C8. How do you normally put <baby> down to sleep?**

On his/her stomach <sub>1</sub> ..... On his/her side <sub>2</sub> ..... On his/her back <sub>3</sub>

**C9. Does <baby> usually sleep:**

In a room on his/her own ..... <sub>1</sub> In your bedroom ..... <sub>3</sub>  
 In a room with other children ..... <sub>2</sub> Elsewhere ..... <sub>4</sub>

**C10. Where does <baby> sleep for most of the night?**

In his/her own bed/cot ..... <sub>1</sub>  
 In bed/cot with other children ..... <sub>2</sub>  
 In your bed ..... <sub>3</sub>  
 Other (specify) ..... <sub>4</sub>

**C11. Approximately how many nights per week would <baby> spend at least some part of the night in your bed?**  
 \_\_\_\_\_ N

**C12. Do you feel that <baby's> crying is a problem for you?**

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

**C13. How much is <baby's> sleeping pattern or habits a problem for you?**

A large problem <sub>1</sub> ..... A moderate problem <sub>2</sub> ..... A small problem <sub>3</sub> ..... No problem at all <sub>4</sub>

**C14. Have you ever taken your child to a doctor, consulted a pharmacist for a sleeping problem?**

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

**C15. Have you used a soother / dummy with <baby> in the last week?**

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

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

**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 .....	<input type="checkbox"/> <sub>1</sub> Go to D3a	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
b. A non-relative in your home.....	<input type="checkbox"/> <sub>2</sub> Go to D4a	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
c. A relative in their home.....	<input type="checkbox"/> <sub>3</sub> Go to D3b	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
d. A non-relative in their home.....	<input type="checkbox"/> <sub>4</sub> Go to D4b	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
e. Centre-based caregiver (e.g. Crèche / Day nursery) .....	<input type="checkbox"/> <sub>5</sub> Go to D5	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>
f. Other (please specify).....	<input type="checkbox"/> <sub>6</sub> Go to D6	_____ N	_____ N	€ _____	<input type="checkbox"/> <sub>4</sub>

**D3a. Please specify how this person is related to <baby>**

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

**D3b. Please specify how this person is related to <baby>**

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

**D4a. Which of the following best describes that person?**

- a. Au pair / Nanny ..... <sub>1</sub>
- b. Friend or parent ..... <sub>2</sub>
- c. Neighbour..... <sub>3</sub>
- d. Registered childminder ..... <sub>4</sub>
- e. Unregistered childminder ..... <sub>5</sub>
- f. Other ..... <sub>6</sub>

**D4b. Which of the following best describes that person?**

- a. Au pair / Nanny..... <sub>1</sub>
- b. Friend or parent..... <sub>2</sub>
- c. Neighbour ..... <sub>3</sub>
- d. Registered childminder ..... <sub>4</sub>
- e. Unregistered childminder ..... <sub>5</sub>
- f. Other ..... <sub>6</sub>

**D5. What type of centre is it?**

- a. Work-based crèche..... <sub>1</sub>
- b. Other crèche/nursery ..... <sub>2</sub>
- c. Montessori..... <sub>3</sub>
- d. Playschool or pre-school ..... <sub>4</sub>
- e. Naoinra ..... <sub>5</sub>
- f. Other ..... <sub>6</sub>

**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 ..... <sub>6</sub> No ..... <sub>2</sub> Don't work ..... <sub>3</sub>

**D8b. Do you personally collect <baby> from this main type of care on your way home from work?**

Yes ..... <sub>6</sub> No ..... <sub>2</sub> Don't work ..... <sub>3</sub>

**D8c. What distance do you travel from home to this main type of care?**

- Carer lives on my street / road..... <sub>1</sub>
- Less than ½ mile (1 kilometre)..... <sub>2</sub>
- ½ to 1 mile (1 – 1.5 kilometres) ..... <sub>3</sub>
- 1 to 5 miles (1.5 – 8 kilometres)..... <sub>4</sub>
- 6 to 10 miles (9 –16 kilometres)..... <sub>5</sub>
- More than 10 miles (more than 16 kilometres) ..... <sub>6</sub>



**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?**

- |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>Completely</b>          | <b>To a large degree</b>   | <b>To some degree</b>      | <b>Only a little</b>       | <b>Not at all</b>          |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**D10a. How satisfied are you with these arrangements?**

- |                            |                            |   |                            |                            |
|----------------------------|----------------------------|---|----------------------------|----------------------------|
| <b>Very satisfied</b>      | <b>Fairly satisfied</b>    | <b>Neither satisfied<br/>nor dissatisfied</b> | <b>Fairly dissatisfied</b> | <b>Very dissatisfied</b>   |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3                    | <input type="checkbox"/> 4 | <input type="checkbox"/> 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 .....<sub>1</sub> No .....<sub>2</sub>

## 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 .....<sub>1</sub> E. Foetal distress - Meconium or other sign.....<sub>5</sub>  
B. Very long labour (more than 12 hours).....<sub>2</sub> F. Foetal blood sample taken in labour .....<sub>6</sub>  
C. Very rapid labour (less than 2 hours).....<sub>3</sub> G. Birth injury – nerve injury / fracture / bruising .....<sub>7</sub>  
D. Foetal distress – Abnormal Heart rate tracing .....<sub>4</sub> H. Other complication [please specify].....<sub>8</sub>

**F4. Did <baby> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?**

Yes .....<sub>1</sub> No .....<sub>2</sub> Don't know.....<sub>3</sub>

**F5. Did <baby> need any help with his/her breathing from a ventilator?**

Yes .....<sub>1</sub> No .....<sub>2</sub> Don't know.....<sub>3</sub>

**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 COLUSTRUM IN FIRST FEW DAYS AFTER BIRTH**

Yes .....<sub>1</sub> No .....<sub>2</sub> → Go to F10d

**F8b. Was <baby> still being breastfed when you brought him/her home from hospital?**

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

**F9a. Was <baby> ever exclusively breastfed?**

[Exclusive breastfeeding means that the infant receives only breast-milk without any additional food or drink]

Yes .....<sub>1</sub> No .....<sub>2</sub> → 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....<sub>999</sub>

**F10a. Are you currently breastfeeding <baby> (include partial/complementary breastfeeding)?**

Yes .....<sub>1</sub> → Go to F11 No.....<sub>2</sub>

**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 ..... 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

**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 ..... 1
- b. Inconvenience/fatigue ..... 2
- c. Difficulty with breast feeding techniques ..... 3
- d. Sore nipples/engorged breast ..... 4
- e. Mother's illness ..... 5
- f. Physician told me not to ..... 6
- g. Partner/father did not want me to breastfeed .... 7
- h. Formula feeding preferable ..... 8
- i. Wanted to drink alcohol ..... 9
- j. Embarrassment/social stigma ..... 10
- k. Other, please specify ..... 11

**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 4 Hasn't Had
- Cow's milk? \_\_\_ Days \_\_\_ Weeks \_\_\_ Months 4 Hasn't Had
- Any other type of milk, such as soya milk? \_\_\_ Days \_\_\_ Weeks \_\_\_ Months 4 Hasn't Had

**F12. What else does <baby> drink apart from milk or formula? [Tick all that apply]**

- Water ..... 1
- Baby Juice ..... 2
- Fruit juices/Cordial/Squash ..... 3
- Fizzy or soft drinks (e.g. lemonade, coke) ..... 4
- None of the above ..... 9
- Herbal drinks ..... 5
- Tea ..... 6
- Coffee ..... 7
- Other [please specify] ..... 8

**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 ..... 1 No ..... 2

**F14. How old was <baby> when he/she first had solid food regularly?**

- \_\_\_ Days \_\_\_ Weeks \_\_\_ Months Hasn't yet 1

**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 (b) Current health

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

**F16. Can you tell me whether <baby> has received: [Tick all that apply]**

- Their six-week checkup ..... 1
- Vaccines at 2 months ..... 2
- Vaccines at 4 months ..... 3
- Vaccines at 6 months ..... 4
- No vaccinations ..... 5

**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] ..... 1
- b. Heart abnormalities ..... 2
- c. Digestive allergies (e.g. lactose intolerant) ..... 3
- d. Eczema or any kind of skin allergy ..... 4
- e. Difficulty hearing or deafness (Do not include a temporary loss of hearing due to a cold or congestion) ..... 5

- f. Difficulty seeing .....  6
- g. A problem with mobility or using his/her arms/legs to get around .....  7
- h. A problem with using his/her hands or arms .....  8
- i. Cerebral palsy .....  9
- j. Kidney disease .....  10
- k. Diabetes .....  11
- l. Any developmental delay .....  12
- m. Down syndrome .....  13
- n. Spina bifida / Hydroencephalis .....  14
- o. Cleft lip and/or palate .....  15
- p. Other long-term condition [please specify] \_\_\_\_\_  16
- q. None of the above .....  17

**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 .....  1      Moderate .....  2      Severe .....  3

**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 .....  1
- b. Chest infections .....  3
- 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 diarrhea 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

**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 .....  1      No .....  2      Don't know .....  3

**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 .....  1      No .....  2      Don't know .....  3      Refused .....  4

**F24. 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 .....                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| The necessary medical care wasn't available or accessible to you ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| You could not take time off work to visit the doctor .....             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Wanted to wait and see if the problem got better .....                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Still on the waiting list.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Other (specify) .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**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 ..... <sub>1</sub>

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

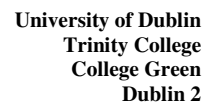
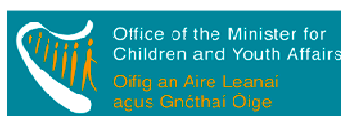
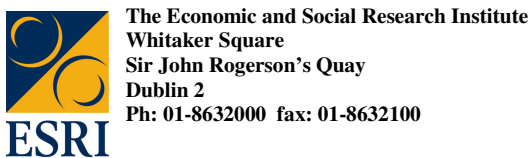
**G. FAMILY CONTEXT**

**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.**

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

## **Secondary Caregiver Twin Questionnaire**



**NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND (NLSCI)  
INFANT QUESTIONNAIRE  
STRICTLY CONFIDENTIAL  
FATHER / PARTNER QUESTIONNAIRE - TWIN MODULE**

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 (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)

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

A1a. [Card A1] Over the last two week I would describe my feeling for <baby> as:

Dislike	No strong feelings towards the baby	Slight affection	Moderate affection	Intense affection
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

A1b. [Card A1] When I am with <baby> I feel bored:

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

A1c. [Card A1] When I am with <baby> and other people are present, I feel proud of <baby>:

Very frequently	Frequently	Occasionally	Almost Never
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

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
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

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
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3

## 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>?**

	Always yourself	Usually yourself	About equally by you & partner	Usually spouse/ partner	Always spouse / partner	Some one else	No one does this
Bathes him / her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Feeds him / her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Shows him / her pictures in books	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Cuddles him /her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Plays with him / her (eg. clapping, rolling over, peek-a boo).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Taking him /her for walks, outings, visiting relatives or friends etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Reading stories to him /her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Changing his / her nappy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Getting up in the night to see to him / her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Sings to him / her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Gets him / her up in the morning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Puts him / her to bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Dresses him / her in the morning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
Picks up him / her when he /she cries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**B2. How much is <baby's> sleeping pattern or habits a problem for you?**

<b>A large problem</b>	<b>A moderate problem</b>	<b>A small problem</b>	<b>No problem at all</b>
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

**B3. Do you feel that <baby's> crying is a problem for you?                      Yes .....1                      No.....2**

## 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.**

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



# 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 L11.

