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QUESTIONNAIRES FOR

WAVE 1

OF THE NINE-YEAR COHORT OF

GROWING UP IN IRELAND

MAY 2010

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1. Introduction

Interviews were carried out using a mixture of CAPI (Computer Assisted Personal Interviewing) and PAPI (Paper and Pencil Personal Interview). This document includes all the questionnaires used in the Study (both household and school) in their original paper format. The question numbers in the questionnaires refer to the numbers in the main nine year 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 non-applicable 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 Section XX 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.

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

All school questionnaires, the Principal, Teacher on Self and Teacher on Pupil were completed on a PAPI basis with the questionnaires being left with the relevant respondents and collected by the interviewer at an agreed date.

Thirteen questionnaires for the nine year 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 variables are discussed in another document, the *Derived Variables Report*, and are variables that were derived by the study team, after data collection was complete, for the purposes of analysis.

Mother/Lone Father Questionnaire

Interviews were conducted with both parents/guardians of the Study Child (where resident). The mother was usually the ‘main’ respondent and the father or mother’s partner was usually the ‘Father/Partner’ respondent. The bulk of the questions were asked in the Mother/Lone Father 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 Mother/Lone Father questionnaire consists of 11 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 main caregiver, relationship to child, principal economic status) on each member of the household.

Section B - Child’s Health

This module focuses on the current and past health of the Study Child, including prenatal care and details of the birth.

Section C - Child’s Use of Health Services

This section addresses the Study Child’s healthcare utilisation including healthcare requirements and perceived barriers to access, hospital visits and contact with healthcare professionals.

Section D – Child’s Diet and Exercise

This section asks the parent/guardian about the Study Child’s eating and exercise habits.

Section E – Respondent’s Health

This section focuses on the respondent’s own health, in particular any chronic health conditions

Section F – Respondent’s Lifestyle

This section focuses on the respondent’s smoking and drinking habits

Section G - Child’s Activities

This section focuses on the amount of time spent engaged in leisure-time activities.

Section H – Child’s Emotional Health and Wellbeing

This section focuses on important aspects of the Study Child’s emotional health and wellbeing. Firstly, the section explores (negative) life events *ever* experienced by the Study Child, parental perceptions of different aspects of the Study Child’s behaviour, with a focus on both strengths and difficulties, and a measure of the Study Child’s temperament.

Section J – Child’s Education; Past and Current

This section focuses on childcare, education (as well as parental knowledge of and involvement in); parental perceptions of Study Child’s school performance and future expectations; knowledge of Study Child being bullied; identification and diagnosis of specific learning difficulty, communication or coordination disorder experienced by the Study Child.

Section K – Family Context

This section deals with the family context in which the Study Child lives, including the parent relationship with the Study Child, discipline practices, time spent as a family doing activities, work-life balance, religiosity.

Section L – Socio-demographics

This section records details on background characteristics of the household and / or Mother/ Lone parent respondent, including information on household income.

Section M – Neighbourhood and Community

In this section we record some background details on the characteristics of the neighbourhood or community of the Study Family. And family/parent connections

Mother /Lone Father 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 PAPI 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 completed questionnaire was sealed in an envelope by the respondent and returned to the interviewer who passed it back, unopened to the Study Team. The questions cover issues about the marital relationship, marital conflict, experience of depression, feelings over the last week, use of drugs, and questions about a non-resident parent (if appropriate).

Father/Partner Questionnaire

This instrument was administered to the spouse or partner of the Mother / Lone Father. The questionnaire was a substantially reduced version of the Mother / Lone Father 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 – Respondent’s Health

This section asks some questions about the respondent’s current health

Section C – Respondent’s Lifestyle

Section D – Family Context

The main focus of this section is on the Father’s relationship with the Study Child

Section E - Sociodemographics

This section records details on background characteristics of the Father/Partner, including educational attainment, literacy and numeracy skills, economic status, citizenship and ethnicity.

Father/Partner Questionnaire – Sensitive Supplement

The Father/Partner Sensitive supplementary questionnaire contains the same questions and is administered in exactly the same way as the Mother/Lone Father

Child Main Questionnaire

The main section of the child’s questionnaire was administered to the Study Child by the interviewer, using CAPI, in the presence of the child’s parent / guardian. The child’s main questionnaire covered the following topics:

Section A - School

This section focuses on participants’ perceptions of aspects of their current school life, such as academic performance and liking of various subjects.

Section B - Food

Section C - Activities

Section C is concerned with investigating how children spend their time away from school and whom they spend it with. It includes closed and open-ended questions so that some questions specifically ask, for example, about computer use or sports, while another allows the participant to specify his/her favourite pastime or hobby. The specific variables of interest for each question are listed below:

Section D - Likes and Dislikes

In addition to a number of closed questions, this section includes a number of open-ended questions that assess children's likes and dislikes. A wide range of interesting, mainly descriptive data, is gathered in this part of the questionnaire.

Child Core Sensitive Questionnaire

The second part of the child's questionnaire recorded more sensitive information and as with the caregiver sensitive questionnaires, was done on a PAPI basis. The purpose of the self-completion format was to allow the child to complete the instrument in confidence and privacy, whilst always being in the presence of the parent / guardian. The parent / guardian was shown a blank copy of the questionnaire to allow him/her to see the questions being asked of the child. Completed questionnaires were not shown to the parent / guardian. As with the adult sensitive questionnaires they were placed in an envelope by the respondent (child), sealed and handed to the interviewer. It was made clear in the information sheets provided in advance of recruitment (as well as by the interviewer before the interview took place) that the completed questionnaire would not be shown to the parent / guardian. The Study Child (and parent/guardian) were however, told in advance of the child's questionnaire being completed that if the interviewer identified or recorded something which caused the concern about the child's safety or well-being the Study Team might have to discuss it with someone who could help.

Section A - Where You Live

Section B - School

This section initially focuses on participants' feelings towards school and teacher and experience of bullying.

Section C - Family

Child Sensitive Supplements – Mum, Dad, Mum's Partner and Dad's Partner

Further sensitive questions pertaining to a participant's mum, dad, mum's partner (if living in the same home as the Study Child) and dad's partner (if living in the same home as the Study Child), where applicable, are contained in separate additional sheets. These are completed after the main and core sensitive questionnaires and the relevant sheets are provided to the Study Child after the interviewer consults with the main caregiver. The questions and format of each of these additional sheets is the same, apart from a slight variation in wording as it relates to the relevant caregiver. The child was asked (in respect of each relevant caregiver) about encouragement of performance at school, Getting along with that caregiver, Parenting Style Inventory II (Adapted), caregiver's reaction to 'bold' behaviour.

Teacher-on-Child Questionnaire

In addition to the teacher-on-self questionnaire, each teacher was asked to self-complete a separate questionnaire for each Study Child in his/her class. The teacher-on-pupil questionnaire focused on the individual Study Child including the Study Child's behaviour, and teacher's assessment of school preparedness and ability. In some cases, the Principal was also a teacher of the Study Child. The teacher was asked to complete the Strengths and Difficulties Questionnaire in respect of each child as well as questions around the individual child's characteristics, school attendance, educational performance relative to other pupils etc.

Teacher-on-Self Questionnaire

The teacher filled out only one of these questionnaires. The purpose was to record background details on the teacher him/herself such as age, gender, qualifications, teaching method adopted in class, etc. In addition, the teacher-on-self questionnaire recorded information at classroom-level on topics such as curriculum, teacher's homework policy, teaching methods and class composition. This questionnaire is filled out on a self-completion basis.

Principal's Questionnaire

The Principal was asked to complete one questionnaire which recorded details in respect of the school. In addition to capturing basic demographic information such as the number of pupils and the number of staff, the questionnaire measured a variety of important school-level variables such as the adequacy of facilities and resources, the prevailing value system and ethos of the school, as well as various aspects of school climate. This information will be of value in performing between-school comparisons of educational outcomes. Information collected from the Principals included personal information, staffing resources, classroom provision, adequacy of school facilities and resources, ethos of the school, school attendance levels, disciplinary policy in the school, perception of general school climate etc. The questionnaire was completed on a PAPI basis.

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).

Mother / Lone Father Questionnaire

GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
MOTHER or LONE FATHER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

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

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study. We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself. The whole interview with the parents / guardians and child will take about 1 hour and 40 minutes or so to complete. [Interviewer adjust as appropriate for you in the field.]

All the information you and your family provides 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.

A. INTRODUCTION

A1. Are you the legal parent / guardian of the Study Child who usually provides the most care to him / her.

Yes ₁ No ₂

A1a. Are you in a position to answer in respect of the Study Child
 Yes ₁ No ₂ → Int. Terminate interview, reschedule

A2. Int: Record gender of parent 1 Male ₁ Female ₂

A3. [Show Card A3] Looking at Card A3 which of the following best describes your relationship to the Study Child? [Interviewer codes only if other persons are present at the time of interview]

- 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

Household Composition

In this section, I would like to ask you a few details about yourself and the others in your household.

A4. How many people in total (including yourself and all children of all ages) live here regularly as members of this household? _____ persons

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 the Study Child?
- e) tick one box to best describe their current economic status

No.	First name/Initial	(A) Sex		(B) Date of Birth	(C) If DOB not available	(D) Relationship of each member TO mother/lone father and child. Use Relationship Codes from Card A5D			(E) Card A5E						
		M	F	dd mm yr	Age last birthday	Person No.	A5D1 R'SHIP TO: Mother/lone father	A5D2 R'SHIP TO: Study Child	Pre-school	School/Education	At Work / Training	Unemployed	Retired	Home Duties	Other
1	INT: Put respondent (mother / lone father) on line 1 and Study Child on line 2	<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

X1a. Was <Study Child> a single birth, twin, triplet etc. Single child.....₁ Twin ... ₂ Triplet.... ₃

Int: Check Household register at A5 above. If twin or triplet lives in the household administer the twin questionnaire

X1b. Does the twin or triplet live in the household? Yes ₁ No..... ₂

X1c. Does <Study Child> go to the same school as twin? Yes.... ₁ No..... ₂

X1d. If not, name and address of school this child attends:

X1e. Could I ask about the study child's twin. Is he or she: Deceased ₁ Lives elsewhere ₂

Time Section Ended

(24 hour clock)

Now I would like to ask you a few questions regarding the Study Child's health.

B. CHILD'S HEALTH

B1. How much did the Study Child weigh at birth? _____ Pounds _____ Ounces OR
_____ Kilos _____ Grams Don't know . 99

B2. [Show Card B2] Looking at Card B2, was the Study Child born late, on time or early?

Late birth (42 weeks or more) 1
On time (37-41 weeks)..... 2
Somewhat early (33-36 weeks)..... 3
Very early (32 weeks or less)..... 4
Don't know 5

B3. [Show Card B3] Looking at Card B3, what was the mode of delivery? [Int. Use codes only]

A. Normal birth 1 D. Elective Caesarean 4
B. Suction assisted birth 2 E. Emergency Caesarean 5
C. Forceps assisted birth 3 F. Other [please specify]..... 6 Don't Know..... 7

B4a. Did the Study Child have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

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

B4b. [Show Card B4b] Looking at Card B4b, how old was Study Child when he/she came home from hospital (or special care)?

Less than 1 week 1 3-6 months 5
1-4 weeks 2 7-12 months 6
5-8 weeks 3 More than 12 months 7
9-12 weeks 4 Don't Know..... 8

B5. [Int. If respondent is biological mother] Did you smoke during your pregnancy with the Study Child?

Never 1 Occasionally 2 Daily 3

B6. About how many did you smoke per day?

1-5 /day 1 6-10 /day 2 11-25/day 3 26 or more/day..... 4

B7. [Int. If respondent is biological mother] Did you consume alcohol during your pregnancy with the Study Child?

Never 1 Occasionally 2 Weekly 3 Daily 4

B8. Was the Study Child ever breastfed, even if only for a short time?

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

B9. For how many months or weeks was the Study Child breastfed?

_____ months _____ weeks Don't Know / Can't Remember 99

B10. [Show Card B10] Looking at Card B10, In general, how would you describe the Study Child's health in the past year?

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

B11. Does the Study Child have any on-going chronic physical or mental health problem, illness or disability?

Yes....._1 No_2

B12. 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]

B13. Since when has the Study Child had this problem, illness or disability? _____(mth) _____(year)

B14. Is the Study Child hampered in his/her daily activities by this problem, illness or disability?

Yes, severely_1 Yes, to some extent....._2 No_3

B15. In addition to what we have just discussed has the Study Child ever at any time in the past had any chronic physical or mental health problem, illness or disability?

Yes....._1 No_2

B16. What was the nature of this problem, illness or disability? Please describe as fully as possible.
[Int please record diagnosis, not symptoms of the problem]

B17. Most children have accidents at some time. Has the Study Child ever had an accident or injury that required hospital treatment or admission?

Yes_1 No_2

B18. How many separate accidents has the Study Child ever had that required hospital treatment or admission?
_____ accidents

B19. How many of these accidents involved bone fractures or breaks? _____

Time Section Ended

--	--	--	--

(24 hour clock)

C. CHILD'S USE OF HEALTH SERVICES

Now I'd like to ask you some questions about the Study Child's use of health services, visits to the doctor, dentist and so on.

C1. About how many nights has the Study Child spent in hospital over his/her lifetime? (Exclude at time of birth)
[Int. if none, write none do not leave blank] _____nights

C2. In the last 12months how many visits has <Study Child> made to the A&E (Accident and Emergency) department of a hospital? _____visits [Int. if 'none' write 'none' do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the Study Child's physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

N times Don't know Refused

A general practitioner (GP)_3....._4

Another medical doctor e.g. in a hospital_3....._4

Other professional, psychologist, psychiatrist, counsellor etc._3....._4

C4. Was there any time in the last 12 months when, in your opinion, the Study Child needed medical care or treatment for a health problem but he/she did not receive it?

Yes _1 No _2 Don't know _3 Refused _4

C5. Why did the Study Child not get the medical care or treatment? Was this because

[int: please tick yes or no in respect of each]:

	Yes	No
a) You couldn't afford to pay	<input type="checkbox"/> _1	<input type="checkbox"/> _2
b) The necessary medical care wasn't available or accessible to you.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
c) You could not take time off work to visit the doctor	<input type="checkbox"/> _1	<input type="checkbox"/> _2
d) You wanted to wait and see if the problem got better	<input type="checkbox"/> _1	<input type="checkbox"/> _2
e) Study child refused / fear of doctor	<input type="checkbox"/> _1	<input type="checkbox"/> _2
f) Study child is still on the waiting list	<input type="checkbox"/> _1	<input type="checkbox"/> _2
g) Other (specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

C6. Was there any time in the last 12 months when, in your opinion, the Study Child needed a dental examination or treatment but he /she did not receive it?

Yes _1 No _2 Don't know _3 Refused _4

C7. Why did the Study Child not get the dental examination or treatment? Was this because

[Int: Please tick yes or no in respect of each]

	Yes	No
a) You couldn't afford to pay	<input type="checkbox"/> _1	<input type="checkbox"/> _2
b) The necessary dental care wasn't available or accessible to you	<input type="checkbox"/> _1	<input type="checkbox"/> _2
c) You could not take time off work to visit the dentist.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
d) You wanted to wait and see if the problem got better	<input type="checkbox"/> _1	<input type="checkbox"/> _2
e) Study child refused / fear of dentist.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
f) Study child still on the waiting list.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
g) Other (specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

C8. Does the Study Child brush his/her teeth at least once per day? Yes _1 No _2

C9. Which of the following best describes how regularly the Study Child visits the dentist?

At least once a year	<input type="checkbox"/> _1	Only when there is a problem.....	<input type="checkbox"/> _4
Once every two years	<input type="checkbox"/> _2	Never/Almost never	<input type="checkbox"/> _5
Once every three years	<input type="checkbox"/> _3		

C10. Does the Study Child currently have, or at any time in the past had, any sort of sight problem requiring correction?

Yes, currently _1 Yes, in the past _2 No _3

C11. [Show Card C11] Looking at Card C11, has the Study Child ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

A. Laser treatment	<input type="checkbox"/> _1	D. Glasses.....	<input type="checkbox"/> _4
B. Surgical operation.....	<input type="checkbox"/> _2	E. Other, please specify _____	<input type="checkbox"/> _5
C. Patch.....	<input type="checkbox"/> _3	F. No treatment	<input type="checkbox"/> _6

C12. Does the Study Child currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently _1 Yes, in the past..... _2 No _3

C13 [Show Card C13] Looking at Card C13, has the Study Child ever been given any treatment for the problem? If so, what?

[Int. Tick all that apply]

A. Hearing aid	<input type="checkbox"/> _1	D. Other, please specify _____	<input type="checkbox"/> _4
B. Grommets.....	<input type="checkbox"/> _2	E. No treatment	<input type="checkbox"/> _5
C. Cochlear implant	<input type="checkbox"/> _3		

C14. Do you have any concerns about how the Study Child talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No.....1 Yes, a little.....2 Yes, a lot.....3 Don't know.....4

C15. [Show Card C15] Looking at Card C15, in which areas does child have difficulties? What speech problems does the Study Child have? [Int: Tick all that apply. If child present use codes only]

- | | |
|--|---|
| A. Reluctant to speak..... <input type="checkbox"/> 1 | F. Voice sounds unusual..... <input type="checkbox"/> 6 |
| B. Speech not clear to the family..... <input type="checkbox"/> 2 | G. Stutters, stammers..... <input type="checkbox"/> 7 |
| C. Speech not clear to others..... <input type="checkbox"/> 3 | H. Lisps..... <input type="checkbox"/> 8 |
| D. Difficulty finding words..... <input type="checkbox"/> 4 | I. Other..... <input type="checkbox"/> 9 |
| E. Difficulty putting words together..... <input type="checkbox"/> 5 | J. Don't know..... <input type="checkbox"/> 99 |

C16. Does the Study Child usually require ongoing support to be able to move around?

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

C17. What supports does the Study Child require? [Int: Tick yes or no for each]

- | | Yes | No |
|-------------------------|----------------------------|----------------------------|
| A. Braces..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| B. Crutches..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| C. A stick..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| D. Wheelchair..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| E. Other (specify)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

C18. Does the Study Child need the help of another person to get around in the wheelchair?

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

C19. Is Study Child right or left-handed?

Right handed.....1 Left handed.....2

D. CHILD'S DIET AND EXERCISE

D1. [Show Card D1] Looking at Card D1, in the last 24 hours has the Study Child had the following foods and drinks once, more than once, or not at all?

- | | Once | More than Once | Not At All | Don't know |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Fresh fruit..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| B. Fruit juice..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| C. Meat / Chicken / Fish..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| D. Eggs..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| E. Cooked vegetables..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| F. Raw vegetables or salad..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| G. Meat pie, hamburger, hot dog, sausage or sausage roll..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| H. Hot chips or French fries..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| I. Crisps or savoury snacks..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| J. Bread..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| K. Potatoes/ Pasta/ Rice..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| L. Cereals..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| M. Biscuits, doughnuts, cake, pie or chocolate..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| N. Cheese/yoghurt/ fromage frais..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| O. Low fat Cheese/ low fat yoghurt..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| P. Water (tap water / still water/ sparkling water)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Q. Soft drinks / minerals / cordial / squash (not diet)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| R. Soft drinks / minerals / cordial / squash (diet)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| S. Full cream milk or full cream milk products..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| T. Skimmed milk or skimmed milk products..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

D2. [Show Card D2] Looking at Card D2, If codes S or T are 1 or 2 ask:

Approximately, how much milk did the Study Child drink in the last 24 hours? [Int: This refers to the total amount of all milk full cream and skimmed that was drunk.]

- Up to ½ pint (Approx ¼ litre).....1
 ½ to 1 pint (Approx ¼ - ½ litre).....2
 1- ½ pints (Approx ½ - 1litre).....3
 More than 1 ½ pint (More than 1 litre).....4

D3. Does the Study Child usually have something to eat before going to school? Yes... _1 No _2

D4. [Show Card D4] Looking at Card D4, which of the following does he/she usually eat? [Int. Tick all that apply]

- | | |
|---|--|
| A. Cereal..... <input type="checkbox"/> _1 | E. Cooked breakfast.. <input type="checkbox"/> _5 |
| B. Toast / Bread..... <input type="checkbox"/> _2 | F. Yoghurt / Cheese .. <input type="checkbox"/> _6 |
| C. Fruit..... <input type="checkbox"/> _3 | G. Eggs..... <input type="checkbox"/> _7 |
| D. Porridge..... <input type="checkbox"/> _4 | H. Other Specify <input type="checkbox"/> _8 |

D5. Does the Study Child usually have a meal in the evening during the week?

Yes _1 No..... _2

D6. [Show Card D6] Looking at Card D6, who would usually eat with the Study Child at that meal [Int. Tick all that apply]

- | | |
|--|--|
| A. Father..... <input type="checkbox"/> _1 | E. Other unrelated adults (childminder, nanny etc) <input type="checkbox"/> _5 |
| B. Mother..... <input type="checkbox"/> _2 | F. Friend(s)..... <input type="checkbox"/> _6 |
| C. Brothers / Sisters/ other children in the household ... <input type="checkbox"/> _3 | G. Someone else (specify) <input type="checkbox"/> _7 |
| D. Other relatives..... <input type="checkbox"/> _4 | H. No one / child eats alone..... <input type="checkbox"/> _8 |

D7. Does the Study Child usually sit at a table for this meal? Yes _1 No _2

D8. [Show Card D8] Looking at Card D8, is the Study Child on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

- | | |
|---|--|
| No <input type="checkbox"/> _1 | Yes, coeliac <input type="checkbox"/> _4 |
| Yes, vegetarian <input type="checkbox"/> _2 | Yes, other <input type="checkbox"/> _5 Specify _____ |
| Yes, vegan <input type="checkbox"/> _3 | |

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

D9. [Show Card D9] Looking at Card D9, do you think the Study Child is: [Int: Use codes only if child is present at time of interview]

- | |
|---|
| Very underweight..... <input type="checkbox"/> _1 |
| Moderately underweight..... <input type="checkbox"/> _2 |
| Slightly underweight..... <input type="checkbox"/> _3 |
| About the right weight..... <input type="checkbox"/> _4 |
| Slightly overweight..... <input type="checkbox"/> _5 |
| Moderately overweight..... <input type="checkbox"/> _6 |
| Very overweight..... <input type="checkbox"/> _7 |
| Don't know..... <input type="checkbox"/> _8 |

D10. [Show Card D10] Looking at Card D10, how many times in the past 14 days has the Study Child done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

- | |
|---|
| none..... <input type="checkbox"/> _1 |
| 1 to 2 days..... <input type="checkbox"/> _2 |
| 3 to 5 days..... <input type="checkbox"/> _3 |
| 6 to 8 days..... <input type="checkbox"/> _4 |
| 9 or more days..... <input type="checkbox"/> _5 |

D11. [Show Card D11] Looking at Card D11, how many times in the past 14 days has the Study Child done at least 20 minutes of light exercise that was not hard enough to make him / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

- | |
|---|
| none..... <input type="checkbox"/> _1 |
| 1 to 2 days..... <input type="checkbox"/> _2 |
| 3 to 5 days..... <input type="checkbox"/> _3 |
| 6 to 8 days..... <input type="checkbox"/> _4 |
| 9 or more days..... <input type="checkbox"/> _5 |

D12. [Show Card D12] How far away is the school from the Study Child's home (one-way distance)?

- | |
|---|
| Less than ½mile (1km)..... <input type="checkbox"/> _1 |
| ½ to 1 mile (1-2km)..... <input type="checkbox"/> _2 |
| 1-5 miles (2-8km)..... <input type="checkbox"/> _3 |
| More than 5 miles away (8km)..... <input type="checkbox"/> _4 |
| Attends boarding school..... <input type="checkbox"/> _5 |

D13. How does the Study Child usually (a) go to school and (b) come home from school?

[Int tick one box in Col A and B]

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

D14. How long does it usually take the Study Child (a) to go to school (b) to come home from school?

[Int. tick one box on Col A and Col B]

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

Time Section Ended

--	--	--	--

(24 hour clock)

E. RESPONDENT'S HEALTH

Now I'd like to ask you some questions about your own health.

E1. In general, how would you say your current health is?

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

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

Yes..... ₁ No ₂

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

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

E4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

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

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

E6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after the Study Child?

In the past..... ₁ Currently..... ₂ No..... ₃

E7. Does anyone in your household CURRENTLY have any chronic illness or disability which adversely affects the Study Child ?

Yes..... ₁ No..... ₂

E8. 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

E9. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?

Yes, full card ₁ Yes, doctor only card ₂ Not covered ₃

E10. Does the family have private medical insurance?

Yes, in full 1 Yes, partially 2 No 3 Don't Know 4

E11. Does that insurance include the cost of GP visits?

Yes, in full 1 Yes, partially 2 No 3 Don't Know 4

E12. Can I just check, are you currently pregnant?

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

E13. Approximately how many weeks? _____ weeks

F. RESPONDENT'S LIFESTYLE

Now I'd like to ask you some questions about your lifestyle.

F1. Do you currently smoke daily, occasionally or not at all?

Daily 1 Occasionally 2 Not at all 3

F2. Have you ever smoked? Was it:

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

F3. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

F4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis..... 1 Yes, on an occasional basis..... 2 Never 3

F5. [Show Card F5] Looking at Card F5, 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 once or twice a week ask:

F6. And in an average week, how many pints of beer, glasses of wine, measures of spirit would you drink?

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

F7. [Show Card F7] Looking at Card F7, do you think that you are:

Very underweight..... 1
Moderately underweight..... 2
Slightly underweight..... 3
About the right weight 4
Slightly overweight..... 5
Moderately overweight..... 6
Very overweight. 7
Don't know 8

F8. How often do you try to lose weight through dieting?

Very often 1 Often 2 Sometimes 3 Rarely 4 Never 5

F9. What is your height without shoes? _____ feet _____ inches **OR** Metres _____

F10. What is your weight without clothes and shoes? _____ stones _____ lbs OR _____ Kilograms

G. CHILD'S ACTIVITIES

Now I would like to ask you about some of the Study Child's day-to-day activities.

G1. [Show Card G1] Looking at Card G1, on a normal weekday during term time, how many hours does the Study Child spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

- | | |
|--|---|
| None <input type="checkbox"/> 1 | 3 hours to less than 5 hours <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more <input type="checkbox"/> 6 |

G2. [Show Card G2] Looking at Card G2, on a normal weekday during term time, about how many hours does the Study Child spend reading for pleasure [NOT during school hours]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

- | | |
|---|---|
| None <input type="checkbox"/> 1 | 5 hours to less than 7 hours <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 7 hours or more <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | Child can't read <input type="checkbox"/> 7 |
| 3 hours to less than 5 hours <input type="checkbox"/> 4 | |

G3. [Show Card G3] Looking at Card G3, on a normal weekday, during term-time, about how much time does the Study Child spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- | | |
|--|---|
| None <input type="checkbox"/> 1 | 3 hours to less than 5 hours <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more <input type="checkbox"/> 6 |

G4. [Show Card G4] Looking at Card G4, on a normal weekday, during term-time, about how much time does the Study Child spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in school.

- | | |
|--|---|
| None <input type="checkbox"/> 1 | 3 hours to less than 5 hours <input type="checkbox"/> 4 |
| Less than an hour <input type="checkbox"/> 2 | 5 hours to less than 7 hours <input type="checkbox"/> 5 |
| 1 hour to less than 3 hours <input type="checkbox"/> 3 | 7 hours or more <input type="checkbox"/> 6 |

G5. Does the Study Child have the following in his/her bedroom?

- | | Yes | No | | Yes | No |
|------------------------|----------------------------|----------------------------|--|----------------------------|----------------------------|
| Television | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Computer or laptop | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| Video/DVD player | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Games console (playstation etc...) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

G6. On an average week how much money would you say you give the Study Child to spend him/herself?

€ _____

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

H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Study Child's emotional well-being.

H1. [Show Card H1] Looking at Card H1, has the Study Child ever experienced any of the following: [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW)

- A. Death of a parent 1
- B. Death of close family member (please specify) 2 _____
- C. Death of close friend 3
- D. Divorce/separation of parents 4
- E. Moving house 5
- F. Moving country 6
- G. Stay in foster home/ residential care 7
- H. Serious illness/injury 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in the immediate family 10
- K. Mental disorder in immediate family 11
- L. Conflict between parents 12
- M. Parent in prison 13
- N. Other disturbing event (please specify) 14 _____
- O. None of the above 15

H2. [Show Card H2] Listed on Card H2, is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1,2 or 3 as on the card if you like.

	Not True	Somewhat True	Certainly True
	1	2	3
A. Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W. Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y. Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H3. [Show Card H3] Looking at Card H3, thinking about the Study Child's temperament, how characteristic of the Study Child are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

	1. Not Characteristic	2. Occasionally characteristic	3. Somewhat characteristic	4. Characteristic	5. Very characteristic
A. Child tends to be shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Child cries easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Child likes to be with people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Child is always on the go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Child prefers playing with others rather than alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Child tends to be somewhat emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. When child moves about, he/she usually moves slowly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Child makes friends easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Child is off and running as soon as he/she wakes up in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Child finds people more stimulating than anything else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Child often fusses and cries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Child is very sociable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Child is very energetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Child takes a long time to warm up to strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. Child gets upset easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Child is something of a loner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Child prefers quiet, inactive games to more active ones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. When alone, child feels isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Child reacts intensely when upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T. Child is very friendly with strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time Section Ended

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(24 hour clock)

Now I'd like to ask you some questions about the Study Child's education

J. CHILD'S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when the Study Child was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naionra etc?

Yes ₁ No..... ₂

J2. [Show Card J2] Looking at Card J2, what is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

- | | |
|--|--|
| Child minded at home by me or resident partner <input type="checkbox"/> ₁ | Paid childminder in his/her own home..... <input type="checkbox"/> ₉ |
| Looking after him/herself or cared for by a sibling..... <input type="checkbox"/> ₂ | Au Pair / Nanny..... <input type="checkbox"/> ₁₀ |
| Child minded by non-resident partner <input type="checkbox"/> ₃ | Paid after-school care in group setting..... <input type="checkbox"/> ₁₁ |
| Unpaid relative (or family friend) in your own home <input type="checkbox"/> ₄ | Homework club <input type="checkbox"/> ₁₂ |
| Unpaid relative (or family friend) in his/her own home <input type="checkbox"/> ₅ | After-school activity-based facility <input type="checkbox"/> ₁₃ |
| Paid relative (or family friend) in your own home <input type="checkbox"/> ₆ | Special needs facility <input type="checkbox"/> ₁₄ |
| Paid relative (or family friend) in his/her own home..... <input type="checkbox"/> ₇ | Activity Camps (sport recreation arts/crafts etc) . <input type="checkbox"/> ₁₅ |
| Paid childminder in your own home <input type="checkbox"/> ₈ | Other (specify) _____ <input type="checkbox"/> ₁₆ |

J3. Approximately how many hours per week does the Study Child spend in this main form of childcare

_____ hours per week₁

J4. Approximately how many days per week does the Study Child spend in this main form of childcare

_____ days per week₁

J5. [Int. Ask if NOT codes 1-5 at J2]: Approximately how much does this childcare for the Study Child typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ _____ per Week..... ₁ Fortnight..... ₂ Month ₄

J6. [Show Card J6] Looking at Card J6, during an average week does the Study Child participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

<u>Activity</u>	Participate in activity?		Pay for activity?	
	Yes	No	Yes	No
Sports/Fitness club (gym., GAA, soccer, hockey etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Cultural activities (dance, ballet, music, arts, drama etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Youth club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Homework club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the Study Child's teacher?

Yes..... ₁ No..... ₂

J8. [Show Card J8] Looking at Card J8, during the last school year, about how many days was Study Child absent from school for any reason?

- | | |
|--|--|
| 0 days <input type="checkbox"/> ₁ | 11 to 20 days <input type="checkbox"/> ₅ |
| 1 - 3 days <input type="checkbox"/> ₂ | More than 20 days..... <input type="checkbox"/> ₆ |
| 4 to 6 days <input type="checkbox"/> ₃ | Not in school last year..... <input type="checkbox"/> ₇ |
| 7 to 10 days <input type="checkbox"/> ₄ | |

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

- | | |
|--|--|
| Health reasons (illness or injuries) <input type="checkbox"/> ₁ | A problem with the teacher <input type="checkbox"/> ₆ |
| Problems with transportation..... <input type="checkbox"/> ₂ | A problem with children at school <input type="checkbox"/> ₇ |
| Problems with the weather..... <input type="checkbox"/> ₃ | Difficulties with childcare arrangements <input type="checkbox"/> ₈ |
| A family vacation..... <input type="checkbox"/> ₄ | Other (specify) _____ <input type="checkbox"/> ₉ |
| A fear of school (school phobia) <input type="checkbox"/> ₅ | |

J10. [Show Card J10] Looking at Card J10, how often is the Study Child given homework?

Never.....	<input type="checkbox"/> 1	→ Go to J13	Once a week	<input type="checkbox"/> 5
Less than once a month.....	<input type="checkbox"/> 2		A few times a week	<input type="checkbox"/> 6
Once a month.....	<input type="checkbox"/> 3		Daily	<input type="checkbox"/> 7
A few times a month	<input type="checkbox"/> 4		Don't Know	<input type="checkbox"/> 8

J11. [Show Card J11] Looking at Card J11, on days when the Study Child is given homework, how much time does he or she usually spend doing homework?

0 to 15 minutes	<input type="checkbox"/> 1	1.5 to less than 2 hours.....	<input type="checkbox"/> 5
16 to 30 minutes	<input type="checkbox"/> 2	2 to less than 3 hours.....	<input type="checkbox"/> 6
31 minutes to less than one hour.....	<input type="checkbox"/> 3	3 to less than 4 hours.....	<input type="checkbox"/> 7
1 to less than 1.5 hours.....	<input type="checkbox"/> 4	4 hours or more	<input type="checkbox"/> 8

J12. How often do you or your spouse/partner provide help with the Study Child's homework?

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Child rarely gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

J13. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child's schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is:

Poor	<input type="checkbox"/> 1	Above average.....	<input type="checkbox"/> 4
Below average	<input type="checkbox"/> 2	Excellent	<input type="checkbox"/> 5
Average	<input type="checkbox"/> 3		

J14. [Show Card J13/14] Looking at Card J13/J14, based on your knowledge of the Study Child's schoolwork, including his/her report cards, how well, in general, do you think he/she is doing in reading relative to other children of his/her age?

Poor	<input type="checkbox"/> 1	Above average.....	<input type="checkbox"/> 4
Below average	<input type="checkbox"/> 2	Excellent.....	<input type="checkbox"/> 5
Average	<input type="checkbox"/> 3		

J15. About how many days a week does the Study Child do things with friends outside of school hours?

Never.. 1 1 day a week ... 2 2-3 days a week .. 3 4-5 days a week.. 4 6-7 days a week.. 5

J16. About how many close friends does the Study Child have?

None..... 1 1 2 2 or 3 3 4 or 5 4 6 or more..... 5

J17. [Show Card J17] Looking at Card J17, taking everything into account, how far do you expect the Study Child will go in his/her education or training?

Junior Certificate or equivalent	<input type="checkbox"/> 1
Leaving Certificate or equivalent	<input type="checkbox"/> 2
An apprenticeship or trade.....	<input type="checkbox"/> 3
Diploma/Certificate	<input type="checkbox"/> 4
Degree.....	<input type="checkbox"/> 5
Postgraduate/higher degree	<input type="checkbox"/> 6
Don't know.....	<input type="checkbox"/> 7

J18. To your knowledge, has the Study Child been a victim of bullying in the last year?

Yes 1 No..... 2

J19. [Show Card J19] Looking at Card J19, what form did the bullying take? [Int. tick all that apply]

A. Physical bullying.....	<input type="checkbox"/> 1	D. Written messages/notes etc.....	<input type="checkbox"/> 5
B. Verbal bullying.....	<input type="checkbox"/> 2	E. Exclusion.....	<input type="checkbox"/> 6
C. Electronic [phone messaging, emails, Bebo etc].....	<input type="checkbox"/> 3	F. Other (specify).....	<input type="checkbox"/> 7

J20. [Show Card J20] Looking at Card J20, what was the reason for the bullying?

A. Ethnicity.....	<input type="checkbox"/> 1	E. Physical appearance (clothes, glasses, weight etc).....	<input type="checkbox"/> 5
B. Physical/Learning disability.....	<input type="checkbox"/> 2	F. Gender role	<input type="checkbox"/> 6
C. Religion	<input type="checkbox"/> 3	G. Teacher's pet	<input type="checkbox"/> 7
D. Class performance	<input type="checkbox"/> 4	H. Family background	<input type="checkbox"/> 8
		I. Other (specify).....	<input type="checkbox"/> 9

J21. Do you think the Study Child has a Specific Learning Difficulty, Communication or Co-ordination Disorder

Yes _1 No..... _2

J22. [Show Card J22] Looking at Card J22, what is the nature of the difficulty or disorder?

[Int. tick all that apply]

- | | | | |
|--|-----------------------------|---|-----------------------------|
| A. Dyslexia (incl. Dysgraphia, dyscalculia)..... | <input type="checkbox"/> _1 | E. Speech & Language Difficulty..... | <input type="checkbox"/> _5 |
| B. ADHD (Attention Deficit Hyperactivity Disorder) | <input type="checkbox"/> _2 | F. Dyspraxia..... | <input type="checkbox"/> _6 |
| C. Autism..... | <input type="checkbox"/> _3 | G. Slow progress (reasons unclear)..... | <input type="checkbox"/> _7 |
| D. Aspergers Syndrome..... | <input type="checkbox"/> _4 | H. Other (specify.....) | <input type="checkbox"/> _8 |

J23. Was it diagnosed by a professional?

Yes _1 No _2 Awaiting consultation _3

J24. How long ago was it diagnosed?

Last 6 months	<input type="checkbox"/> _1	1-2 years.....	<input type="checkbox"/> _3
6-12 months.....	<input type="checkbox"/> _2	Longer than 2 years.....	<input type="checkbox"/> _4

J25. About how many children's books does the Study Child have access to in your home now, including any library books? Would you estimate:

- | | | | |
|--------------------|-----------------------------|-------------------|-----------------------------|
| None | <input type="checkbox"/> _1 | 21 to 30..... | <input type="checkbox"/> _4 |
| Less than 10 | <input type="checkbox"/> _2 | More than 30..... | <input type="checkbox"/> _5 |
| 10 to 20..... | <input type="checkbox"/> _3 | | |

J26. Do you use the Public Library for the Study Child? Yes..... _1 No _2

Time Section Ended (24 hour clock)

K: FAMILY CONTEXT

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

K1. Do you feel you have fun with the Study Child every day? Yes _1 No _2

K2. [Show Card K2] Looking at Card K2, I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

- | | Definitely does not apply | Not really | Neutral, not sure | Applies somewhat | Definitely applies |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| A. I share an affectionate, warm relationship with my child. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| B. My child and I always seem to be struggling with each other. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| C. If upset, my child will seek comfort from me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| D. My child is uncomfortable with physical affection or touch from me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| E. My child values his/her relationship with me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| F. My child appears hurt or embarrassed when I correct him/her. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| G. My child does not want to accept help when he/she needs it. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| H. When I praise my child, he/she beams with pride. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| I. My child reacts strongly to separation from me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| J. My child spontaneously shares information about himself/ herself. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| K. My child is overly dependent on me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| L. My child easily becomes angry at me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| M. My child tries to please me. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| N. My child feels that I treat him/her unfairly. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| O. My child asks for my help when he/she really does not need help. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| P. It is easy to be in tune with what my child is feeling. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |
| Q. My child sees me as a source of punishment and criticism. | <input type="checkbox"/> _1 | <input type="checkbox"/> _2 | <input type="checkbox"/> _3 | <input type="checkbox"/> _4 | <input type="checkbox"/> _5 |

- R. My child expresses hurt or jealousy when I spend time with other children. 1 2 3 4 5
- S. My child remains angry or is resistant after being disciplined. 1 2 3 4 5
- T. When my child is misbehaving, he/she responds to my look or tone of voice. 1 2 3 4 5
- U. Dealing with my child drains my energy. 1 2 3 4 5
- V. I've noticed my child copying my behaviour or ways of doing things. 1 2 3 4 5
- W. When my child is in a bad mood, I know we're in for a long and difficult day. 1 2 3 4 5
- X. My child's feelings toward me can be unpredictable or can change suddenly. 1 2 3 4 5
- Y. Despite my best efforts, I'm uncomfortable with how my child and I get along. 1 2 3 4 5
- Z. I often think about my child when at work. 1 2 3 4 5
- AA. My child whines or cries when he/she wants something from me. 1 2 3 4 5
- AB. My child is sneaky or manipulative with me. 1 2 3 4 5
- AC. My child openly shares his/her feelings and experiences with me. 1 2 3 4 5
- AD. My interactions with my child make me feel effective and confident as a parent. 1 2 3 4 5

N.A.
6

K3. [Show Card K3] Looking at Card K3, how often do you do the following when the Study Child misbehaves

- | | Never | Rarely | Now and Again | Regularly | Always | Can't say |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Discuss/Explain why behaviour was wrong | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| B. Ignore him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| C. Smack 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"/> 8 |
| D. Shout or yell at him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| E. Send him/her out of the room or to their bedroom..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| F. Take away treats/pocket money | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| G. Tell him/her off | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| H. Bribe him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |
| I. Ground him/her | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |

K4. [Show Card K4] Looking at Card K4, now, I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

- | | Every day / 7 days per week | 3 to 6 days per week | 1 to 2 days per week | 1 to 2 times per month | Rarely or never |
|--|-----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Sit down to eat together | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B. Play sports, cards or games together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| C. Talk about things together..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| D. Do household activities together (e.g., gardening, cooking, cleaning, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| E. Go on an outing together (including going shopping) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

K5. [Show Card K5] Looking at Card K5, how often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

- | | Quite a lot | Now and again | Rarely | Don't have |
|----------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| A. Grandparents..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| B. Uncles/Aunts..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |
| C. Cousins..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 7 |

K6. Please tell me how strongly you agree or disagree with the following.

	Strongly Disagree	Disagree	Neither Agree nor disagree	Agree	Strongly Agree	NA
Because of your work responsibilities:						
A. You have missed out on home or family activities that you would have liked to have taken part in	<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
Because of your family responsibilities:						
C. You have to turn down work activities or opportunities 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

K7. Does the Study Child belong to any religious denomination Yes 1 No 2

K8. [Show Card K8/K12] Looking at Card K8/K12, if yes, which one

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

K9. How regularly does the Study Child attend religious service?

Daily	Weekly	Monthly Often	Less Occasions	Special	Never	Refused to their religion	N/a to
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

K10. In general, would you describe yourself as a religious or spiritual person?

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

K11. Do you belong to any religious denomination Yes 1 No 2

K12. [Show Card K8/K12] Looking at Card K8/ K12, If yes, which one

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

K13. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner..... 4

K14. [Show Card K14] I would now like to ask some questions about the Study Child's behaviour over the last 12 months please tell me whether the following 7 statements are true or false for him/her.

	True	False
A. Often started fights or bullies, threatens or intimidates others	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Has been physically cruel to other people or animals.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Deliberately destroyed or damaged property.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. Often lied to obtain goods or favours (i.e., 'cons' others).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. Has stolen items of value without confronting a victim (e.g., shoplifting, but without breaking and entering)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. Has run away from home overnight at least twice while living in parental home (or once for a lengthy period)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. Often truanted from school	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Time Section Ended

(24 hour clock)

L: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

L1. For the following items could you indicate whether or not your household, has the item and, if not, if it is because you couldn't afford it or for another reason?

	Yes	No, Cannot Afford	No, other reason
A. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. 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
C. Do household members buy new rather than second-hand clothes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Does each household member possess a warm waterproof coat?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Does each household member possess two pairs of strong shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Does the household replace any worn out furniture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Does the household keep the home adequately warm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. 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
I. 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

L2. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

L3. 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

L4. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes 1 No 2

L5. 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 (specify)	<input type="checkbox"/> 6

L6. Thinking back to when you were 16 years olds, can you tell me, with which degree of ease or difficulty was your household able to make ends meet?

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

L7. 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

L8. [Show Card L8] Looking at 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. Does the Study Child have his/her own bedroom? Yes 1 No..... 2

L11. How many others does the Study Child share a bedroom with? _____

L12. [Show Card L12] Looking at Card L12, which of these descriptions BEST describes your usual situation in regard to work?

- | | | | |
|--|----------------------------|---|-----------------------------|
| Employee (incl. apprenticeship or Community Employment)..... | <input type="checkbox"/> 1 | Student full-time | <input type="checkbox"/> 4 |
| Self employed outside farming..... | <input type="checkbox"/> 2 | On State training scheme (FAS, Failte Ireland etc.) | <input type="checkbox"/> 5 |
| Farmer..... | <input type="checkbox"/> 3 | Unemployed, actively looking for a job | <input type="checkbox"/> 6 |
| | | Long-term sickness or disability..... | <input type="checkbox"/> 7 |
| | | Home duties / looking after home or family | <input type="checkbox"/> 8 |
| | | Retired..... | <input type="checkbox"/> 9 |
| | | Other (specify) | <input type="checkbox"/> 10 |

L13. 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

L14. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L15. Do you supervise or manage any personnel in your job?
 Yes 1 No 2 **If less than 30 hours per wk at L13 Go to L22d, otherwise to L22e**

L16. How many? _____

L17. How many employees (if any) do you have? _____ employees N A 99
If less than 30 hours per week at L13 Go to L22d, otherwise to L22e

L18. Apart from holiday or casual work, have you ever had a full-time job?.. Yes 1 ...No 2 **Go to L22a**

L19. In what year did you last work in that full-time job? _____ year

L20. When you last worked in that full-time job were you?
 Employee (incl. apprenticeship or Community Employment) 1 Self-employed outside farming 2 Farmer 3

L21. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L22a. Do you currently have a part time job outside the home? Yes 1 No 2 **Go to L22d**

L22b. On average, how many hours per week do you work in that part-time job? _____ hours

L22c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

L22d. [Show Card L22d] From the reasons listed on Card L22d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

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

Now go to L22e

L22e. What is the occupation of your spouse/partner? (What does he/she mainly do in their job) – if relevant

[Int. If no spouse/partner enter NA – not applicable]

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>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.....₉₉ € _____ per Week₁ Month.....₂ Year ₃

[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]

<u>HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI</u>			
<u>Per Week</u>	<u>Per Month</u>	<u>Per Year</u>	<u>Category</u>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card L27
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000 ...	B <input type="checkbox"/> ₂ → Section B, Card L27
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000 ...	C <input type="checkbox"/> ₃ → Section C, Card L27
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000 ...	D <input type="checkbox"/> ₄ → Section D, Card L27
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000 ...	E <input type="checkbox"/> ₅ → Section E, Card L27
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000 ...	F <input type="checkbox"/> ₆ → 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"/> ₇ → 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"/> ₈ → 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"/> ₉ → Section I, Card L27
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card L27
		Refused	<input type="checkbox"/> ₇₇ Don't Know
			<input type="checkbox"/> ₈₈

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]

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

L28. Does anyone in your household currently receive Children's Allowance/Child Benefit?

Yes... ₁ No... ₂

L29. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ → Go to L30 No..... ₂ → Go to L31a

L30. (*Card L30*) Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card L30, 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	
UNEMPLOYMENT PAYMENTS			
Jobseeker's Benefit	<input type="checkbox"/> ₁	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> ₂
EMPLOYMENT SUPPORTS			
Family Income Supplement	<input type="checkbox"/> ₃	Back to Work Enterprise Allowance	<input type="checkbox"/> ₆
Farm Assist	<input type="checkbox"/> ₄	Part-time Job Incentive Scheme	<input type="checkbox"/> ₇
Back to Work Allowance (Employees)	<input type="checkbox"/> ₅	Back to Education Allowance	<input type="checkbox"/> ₈
Supplementary Welfare Allowance (SWA)	<input type="checkbox"/> ₉		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₀	Deserted Wife's Allowance	<input type="checkbox"/> ₁₄
Deserted Wife's Benefit	<input type="checkbox"/> ₁₁	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₅
Widowed Parent Grant	<input type="checkbox"/> ₁₂	One-Parent Family Payment	<input type="checkbox"/> ₁₆
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₃		
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> ₁₇	Health & Safety Benefit	<input type="checkbox"/> ₁₉
Adoptive Benefit	<input type="checkbox"/> ₁₈	Guardian's Payment (Contributory)	<input type="checkbox"/> ₂₀

		Guardian's Payment (Non-Contributory)	<input type="checkbox"/> ₂₁
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> ₂₂	Injury Benefit	<input type="checkbox"/> ₂₈
Incapacity Pension	<input type="checkbox"/> ₂₃	Incapacity Supplement	<input type="checkbox"/> ₂₉
Disability Allowance	<input type="checkbox"/> ₂₄	Disablement Benefit	<input type="checkbox"/> ₃₀
Blind Pension	<input type="checkbox"/> ₂₅	Medical Care Scheme	<input type="checkbox"/> ₃₁
Carer's Benefit	<input type="checkbox"/> ₂₆	Constant Attendance Allowance	<input type="checkbox"/> ₃₂
Carer's Allowance	<input type="checkbox"/> ₂₇	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> ₃₃
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> ₃₄	State Pension Non-Contributory	<input type="checkbox"/> ₃₆
State Pension (Contributory)	<input type="checkbox"/> ₃₅	Pre-Retirement Allowance	<input type="checkbox"/> ₃₇

L31a. Does anyone in your household currently receive rent or mortgage supplement? Yes ₁ No... ₂

L31b. 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 ₁ Less 5 % ₂ 5% to less 20% ₃ 20% to less 50% ₄ 50% to less 75% ₅ 75% to less than 100% ₆ 100% ₇

COUPLE / LONE PARENT INCOME – income of family unit of <study child>

L33. 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.

Only respondent and/ or spouse/partner..... ₁ → Go to L37 Other households members..... ₁ → Go to L34

L34. Now I would like you to think **ONLY OF THE INCOME WHICH YOUR AND YOUR PARTNER / SPOUSE RECEIVE**. If you added up all the income sources from **YOU AND YOUR PARTNER** what would be the **COMBINED TOTAL NET INCOME OF THE TWO OF YOU**, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above and from **BOTH YOU AND YOUR PARTNER / SPOUSE**.

D.K..... ₉₉ €----- per Week..... ₁ Month..... ₂ Year ₃
 [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO L35. If exact figure given go to L37

L35 **[Show Card L35]** I know that it is difficult to give an exact figure for the income of you and your spouse/partner but on Card L35 we have a scale of incomes, and we would like to know into which group the combined total NET income of you and your spouse / partner falls, i.e. after deductions for tax and PRSI only? Include income from all sources mentioned above but only for you and your partner. Looking at the card could you tell me the letter of the group into which the combined income of you and your spouse / partner falls, after deductions for tax and PRSI.

[Int.: Tick the letter of the group **Couple/lone** parent falls into, after deductions for tax and PRSI only]

COMBINED NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI FOR RESPONDENT AND PARTNER			
Per Week	Per Month	Per Year	Category
Under €230.....	Under €1,000.....	Under €12,000.....	A <input type="checkbox"/> ₁ → Section A, Card L36
€231 to under €350.....	€1,001 to under €1,500.....	€12,001 to under €18,000 ...	B <input type="checkbox"/> ₂ → Section B, Card L36
€351 to under €460.....	€1,501 to under €2,000.....	€18,001 to under €24,000 ...	C <input type="checkbox"/> ₃ → Section C, Card L36
€461 to under €575.....	€2,001 to under €2,500.....	€24,001 to under €30,000 ...	D <input type="checkbox"/> ₄ → Section D, Card L36
€576 to under €800.....	€2,501 to under €3,500.....	€30,001 to under €42,000 ...	E <input type="checkbox"/> ₅ → Section E, Card L36
€801 to under €925.....	€3,501 to under €4,000.....	€42,001 to under €48,000 ...	F <input type="checkbox"/> ₆ → Section F, Card L36
€926 to under €1,150.....	€4,001 to under €5,000.....	€48,001 to under €60,000 ...	G <input type="checkbox"/> ₇ → Section G, Card L36
€1,151 to under €1,500.....	€5,001 to under €6,500.....	€60,001 to under €78,000 ...	H <input type="checkbox"/> ₈ → Section H, Card L36
€1,501 to under €1,850.....	€6,501 to under €8,000.....	€78,001 to under €96,000 ...	I <input type="checkbox"/> ₉ → Section I, Card L36
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card L36
	Refused	<input type="checkbox"/> ₇₇	Don't Know
			<input type="checkbox"/> ₈₈

L36. Would that be [Int. *Show Card L36* and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

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

Time Section Ended

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(24 hour clock)

L37. [Card L37] Looking at Card L37, what is the highest level of education you have completed to date?

- Primary or less ₁
 Intermediate/ junior/ Group Certificate or equivalent ₂
 Leaving Certificate or equivalent ₃
 Diploma/ Certificate ₄
 Primary degree ₅
 Postgraduate/ Higher degree ₆
 Refusal ₈₈

L38. [Card L38] Looking at Card L38, what language or languages do you and your partner speak with the study child most often at home? [Int. Tick all that apply]

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

[If English and any other language other than Irish is spoken at home, ask:]

L38a. Is English your native language? Yes ₁ → Go to L41 No ₂

[Int: Ask L39 and L40 only if any language other than Irish or English is usually spoken at home see L38 above]

L39. 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

L40. Can you usually read and fill out forms you might have to deal with in your own language?

Yes ₁ No.....₂

L41. 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

L42. Can you usually read and fill out forms you might have to deal with in English?

Yes ₁ No..... ₂

L43. 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

L44. Are you a citizen of Ireland? Yes.....₁ No ₂ Don't know ... ₈

L45. What citizenship do you hold? _____ Don't know..... ₈

L46. Were you born in Ireland? Yes.....₁ No ₂ Don't know ... ₈

L47. In which country were you born? _____ Don't know ₈

L48. 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 Don't Know ₈₈

L49. And what about the Study Child. Is he / she a citizen of Ireland? Yes.....₁ No ... ₂ DK ₈

L50. What citizenship does he / she hold? _____ Don't know ₈

L51. Was the Study Child born in Ireland? Yes ₁ No.....₂

L52. In which country was he/she born? _____ Don't know ₈

L53. How long ago did the Study Child first come to live in Ireland?

Within the last year ₁ 1-5 years ago ₂ 6-10 years ago ₃ Don't Know ₈₈

L54. [Card L54] Looking at Card L54, 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

L55. Does anyone other than yourself and/ or your spouse / partner provide care to the Study Child on a regular basis for 8 or more hours each week? 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 1 No regular care 8 hrs per wk or more 2 → Go to M1

L56. Is this care provided in:
 the child's home..... 1
 a relative's home..... 2
 home of carer – non-relative 3
 centre – (crèche, after-school etc.)..... 4

L57. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. 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 the Study Child?

Yes 1
 No, does not wish regular carer to be contacted 2
 No, does not have contact details for regular carer 3

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

M. Neighbourhood / Community

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

M1. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?

Yes 1 No..... 2

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

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

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. Recreational facilities appropriate to a 9-yr old	<input type="checkbox"/> 1	<input type="checkbox"/> 2

M5. Do you have any family living in this area? 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

(24 hour clock)

Prompt cards for Mother / Lone Father's Questionnaire

CARD A3

Which of the following best describes your relationship with the Study Child?

1. Biological mother/ father 1
2. Adoptive mother/ father. 2
3. Step-mother/ 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 A5D

Each member's relationship to respondent

Spouse/Partner

1. Husband / Wife....._1
2. Partner_2

Parent

3. Parent....._3
4. Step-Parent / Partner of child's parent_4
5. Adoptive Parent*_5
6. Foster parent_6

Child

7. Son / Daughter_7
8. Step Son / Daughter or Partner's Son/Daughter_8
9. Adoptive Son / Daughter....._9
10. Foster Son / Daughter....._10

Brother/Sister

11. Full brother / sister_11
12. Half brother / sister_12
13. Step brother / sister_13
14. Adoptive brother / sister_14
15. Foster brother / sister_15

Other

16. Grandparent_16
17. Parent-in-law / Partner's Parent....._17
18. Other Relative....._18
19. Other non-relative_19

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

CARD A5E

Current status

1. Pre-school.....1
2. School/ Education2
3. At work/ training3
4. Unemployed4
5. Retired5
6. Home Duties.....6
7. Other.....7

CARD B2

Was the Study Child born late, on time or early?

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

CARD B3

What was the mode of delivery?

1. Normal birth 1
2. Suction assisted birth..... 2
3. Forceps assisted birth 3
4. Elective Caesarean 4
5. Emergency Caesarean 5
6. Other [please specify] 6

CARD B4b.

How old was Study Child when he/she came home from hospital (or special care)?

1. Less than 1 week 1
2. 1-4 weeks 2
3. 5-8 weeks 3
4. 9-12 weeks 4
5. 3-6 months 5
6. 7-12 months 6
7. More than 12 months 7

CARD B10

In general, how would you describe the Study Child's health in the last year?

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

CARD C11

Treatment Study Child received for sight problem:

- A. Laser treatment 1
- B. Surgical Operation..... 2
- C. Patch 3
- D. Glasses 4
- E. Other, please specify 5
- F. No treatment 6

CARD C13

Treatment given to the Study Child for hearing problem:

- A. Hearing aid 1
- B. Grommets 2
- C. Cochlear implant 3
- D. Other, please specify 4
- E. No treatment 5

CARD C15

What speech problems does the Study Child have?

- A. Reluctant to speak 1
- B. Speech not clear to the family 2
- C. Speech not clear to others 3
- D. Difficulty finding words 4
- E. Difficulty putting words together 5
- F. Voice sounds unusual 6
- G. Stutters or stammers..... 7
- H. Lisps..... 8
- I. Other 9

CARD D1

In the last 24 hours has the Study Child had the following foods and drinks once, more than once, or not at all?

	Once	More than Once	Not At All
A. Fresh fruit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Fruit juice.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Meat, Chicken, Fish.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Cooked vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Raw vegetables or salad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Meat pie, hamburger, hot dog, sausage or sausage roll.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
H. Hot chips or French fries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I. Crisps or savoury snacks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
J. Bread.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
K. Potatoes / Pasta/ Rice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
L. Cereals.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
M. Biscuits, doughnuts, cake, pie or chocolate.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
N. Cheese/yoghurt/ fromage frais	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
O. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
P. Water (tap water/ still water / sparkling water)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Q. Soft drinks/minerals/cordial/squash/ (not diet)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
R. Soft drinks/minerals/cordial/squash/ (diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
S. Full cream milk or full cream milk products	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
T. Skimmed milk or skimmed milk products.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

CARD D2

Approximately, how much milk did the Study Child drink in the last 24 hours?

1. Up to ½ pint (Approx ¼ litre) ₁
2. ½ to 1 pint (Approx ¼ - ½ litre)..... ₂
3. 1- ½ pints (Approx ½ - 1litre)..... ₃
4. More than 1 ½ pint (More than 1 litre) ₄

CARD D4

Which of the following does he/she usually eat?

- A. Cereal..... 1
- B. Toast/Bread 2
- C. Fruit 3
- D. Porridge 4
- E. Cooked breakfast 5
- F. Yoghurt / Cheese..... 6
- G. Eggs 7
- H. Other (specify) 8

CARD D6

Who would usually eat with the Study Child at that meal

- A. Father 1
- B. Mother 2
- C. Brothers / Sisters/ other children in the household..... 3
- D. Other relatives 4
- E. Other unrelated adults (childminder, nanny etc)..... 5
- F. Friend(s)..... 6
- G. Someone else (specify)..... 7
- H. No one / child eats alone 8

CARD D8

Is the Study Child on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

- 1. No ₁
- 2. Yes, vegetarian ₂
- 3. Yes, vegan ₃
- 4. Yes, coeliac ₄
- 5. Yes, other (Specify) _____ ₅

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

CARD D9

Do you think the Study Child is:

1. Very underweight 1
2. Moderately underweight 2
3. Slightly underweight 3
4. About the right weight 4
5. Slightly overweight 5
6. Moderately overweight 6
7. Very overweight. 7

CARD D10

How many times in the past 14 days has the Study Child done at least 20 minutes of hard exercise that was hard enough to make them breathe heavily and make their heart beat fast? (Hard exercise includes, for example, playing football, jogging or fast cycling. Include time in physical education class.)

- 1. None 1
- 2. 1 to 2 days 2
- 3. 3 to 5 days 3
- 4. 6 to 8 days 4
- 5. 9 or more days 5

CARD D11

How many times in the past 14 days has the Study Child done at least 20 minutes of light exercise that was not hard enough to make them breathe heavily and make their heart beat fast? (Light exercise includes, walking or slow cycling). Include time in physical education class.)

- 1. None 1
- 2. 1 to 2 days 2
- 3. 3 to 5 days 3
- 4. 6 to 8 days 4
- 5. 9 or more days 5

CARD D12

How far away is the school from the Study Child's home (one-way distance)?

1. Less than ½mile (1km)..... 1
2. ½ to 1 mile (1-2km) 2
3. 1-5 miles (2-8km) 3
4. More than 5 miles away (8km)..... 4
5. Attends boarding school..... 5

CARD F5

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

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

CARD F7

Do you think you are:

1. Very underweight 1
2. Moderately underweight 2
3. Slightly underweight 3
4. About the right weight 4
5. Slightly overweight 5
6. Moderately overweight 6
7. Very overweight..... 7

CARD G1

On a normal weekday during term time, how many hours does the Study Child spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

1. None..... 1
2. Less than an hour 2
3. 1 hour to less than 3 hours 3
4. 3 hours to less than 5 hours 4
5. 5 hours to less than 7 hours 5
6. 7 hours or more 6

CARD G2

On a normal weekday during term time, about how many hours does the Study Child spend reading for pleasure [NOT during school]? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

- 1. None..... 1
- 2. Less than an hour 2
- 3. 1 hour to less than 3 hours 3
- 4. 3 hours to less than 5 hours 4
- 5. 5 hours to less than 7 hours 5
- 6. 7 hours or more 6
- 7. Child can't read 7

CARD G3

On a normal weekday, during term-time, about how much time does the Study Child spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in class

- 1. None..... 1
- 2. Less than an hour 2
- 3. 1 hour to less than 3 hours 3
- 4. 3 hours to less than 5 hours 4
- 5. 5 hours to less than 7 hours 5
- 6. 7 hours or more 6

CARD G4

On a normal weekday, during term-time, about how much time does the Study Child spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in class.

1. None..... 1
2. Less than an hour 2
3. 1 hour to less than 3 hours 3
4. 3 hours to less than 5 hours 4
5. 5 hours to less than 7 hours 5
6. 7 hours or more 6

CARD H1

Has the Study Child ever experienced any of the following:

- A. Death of a parent 1
- B. Death of a close family member (please specify) 2
- C. Death of close friend 3
- D. Divorce/separation of parents 4
- E. Moving house 5
- F. Moving country 6
- G. Stay in foster home/ residential care 7
- H. Serious illness/injury 8
- I. Serious illness/injury of a family member 9
- J. Drug taking/alcoholism in the immediate family 10
- K. Mental disorder in immediate family 11
- L. Conflict between parents 12
- M. Parent in prison 13
- N. Other disturbing event (please specify) 14
- O. None of the above 15

CARD H2

Listed below is a set of statements, which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1,2 or 3 as on the card if you like.

	(1) Not True	(2) Somewhat True	(3) Certainly True
A. Considerate of other people's feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B. Restless, overactive, cannot stay still for long	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
C. Often complains of headaches, stomach aches or sickness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
D. Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
E. Often has temper tantrums or hot tempers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
F. Rather solitary, tends to play alone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
G. Generally obedient, usually does what adults request.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
H. Many worries, often seems worried	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
I. Helpful if someone is hurt, upset or feeling ill.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
J. Constantly fidgeting or squirming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
K. Has at least one good friend.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
L. Often fights with other children or bullies them.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
M. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
N. Generally liked by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
O. Easily distracted, concentration wanders	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
P. Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Q. Kind to younger children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
R. Often lies or cheats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
S. Picked on or bullied by other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
T. Often volunteers to help others (parents, teachers, other children).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
U. Thinks things out before acting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
V. Steals from home, school or elsewhere	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
W. Gets on better with adults than with other children	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
X. Many fears, easily scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Y. Sees tasks through to the end, good attention span	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

CARD H3

Thinking about the child's temperament, how characteristic of the Study Child are the following descriptions?

	(1)	(2)	(3)	(4)	(5)
	Not Chara'istic	Occasionally Chara'istic		Somewhat Chara'istic	Very Chara'istic
A. Child tends to be shy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Child cries easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Child likes to be with people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Child is always on the go.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Child prefers playing with others rather than alone.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Child tends to be somewhat emotional.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. When child moves about, he/she usually moves slowly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Child makes friends easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Child is off and running as soon as he/she wakes up in the morning.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Child finds people more stimulating than anything else.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Child often fusses and cries.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Child is very sociable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. Child is very energetic.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. Child takes a long time to warm up to strangers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. Child gets upset easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Child is something of a loner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. Child prefers quiet, inactive games to more active ones.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. When alone, child feels isolated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
S. Child reacts intensely when upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
T. Child is very friendly with strangers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

CARD J2

What is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the Study Child. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends

1. Child minded at home by me or resident partner..... 1
2. Looking after him/herself or being cared for by a sibling..... 2
3. Child minded by non-resident partner..... 3
4. Unpaid relative (or family friend) in your own home..... 4
5. Unpaid relative (or family friend) in his/her own home ... 5
6. Paid relative (or family friend) in your own home 6
7. Paid relative (or family friend) in his/her own home 7
8. Paid childminder in your own home..... 8
9. Paid childminder in his/her own home..... 9
10. Au Pair / Nanny..... 10
11. Paid after-school care in group setting 11
12. Homework club 12
13. After-school activity-based facility 13
14. Special needs facility..... 14
15. Activity Camps (Sports recreation arts/crafts etc) 15
16. Other (specify)..... 16

CARD J6

During an average week does the Study Child participate in any clubs or organisations outside of school hours. If yes, does the activity have to be paid for?

<u>Activity</u>	Participate in activity?		Pay for activity?	
	Yes	No	Yes	No
A. Sports/Fitness club (gym., GAA, soccer, hockey etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
B. Cultural activities (dance, ballet, music, arts, drama etc.)...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
C. Youth club.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
D. Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
E. Homework club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
F. Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

CARD J8

During the last school year, about how many days was Study Child absent from school for any reason

- 1. 0 days 1
- 2. 1 –3 days 2
- 3. 4 to 6 days 3
- 4. 7 to 10 days 4
- 5. 11 to 20 days 5
- 6. More than 20 days 6
- 7. Not in school last year 7

CARD J9

What was the main reason for Study Child being absent from school?

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

CARD J10

How often is the Study Child given homework?

- 1. Never..... 1
- 2. Less than once a month..... 2
- 3. Once a month 3
- 4. A few times a month 4
- 5. Once a week..... 5
- 6. A few times a week 6
- 7. Daily 7

CARD J11

On days when the Study Child is given homework, how much time does he or she usually spend doing homework?

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

CARD J13 / J14

Based on your knowledge of child’s schoolwork, including his/her report cards, how well in general do you think he/she is doing in Mathematics / Reading relative to other children of his/her age?

Do you think he/she is:

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

CARD J17

Taking everything into account, how far do you expect the Study Child will go in his/her education or training?

1. Junior Certificate or equivalent 1
2. Leaving Certificate or equivalent 2
3. An apprenticeship or trade 3
4. Diploma/Certificate 4
5. Degree 5
6. Postgraduate/higher degree 6

CARD J19

What form did the bullying take?

- A. Physical bullying 1
- B. Verbal bullying 2
- C. Electronic [phone messaging, emails, bebo etc] 3
- D. Written messages/notes etc 4
- E. Exclusion. 5
- F. Other (specify) 6

CARD J20

What was the reason for the bullying?

- A. Ethnicity 1
- B. Physical/Learning disability 2
- C. Religion 3
- D. Class performance 4
- E. Physical appearance (clothes, glasses, weight etc.) 5
- F. Gender role 6
- G. Teacher's pet..... 7
- H. Family background 8
- I. Other (specify) 9

CARD J22

What is the nature of the difficulty or disorder?

- A. Dyslexia (incl. Dysgraphia, dyscalculia)..... 1
- B. ADHD (Attention deficit hyperactivity disorder) 2
- C. Autism..... 3
- D. Aspergers Syndrome 4
- E. Speech & Language Difficulty 5
- F. Dyspraxia 6
- G. Slow progress (reasons unclear)..... 7
- H. Other 8

CARD K2

I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	(1)	(2)	(3)	(4)	(5)	
	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies	
A. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
E. My child values his/her relationship with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
F. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
H. When I praise my child, he/she beams with pride.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
I. My child reacts strongly to separation from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
J. My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
K. My child is overly dependent on me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
L. My child easily becomes angry at me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
M. My child tries to please me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
P. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
R. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
S. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
T. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
U. Dealing with my child drains my energy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
V. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
W. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
X. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	N/A
Z. I often think about my child when at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
AA. My child whines or cries when he/she wants something from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
AB. My child is sneaky or manipulative with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
AC. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
AD. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

CARD K3

How often do you do the following when the Study Child misbehaves

(1)	(2)	(3)	(4)	(5)	(6)
Never	Rarely	Now and Again	Regularly	Always	Can't say

- A. Discuss/Explain why behaviour was wrong..... ₁ ₂ ₃ ₄ ₅ ₆
- B. Ignore him/her ₁ ₂ ₃ ₄ ₅ ₆
- C. Smack him/her ₁ ₂ ₃ ₄ ₅ ₆
- D. Shout or yell at him/her ₁ ₂ ₃ ₄ ₅ ₆
- E Send him/her out of the room or to their bedroom ₁ ₂ ₃ ₄ ₅ ₆
- F. Take away treats/pocket money ₁ ₂ ₃ ₄ ₅ ₆
- G. Tell him/her off ₁ ₂ ₃ ₄ ₅ ₆
- H. Bribe him/her ₁ ₂ ₃ ₄ ₅ ₆
- I. Ground him/her ₁ ₂ ₃ ₄ ₅ ₆

CARD K4

Now, I'd like to ask you about the time the Study Child spends with you including times when others are present. How many days per week do you:

	(1) Every day/ 7 days per week	(2) 3-6 days per week	(3) 1-2 days	(4) 1-2 times per month	(5) Rarely/ Never
A. Sit down to eat together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (including going shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

CARD K5

How often does the Study Child get together with, see or spend time with the following people (excluding those living in your home)

	(1)	(2)	(3)	(4)
	Quite a lot	Now and again	Rarely	Don't have
A. Grandparents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. Uncles/Aunts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Cousins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

CARD K8/K12

Study Child's religious denomination (if any)

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

CARD K14

I would now like to ask some questions about the Study Child's behaviour over the last 12 months please tell me whether the following 7 statements are true or false for him/her.

- | | True | False |
|---|---|---------------------------------------|
| A. Often started fights or bullies, threatens or intimidates others | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| B. Has been physically cruel to other people or animals | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| C. Deliberately destroyed or damaged property | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| D. Often lied to obtain goods or favours (i.e., 'cons' others)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| E. Has stolen items of value without confronting a victim (e.g.,
shoplifting, but without breaking and entering) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| F. Has run away from home overnight at least twice while
living in parental home (or once for a lengthy period)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| G. Often truanted from school..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

CARD L8

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

1. Owner occupied (with or without a mortgage).....1
2. Being purchased from a Local Authority
under a Tenant Purchase Scheme2
3. Rented from a Local Authority3
4. Rented from a Voluntary Body4
5. Rented from a Private Landlord5
6. Living with and paying rent to your (or your partner's) parent(s) ...6
7. Occupied free of rent with your (or your partner's) parent(s)7
8. Occupied free of rent from your or your partner's job.....8

CARD L12

Which of these descriptions BEST describes your usual situation in regard to work?

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

CARD L22d

From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home?

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

CARD L23/L24

Sources of Income

- A. Wages or Salaries
- B. Income from Self-Employment
- C. Income from Farming
- D. Children's Allowance / Child Benefit
- E. Other Social Welfare Payments
- F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)

CARD L26

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<i>Per Week</i>	<i>Per Month</i>	<i>Per Year</i>	<i>Category</i>
A. Under €230.....	Under €1,000.....	Under €12,000.....	A → Section A, Card L27
B. €231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000.....	B → Section B, Card L27
C. €351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000.....	C → Section C, Card L27
D. €461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000.....	D → Section D, Card L27
E. €576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000.....	E → Section E, Card L27
F. €801 to under €925.....	€3,501 to under €4,000	€42,001 to under €48,000.....	F → Section F, Card L27
G. €926 to under €1,150 ...	€4,001 to under €5,000	€48,001 to under €60,000.....	G → Section G, Card L27
H. €1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000.....	H → Section H, Card L27
I. €1,501 to under €1,850 ..	€6,501 to under €8,000	€78,001 to under €96,000.....	I → Section I, Card L27
J. €1,851 or more.....	€8,001 or more	€96,001 or more	J → Section J, Card L27

CARD L27

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

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

CARD L30

Now I'd like to record information on any Social Welfare payments which are received by anyone in your household. Looking at this card could you tell me whether or not anyone in the household currently receives any of these Social Welfare Payments.

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

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?

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

CARD L35

NET INCOME OF COUPLE (SPOUSE/PARTNER) AFTER DEDUCTIONS OF TAX AND PRSI

<i>Per Week</i>	<i>Per Month</i>	<i>Per Year</i>	<i>Category</i>
A. Under €230.....	Under €1,000.....	Under €12,000.....	A→ Section A, Card L27
B. €231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000.....	B→ Section B, Card L27
C. €351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000.....	C→ Section C, Card L27
D. €461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000.....	D→ Section D, Card L27
E. €576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000.....	E→ Section E, Card L27
F. €801 to under €925.....	€3,501 to under €4,000	€42,001 to under €48,000.....	F→ Section F, Card L27
G. €926 to under €1,150 ...	€4,001 to under €5,000	€48,001 to under €60,000.....	G→ Section G, Card L27
H. €1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000.....	H→ Section H, Card L27
I. €1,501 to under €1,850 ..	€6,501 to under €8,000	€78,001 to under €96,000.....	I→ Section I, Card L27
J. €1,851 or more.....	€8,001 or more	€96,001 or more	J→ Section J, Card L27

CARD L36

NET INCOME OF COUPLE (SPOUSE/PARTNER) AFTER DEDUCTIONS OF TAX AND PRSI

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

CARD L37

What is the highest level of education you have completed to date?

1. Primary or less 1
2. Intermediate/ junior Group Certificate or equivalent 2
3. Leaving Certificate or equivalent 3
4. Diploma/Certificate 4
5. Primary Degree 5
6. Postgraduate/higher degree 6

CARD L38

What language or languages do you and your partner speak with the study child most often at home?

- 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
- Other (specify) 14

CARD L54

What is your ethnic or cultural background?

White

- 1. Irish 1
- 2. Irish Traveller 2
- 3. Any other white background 3

Black or Black Irish

- 4. African 4
- 5. Any other Black background 5

Asian or Asian Irish

- 6. Chinese 6
- 7. Any other Asian background 7

Other – incl. mixed background

- 8. Other (specify) 8

Mother / Lone Father – Supplementary Questionnaire



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

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

S0. We have a few final questions that we would like to ask you. As some of these may be considered sensitive we have included them in a section for you to complete by yourself. However if you would like me to administer it I am happy to do so. So would you like me to administer this questionnaire to you or would you like to complete it yourself?

Administer it₁ Self-complete.....₂

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

S1. Are you the biological parent of the Study Child?

Yes₁ → **Go to S2** No₂ → **Go to S4**

S2. Have there been any period(s) of 3 months or longer when the Study Child didn't live with you?

Yes₁ No₂ **Go to S14**

S3. How many periods of 3 months or longer when the Study Child didn't live with you?

One.....₁ Two.....₂ Three₃ Four or more₄

NOW PLEASE GO TO S14

S4. Are you the adoptive parent of the Study Child?

Yes₁ No₂ → **Go to S9**

S5. Was that a domestic or an inter-country adoption?

Domestic.....₁

Inter-country₂

S6. Was that a within family adoption?

Yes₁ No₂

S7. From which country?

S8. What age was the Study Child when you adopted him / her? _____ years _____ months

NOW PLEASE GO TO S14

S9. Are you the foster parent of the Study Child?

Yes₁ No₂ → **Go to S14**

S10. How long has the Study Child been with your family? _____ yrs _____ mths _____ wks

S11. Do you anticipate that this will be a long-term foster placement? Yes₁ No₂

S12. How many previous foster placements has the Study Child been in?

_____ previous placements Don't Know₉₉

S13. Immediately before coming to live with you was the Study Child living with another foster family, his / her own family or in institutional care?

Another foster family₁ Own family.....₂ Institutional care.....₃

NOW PLEASE GO TO S14

S14. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife..... 1 **Go to S18**
- Married and separated from husband / wife..... 2 **Go to S15**
- Divorced..... 3 **Go to S15**
- Widowed..... 4 **Go to S15**
- Never married..... 5 **Go to S17**

S15. In what year did you marry your (former) spouse? _____(year)

S16. Since when have you been living apart / spouse deceased? _____(year)

S17. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No..... 2 **Go to S26**

S18. Since when have you and your spouse or partner been living together? _____ (mth) _____(year)

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days..... 1 **→Go to S20**
- At least once a week..... 2 **→Go to S20**
- Less than once a week..... 3 **→Go to S20**
- Hardly ever..... 4 **→Go to S20**
- Never..... 5 **→Go to S23**

S20. 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

S21. When you and your partner argue, how often do you

- | | Almost never/
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 |

S22. And to end an argument, how often would you

- | | Almost never/
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 |

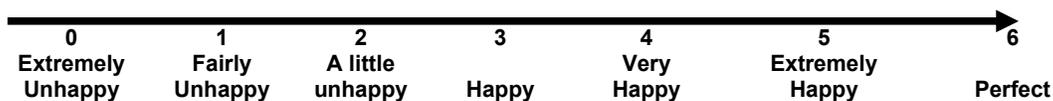
S23. Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

- | | 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 |

S24. 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 |

S25. 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.



S26. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes 1 No 2 → **Go to S28**

S27. How many?

One 1 Two 2 Three or more 3

S28. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes..... 1 No..... 2 → **Go to S30**

S29. Was this: [Tick all that apply]

Before the Study Child was born..... 1 When Study Child was 1 – 4 yrs old 3
 In first year of Study Child's life..... 2 When Study Child was 5 - 9 yrs old 4

S30. Listed on this card 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)
1. I felt I could not shake off the blues even with help from my family or friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I felt depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I thought my life had been a failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. I felt fearful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. My sleep was restless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. I had crying spells	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. I felt sad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S31. Thinking back over the last year how often have you taken any of the following?

	Never	Now and again	Monthly	Weekly	Daily
A. Sleeping pills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Tranquillisers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Pills for depression	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Cannabis / marijuana	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Painkillers (aspirin, paracetamol, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Amphetamines or other stimulants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. Heroin, methadone, crack, cocaine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Anticonvulsants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Steroids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S32. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes 1 No 2 → **Go to S34**

S33. Have you ever been to prison? Yes 1 No..... 2

S34. Can we check, does the Study Child's father live here with you or elsewhere?

Lives here 1 → **Go to S50**
 Deceased 2 → **Go to S50**
 Temporarily lives elsewhere 3 → **Go to S50**
 Lives elsewhere 4 → **Go to S35**

S35. Were you ever married to or did you ever live with the Study Child's father?

Yes, married to .. 1 Yes, lived with 2 No 3 **Go to S37** Adoptive / Foster parent 4 **Go to S50**

S36. When did you separate or split up with the Study Child's father?

Spouse / Partner died 1
 In the last 4 years 2
 Longer than 4 years ago but less than 10 3
 Before child was born 4

S37. What was the nature of your relationship with the Study Child's father when you became pregnant with the study child? (Please tick one box only).

- | | | | |
|--------------------------------------|----------------------------|---|----------------------------|
| Married and living together | <input type="checkbox"/> 1 | Going out but not living together | <input type="checkbox"/> 5 |
| Cohabiting / living as married | <input type="checkbox"/> 2 | Just friends | <input type="checkbox"/> 6 |
| Separated | <input type="checkbox"/> 3 | No relationship | <input type="checkbox"/> 7 |
| Divorced | <input type="checkbox"/> 4 | | |

S38. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

- Formal 1 Informal 2 No custody arrangement 3

S39. Briefly describe that arrangement

S40. Do you and the Study Child's father have shared parenting of the Study Child on a regular basis?

- Yes 1 No 2

S41. Please describe the nature of this shared parenting

S42. How far does the Study Child's father live from here?

- | | | | |
|--|----------------------------|---|----------------------------|
| Within ½ hour's drive from here | <input type="checkbox"/> 1 | More than 1 hour's drive from here..... | <input type="checkbox"/> 3 |
| Between ½ and 1 hour's drive from here . | <input type="checkbox"/> 2 | Outside the country | <input type="checkbox"/> 4 |

S43. How often does the Study Child have contact with his / her father (incl. talking on the phone, texting, emailing etc.)?

- | | | | |
|----------------------------------|----------------------------|------------------------------|----------------------------|
| Daily..... | <input type="checkbox"/> 1 | Monthly..... | <input type="checkbox"/> 5 |
| Once or twice a week..... | <input type="checkbox"/> 2 | Less than once a month | <input type="checkbox"/> 6 |
| Weekly..... | <input type="checkbox"/> 3 | Less than once a year | <input type="checkbox"/> 7 |
| Every second week / weekend..... | <input type="checkbox"/> 4 | Other (please specify) | <input type="checkbox"/> 8 |

S44. Does the Study Child's father make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, he never makes any payment 1
- Yes, he makes a regular payment 2
- Yes, he makes payments as required 3

S45. How much does he pay per week / fortnight / month?

€ _____ per Week.... 1 Fortnight 2 Month

S46. About how much per year? € _____ per year

S47. How often do you talk to the Study Child's father about the Study Child?

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

S48. How well do you get on with the Study Child's father? Would you say your relationship is?

- | | | | | |
|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|
| Very positive | Positive | Neither positive nor negative | Somewhat negative | Very negative |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S49. We would like to send a short questionnaire to the Study Child's father. 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 Study Child's father?

- 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

S50. What is your date of birth? (DD/MM/YYYY) _____ (day) _____ (mth) _____ (yr)

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

Father / Partner 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



GROWING UP IN IRELAND – the national longitudinal study of children
STRICTLY CONFIDENTIAL
FATHER/PARTNER QUESTIONNAIRE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

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

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. I have an information leaflet here about the study. We are currently doing pilot work for this project. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>'s parents and also the child him / herself. The whole interview with the parents and child will take about 90 minutes to complete.

All the information you and your family provides 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.

A. INTRODUCTION

A1. [Show Card A1] Looking at Card A1, which of the following best describes your relationship with the Study Child?

[Interviewer codes only if other persons are present at time of interview]

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

A2. Int: Record gender of parent 1 Male 1 Female 2

B: RESPONDENT'S HEALTH

Now I'd like to ask you some questions about your own health.

B1. In general, how would you say your current health is?

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

B2. Do you have any chronic physical or mental health problem, illness or disability?

Yes....._1 No_2

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

B4. Since when have you had this problem, illness or disability? _____(mth) _____(year)

B5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely_1 Yes, to some extent....._2 No_3

[Int. Ask only if respondent is female]

B6. Can I just check, are you currently pregnant?

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

B7. Approximately how many weeks? _____ weeks

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

C: RESPONDENT'S LIFESTYLE

Now I'd like to ask you to ask you some questions about your lifestyle.

C1. Do you currently smoke daily, occasionally or not at all?

Daily_1 Occasionally_2 Not at all....._3

C2. Have you ever smoked? Was it:

Daily_1 Occasionally ..._2 Never_3

C3. About how many cigarettes or cigars do/did you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

C4. Does anyone smoke in the same room as the Study Child?

Yes, on a regular basis_1 Yes, on an occasional basis....._2 Never_3

C5. [Show Card C5] Looking at Card C5, 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 once or twice a week:

C6. And on an average week, how many pints of beer, glasses of wine, and measures of spirit would you drink?

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

C7. [Show Card C7] Looking at Card C7, do you think that you are:

- Very underweight_1 Slightly overweight_5
- Moderately underweight_2 Moderately overweight_6
- Slightly underweight_3 Very overweight._7
- About the right weight....._4 Don't know_8

C8. How often do you try to lose weight through dieting?

Very often_1 Often_2 Sometimes_3 Rarely_4 Never_5

C9. What is your height without shoes? _____ feet _____ inches OR Metres _____

C10. What is your weight without clothes and shoes? _____ stones _____ lbs OR _____ Kilograms

D: FAMILY CONTEXT

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

D1. Do you feel you have fun with the Study Child every day? Yes ₁ No ₂

D2. [Show Card D2] Here are some statements about the relationship between you and your child. Please describe the degree to which each of the statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies	
A. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
E. My child values his/her relationship with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
F. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
H. When I praise my child, he/she beams with pride.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
I. My child reacts strongly to separation from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
J. My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
K. My child is overly dependent on me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
L. My child easily becomes angry at me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
M. My child tries to please me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
P. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
R. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
S. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
T. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
U. Dealing with my child drains my energy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
V. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
W. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
X. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	N/A.
Z. I often think about my child when at work.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
AA. My child whines or cries when he/she wants something from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
AB. My child is sneaky or manipulative with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
AC. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	
AD. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	

D3. Please tell me how strongly you agree or disagree with the following.

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

Because of your work responsibilities:

- A. You have missed out on home or family activities that you would have liked to have taken part in 1 2 3 4 5 6
- B. Your family time is less enjoyable and more pressured 1 2 3 4 5 6

Because of your family responsibilities:

- C. You have to turn down work activities or opportunities you would prefer to take on..... 1 2 3 4 5 6
- D. The time you spend working is less enjoyable and more pressured..... 1 2 3 4 5 6

D4. How fairly or unfairly would you say the household tasks are distributed between you and your partner?

- Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have a partner.. 4

D5. [Show Card D5] 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) _____

D6. In general, would you describe yourself as a religious or spiritual person?

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

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

E: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

E1. [Show Card E1] Looking at Card E1, what is the highest level of education you have completed to date?

- Primary or less 1 Primary degree 5
- Intermediate/ Junior/ Group Certificate or equivalent 2 Postgraduate/ Higher degree 6
- Leaving Certificate or equivalent 3 Refusal 8
- Diploma/ Certificate 4

E2. [Show Card E2] Looking at Card E2, what language or languages do you and your partner speak most often at home to the Study Child?

- 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
- Other (specify) 14

E2a. Is English your native language? Yes 1 → Go to E5 No 2

E3. 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

E4. Can you usually read and fill out forms you might have to deal with in your own language?

Yes 1 No.....2

E5. 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

E6. Can you usually read and fill out forms you might have to deal with in English?

Yes 1 No.....2

E7. 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

E8. [Show Card E8] Looking at Card E8, which of these descriptions BEST describes your usual situation in regard to work?

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 (specify) 10

E9. 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

E10. What is your occupation in this job? (What do you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E11. Do you supervise or manage any personnel in your job?

Yes 1 No 2 If less than 30 hours per wk at E9 Go to E18d, otherwise to E19

E12. How many? _____

E13. How many employees (if any) do you have? _____ employees N A 99
If less than 30 hours per week at E9 Go to E18d, otherwise to E19

E14. Apart from holiday or casual work, have you ever had a full-time job?.. Yes 1 ...No 2 Go to E18

E15. In what year did you last work in that full-time job? _____ year

E16. When you last worked in that full-time job were you?

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

E17. What was your occupation in that full-time job? (What did you mainly do in your job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible]

E18a. Do you currently have a part time job outside the home? Yes 1..... No 2 **Go to E18d**

E18b. On average, how many hours per week do you work in that part-time job? _____ hours

E18c. What is your occupation in that part-time job? (What do you mainly do in that part-time job?) Please describe as fully as possible [Int. Make sure to describe what respondent does as fully as possible] _____

E18d. [Show Card e18d] From the reasons listed on Card E18d, could you tell me which is the single most important reason for you not working on a full-time basis in a paid job outside the home? [Int tick one only]

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

Now go to E19

E19. Are you a citizen of Ireland? Yes..... 1 No 2 Don't know 3

E20. What citizenship do you hold? _____ Don't know..... 3

E21. Were you born in Ireland? Yes..... 1 No 2 Don't know 3

E22. In which country were you born? _____ Don't know 3

E23. 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 | Don't Know |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 8 |

E24. [Show Card E24] 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 |

E25. What is your date of birth? _____ day _____ month _____ year

[Interviewer:]

E26. Is respondent male or female? Male..... 1 Female 2

Prompt cards for Father/Partner's Questionnaire

CARD A1

Which of the following best describes your relationship with the Study Child?

- A. Biological parent (mother/ father) 1
- B. Adoptive parent (mother/ father). 2
- C. Step-parent (mother/ father)..... 3
- D. Foster parent (mother/ father)..... 4
- E. Grand parent 5
- F. Aunt/uncle 6
- G. Other relative/ in law 7
- H. Unrelated guardian..... 8

CARD C5

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

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

CARD C7

Do you think you are:

1. Very underweight 1
2. Moderately underweight 2
3. Slightly underweight 3
4. About the right weight 4
5. Slightly overweight 5
6. Moderately overweight 6
7. Very overweight 7

CARD D2

I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

		Definitely does not apply		Not really		Neutral, not sure		Applies Somewhat		Definitely Applies						
a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
b. My child and I always seem to be struggling with each other.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
c. If upset, my child will seek comfort from me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
d. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
e. My child values his/her relationship with me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
f. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
g. My child does not want to accept help when he/she needs it.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
h. When I praise my child, he/she beams with pride.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
i. My child reacts strongly to separation from me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
j. My child spontaneously shares information about him/herself.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
k. My child is overly dependent on me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
l. My child easily becomes angry at me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
m. My child tries to please me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
n. My child feels that I treat him/her unfairly.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
o. My child asks for my help when he/she really does not need help.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
p. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
r. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
s. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
t. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
u. Dealing with my child drains my energy.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
v. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
w. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
x. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	N/A	
z. I often think about my child when at work.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6
aa. My child whines or cries when he/she wants something from me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
ab. My child is sneaky or manipulative with me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
ac. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		
ad. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5		

CARD D5

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 parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- | | <i>Rank</i> |
|---|-------------|
| A. Showing my child love and affection | _____ |
| B. Taking time to play with my child | _____ |
| C. Taking care of my child financially | _____ |
| D. Giving my child moral and ethical guidance | _____ |
| E. Making sure my child is safe and protected | _____ |
| F. Teaching my child and encouraging his or her curiosity | _____ |
| G. Other (specify) _____ | _____ |

CARD E1

What is the highest level of education you have completed to date?

1. Primary or less1
2. Intermediate/ junior Group Certificate or equivalent2
3. Leaving Certificate or equivalent3
4. Diploma/Certificate4
- 5 Primary Degree5
6. Postgraduate/higher degree6

CARD E2

What language or languages do you and your partner speak most often at home to the Study Child?

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

CARD E8

Which of these descriptions BEST describes your usual situation in regard to work?

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

CARD E18d

From the reasons listed on this card could you tell me which is the single most important reason for you not working in a paid job outside the home?

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

CARD E24

What is your ethnic or cultural background?

White

- 1. Irish 1
- 2. Irish Traveller 2
- 3. Any other white background 3

Black or Black Irish

- 4. African 4
- 5. Any other Black background 5

Asian or Asian Irish

- 6. Chinese 6
- 7. Any other Asian background 7

Other – incl. mixed background

- 8. Other (specify) 8

Father /Partner – Supplementary Questionnaire



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GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

FATHER QUESTIONNAIRE – SUPPLEMENTARY SECTION

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

S0. We have a few final questions that we would like to ask you. As some of these may be considered sensitive we have included them in a section for you to complete by yourself. However if you would like me to administer it I am happy to do so. So would you like me to administer this questionnaire to you or would you like to complete it yourself?

Administer it ₁ Self-complete ₂

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

S1. Are you the biological parent of the Study Child?

Yes ₁ → Go to S2 No ₂ → Go to S4

S2. Have there been any period(s) of 3 months or longer when the Study Child didn't live with you?

Yes ₁ No ₂ Go to S14

S3. How many periods of 3 months or longer when the Study Child didn't live with you?

One ₁ Two ₂ Three ₃ Four or more ₄

NOW PLEASE GO TO S14

S4. Are you the adoptive parent of the Study Child?

Yes ₁ No ₂ → Go to S9

S5. Was that a domestic or an inter-country adoption?

Domestic ₁

Inter-country ₂

S6. Was that a within family adoption?

Yes ₁ No ₂

S7. From which country?

S8. What age was the Study Child when you adopted him / her? _____ years _____ months

NOW PLEASE GO TO S14

S9. Are you the foster parent of the Study Child?

Yes ₁ No ₂ → Go to S14

S10. How long has the Study Child been with your family? _____ yrs _____ mths _____ wks

S11. Do you anticipate that this will be a long-term foster placement? Yes ₁ No ₂

S12. How many **previous** foster placements has the Study Child been in?

_____ previous placements Don't Know ₉₉

S13. Immediately before coming to live with you was the Study Child living with another foster family, his / her own family or in institutional care?

Another foster family ₁ Own family ₂ Institutional care ₃

NOW PLEASE GO TO S14

S14. Can you tell me which of these best describes your current marital status?

- Married and living with husband / wife..... 1 **Go to S18**
- Married and separated from husband / wife..... 2 **Go to S15**
- Divorced..... 3 **Go to S15**
- Widowed..... 4 **Go to S15**
- Never married..... 5 **Go to S17**

S15. In what year did you marry your (former) spouse? _____(year)

S16. Since when have you been living apart / spouse deceased? _____(year)

S17. May I just check whether you are currently living with someone in the household as a couple?

- Yes..... 1 No..... 2 **Go to S26**

S18. Since when have you and your spouse or partner been living together? _____ (mth) _____(year)

S19. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days..... 1 **→Go to S20**
- At least once a week..... 2 **→Go to S20**
- Less than once a week..... 3 **→Go to S20**
- Hardly ever..... 4 **→Go to S20**
- Never..... 5 **→Go to S23**

S20. 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

S21. When you and your partner argue, how often do you

- | | Almost never/
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 |

S22. And to end an argument, how often would you

- | | Almost never/
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 |

S23. 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 | Occasionally
Disagree | Frequently
Disagree | Almost
Always | 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 |

S24. 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 |

S25. 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.



S26. Apart from your current partner (if relevant) have you had any other partners since the Study Child was born who had a close relationship with or influence on the Study Child?

Yes ₁ No ₂ → **Go to S28**

S27. How many?

One ₁ Two ₂ Three or more ₃

S28. Have you ever been treated by a medical professional for clinical depression, anxiety or 'nerves'?

Yes ₁ No ₂ → **Go to S30**

S29. Was this: [Tick all that apply]

Before the Study Child was born ₁ When Study Child was 1 – 4 yrs old ₃
 In first year of Study Child's life ₂ When Study Child was 5 - 9 yrs old ₄

S30. Listed on this card 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)

- | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 1. I felt I could not shake off the blues even with help from my family or friends | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 2. I felt depressed | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 3. I thought my life had been a failure | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 4. I felt fearful | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 5. My sleep was restless | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 6. I felt lonely | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 7. I had crying spells | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| 8. I felt sad | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

S31. Thinking back over the last year how often have you taken any of the following?

- | | Never | Now and again | Monthly | Weekly | Daily |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| A. Sleeping pills | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| B. Tranquillisers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| C. Pills for depression | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| D. Cannabis / marijuana | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| E. Painkillers (aspirin, paracetamol, etc.) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| F. Amphetamines or other stimulants | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| G. Heroin, methadone, crack, cocaine | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| H. Anticonvulsants | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| I. Steroids | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

S32. Have you ever been in trouble with the Gardai (other than for traffic offences) since the Study Child was born?

Yes ₁ No ₂ → **Go to S34**

S33. Have you ever been to prison? Yes ₁ No ₂

S34. Can we check, does the Study Child's mother live here with you or elsewhere?

- Lives here ₁ → Go to S50
Deceased ₂ → Go to S50
Temporarily lives elsewhere ₃ → Go to S50
Lives elsewhere ₄ → Go to S35

S35. Were you ever married to or did you ever live with the Study Child's mother?

- Yes, married to ... ₁ Yes, lived with ... ₂ No ₃ Go to S37 Adoptive / Foster parent ₄ Go to S50

S36. When did you separate or split up with the Study Child's mother?

- Spouse / Partner died ₁
In the last 4 years ₂
Longer than 4 years ago but less than 10 ₃
Before child was born ₄

S37. What was the nature of your relationship with the Study Child's mother when she became pregnant with the study child? (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

S38. Do you have a formal or informal custody arrangement regarding the Study Child and where he / she lives?

- Formal ₁ Informal ₂ No custody arrangement ₃

S39. Briefly describe that arrangement

S40. Do you and the Study Child's mother have shared parenting of the Study Child on a regular basis?

- Yes ₁ No ₂

S41. Please describe the nature of this shared parenting

S42. How far does the Study Child's 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

S43. How often does the Study Child have contact with his / her mother (incl. talking on the phone, texting, emailing etc.)?

- Daily ₁ Monthly ₅
Once or twice a week ₂ Less than once a month ₆
Weekly ₃ Less than once a year ₇
Every second week / weekend ₄ Other (please specify) ₈

S44. Does the Study Child's mother make ANY financial contribution to your household and the maintenance of the Study Child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

- No, she never makes any payment ₁ **S45. How much does she pay per week / fortnight / month?**

- Yes, she makes a regular payment ₂ € _____ per Week ₁ Fortnight ₂ Month

- Yes, she makes payments as required ₃ **S46. About how much per year? € _____ per year**

S47. How often do you talk to the Study Child's mother about the Study Child?

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

S48. How well do you get on with the Study Child's mother? Would you say your relationship is?

Very positive ₁ Positive ₂ Neither positive nor negative ₃ Somewhat negative ₄ Very negative ₅

S49. We would like to send a short questionnaire to the Study Child's 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 the Study Child's 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

S50. What is your date of birth? (DD/MM/YYYY) _____(day) _____(mth) _____(yr)

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

Mother/ Lone Father Questionnaire – Twin Module



The Economic and Social
Research Institute
Whitaker Square
Sir John Rogerson's Quay



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

MOTHER or LONE FATHER QUESTIONNAIRE – TWIN MODULE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Interview Started (24 hour clock) Date ____ ____ ____
day mth year

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. It is being undertaken by the Economic and Social Research Institute and Trinity College Dublin. I have an information leaflet here about the study. The study itself will involve interviewing 8,000 9-year-olds and their families.

You may remember that you were contacted about this study a few weeks ago through your child's school. You signed a consent form saying that you would be happy to participate in the study.

We are seeking to interview the parents / guardians of <name of 9-year-old Study Child> and also the child him / herself.

All the information you and your family provides 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.

A. INTRODUCTION

A0. Person number of twin covered by this questionnaire (from household register – main survey)

Respondent code of twin

A1. Are you the parent / guardian of the <Study Child's twin> who usually provides the most care to him / her.

Yes ₁ No ₂

A2. Int: Record gender of parent 1 Male..... ₁ Female ₂

A3. [Show Card A3] Which of the following best describes your relationship with <the Study Child's twin>?

[Interviewer use codes only]

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

A4. Does <Study Child> go to the same school as twin? Yes..... ₁ No ₂

If not, name and address of school this child attends: _____

A4. Are the twins :

Identical₁ Fraternal₂ Not sure₃

Note: By identical we mean that both babies came from a single egg that separated after fertilisation (they would have identical DNA); by fraternal we mean that each baby came from different eggs that were fertilised at the same time (DNA would be similar but not identical)

A5. Can the following people usually tell the twins apart?

	Always/most of the time	Sometimes	Never/hardly ever
You	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other family members.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Other people	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

A6. At what age did you first start to notice differences, if any, between the twins in terms of . . ?

Height	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Weight	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Facial features	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Voice	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂
Personality	_____ years or _____ months	<input type="checkbox"/> ₁	OR	No difference.....	<input type="checkbox"/> ₂

A7. Which twin was born first? _____ (child's first name only)

A8. Were the twins a result of fertility treatment? Yes₁ No₂

A8a. If yes, please specify the type of fertility treatment _____

A9. Are you personally a twin (or triplet)? Yes₁ No₂

A10. Have you had any other multiple births? Yes₁ No₂

_____ number of other children in multiple births

A11. Have any of the following women in your family had multiple births? (Tick all that apply)

Your mother	<input type="checkbox"/> ₁	Twins' father's mother	<input type="checkbox"/> ₄
Your maternal grandmother	<input type="checkbox"/> ₂	Twins' father's maternal grandmother	<input type="checkbox"/> ₅
Your paternal grandmother	<input type="checkbox"/> ₃	Twins' father's paternal grandmother	<input type="checkbox"/> ₆
Other close blood relative (please specify) _____			<input type="checkbox"/> ₇

A12. Compared to typical siblings of a similar age, would you say that the twins' relationship is?

Much closer	Somewhat closer	About the same	Somewhat more distant	Much more distant
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

A13. Please complete the following sentences:

a) The most challenging thing about parenting twins is:

b) The most rewarding thing about parenting twins is:

B. CHILD'S HEALTH

B1. How much did the <Study Child's twin> weigh at birth? _____ Pounds _____ Ounces OR
_____ Kilos _____ Grams Don't know 99

B2. [Show Card B2] Was the <Study Child's twin> born late, on time or early?

Late birth (42 weeks or more) 1
On time (37-41 weeks)..... 2
Somewhat early (33-36 weeks)..... 3
Very early (32 weeks or less)..... 4
Don't know 5

B3. [Show Card B3] What was the mode of delivery? [Int. Use codes only]

A. Normal birth 1 D. Elective Caesarean 4
B. Suction assisted birth 2 E. Emergency Caesarean 5
C. Forceps assisted birth 3 F. Other [please specify] 6 Don't Know 7

B4a. Did the <Study Child's twin> have to go to a Neonatal Intensive Care Unit or Special Care Nursery after he/she was born?

Yes 1 No 2 Don't know 3

B4b. How old was Study Child when he/she came home from hospital (or special care)?

Less than 1 week 1 3-6 months 5
1-4 weeks 2 7-12 months 6
5-8 weeks 3 More than 12 months 7
9-12 weeks 4 Don't Know 8

B5. Was the <Study Child's twin> ever breastfed, even if only for a short time?

Yes 1 No 2 Don't know 3

B6. For how many months was the Study Child breastfed? _____ months DK / Can't Remember... 99

B7. [Show Card B7] In general, how would you describe the <Study Child's twin> health in the past year?

(a) In the past year

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

B8. Does the <Study Child's twin> have any on-going chronic physical or mental health problem, illness or disability?

Yes 1 No 2

B9. What is the nature of this illness or disability? Please describe as fully as possible. [Int please record diagnosis, not symptoms of the problem]

B10. Since when has the <Study Child's twin> had this illness or disability? _____ (mth) _____ (year)

B11. Is the <Study Child's twin> hampered in his/her daily activities by this physical or mental health problem?

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

B12. In addition to what we have just discussed has the <Study Child's twin> ever at any time in the past had any chronic physical or mental health problem, illness or disability?

Yes....._1 No_2

B13. What was the nature of this illness or disability? Please describe as fully as possible. [Int please record diagnosis, not symptoms of the problem]

B14. Most children have accidents at some time. Has the <Study Child's twin> ever had an accident or injury that required hospital treatment or admission?

Yes No_2

B15. How many separate accidents has the <Study Child's twin> ever had that required hospital treatment or admission?

_____ accidents

B16. How many of these accidents involved bone fractures or breaks? _____

C. CHILD'S USE OF HEALTH SERVICES

C1. About how many nights has the <Study Child's twin> spent in hospital over his/her lifetime? [Int. if none, write none]

_____ nights

C2. In the last 12 months how visits has <Study Child's twin> made to the A&E (Accident and Emergence) department of a hospital?

_____ visits [Int. if 'none' write 'none' do not leave blank]

C3. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about the physical, emotional or mental health of the <Study Child's twin>?

	N times	None	Don't know	Refused
A general practitioner (GP)	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
Another medical doctor e.g. in a hospital	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4
Other professional, psychologist, psychiatrist, counsellor etc.	_____	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4

C4. Was there any time in the last 12 months when, in your opinion, the <Study Child's twin> needed a medical examination or treatment for a health problem but he/she did not receive it?

Yes_1 No....._2 Don't know_3 Refused_4

C5. Why did the <Study Child's twin> not get the medical care or treatment? Was this because

[int: please tick yes or no in respect of each]:

	Yes	No
a) You couldn't afford to pay	<input type="checkbox"/> _1	<input type="checkbox"/> _2
b) The necessary medical care wasn't available or accessible to you.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
c) You could not take time off work to visit the doctor	<input type="checkbox"/> _1	<input type="checkbox"/> _2
d) Wanted to wait and see if the problem got better	<input type="checkbox"/> _1	<input type="checkbox"/> _2
e) Child refused / fear of doctor.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2
f) Still on the waiting list	<input type="checkbox"/> _1	<input type="checkbox"/> _2
g) Other (specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _2

C6. Was there any time in the last 12 months when, in your opinion, the <Study Child's twin> needed a dental examination or treatment but he /she did not receive it?

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

C7. Why did the <Study Child's twin> not get the dental care or treatment? Was this because

[Int: Please tick yes or no in respect of each]

	Yes	No
a) You couldn't afford to pay	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b) The necessary dental care wasn't available or accessible to you	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c) You could not take time off work to visit the dentist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d) Wanted to wait and see if the problem got better	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e) Child refused / fear of dentist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f) Still on the waiting list	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g) Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

C8. Does the <Study Child's twin> brush his/her teeth at least once per day? Yes ₁ No..... ₂

C9. Which of the following best describes how regularly the <Study Child's twin> visits the dentist?

At least once a year	<input type="checkbox"/> ₁	Only when there is a problem.....	<input type="checkbox"/> ₄
Once every two years	<input type="checkbox"/> ₂	Never/Almost never	<input type="checkbox"/> ₅
Once every three years	<input type="checkbox"/> ₃		

C10. Does the <Study Child's twin> currently or at any time in the past have / had any sort of sight problem requiring correction?

Yes, currently..... ₁ Yes, in the past

₂

No ₃

C11. [Show Card C11] Has the <Study Child's twin> ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

Laser treatment..... <input type="checkbox"/> ₁	Glasses..... <input type="checkbox"/> ₄
Surgical operation..... <input type="checkbox"/> ₂	Other, please specify <input type="checkbox"/> ₅ _____
Patch..... <input type="checkbox"/> ₃	No treatment..... <input type="checkbox"/> ₆

C12. Does the <Study Child's twin> currently or at any time in the past have /had any sort of hearing problem requiring correction?

Yes, currently..... ₁ Yes, in the past

₂

No ₃

C13 [Show Card C13] Has the <Study Child's twin> ever been given any treatment for the problem? If so, what? [Int. Tick all that apply]

Hearing aid..... <input type="checkbox"/> ₁	Other, please specify <input type="checkbox"/> ₄ _____
Grommets..... <input type="checkbox"/> ₂	No treatment..... <input type="checkbox"/> ₅
Cochlear implant..... <input type="checkbox"/> ₃	

C14. Do you have any concerns about how the <Study Child's twin> talks and makes speech sounds? Would you say no, yes a little or yes a lot?

No..... ₁ Yes, a little..... ₂ Yes, a lot..... ₃ Don't know..... ₄

C15. [Show Card C15] In which areas does child have difficulties? What speech problems does the Study Child have? [Int: Tick all that apply. If child present use codes only]

A. Reluctant to speak	<input type="checkbox"/> ₁	F. Voice sounds unusual.....	<input type="checkbox"/> ₆
B. Speech not clear to the family	<input type="checkbox"/> ₂	G. Stutters, stammers or lisps	<input type="checkbox"/> ₇
C. Speech not clear to others.....	<input type="checkbox"/> ₃	H. Lisps	<input type="checkbox"/> ₈
D. Difficulty finding words.....	<input type="checkbox"/> ₄	I. Other	<input type="checkbox"/> ₉
E. Difficulty putting words together	<input type="checkbox"/> ₅	J. Don't know	<input type="checkbox"/> ₉₉

C16. Does the <Study Child's twin> usually require ongoing support to be able to move around?

Yes ₁ No ₂

C17. What supports does the <Study Child's twin> require? [Int. Tick all that apply]

Braces ₁ Crutches ₂ A stick ₃ Wheelchair ₄

C18. Does the <Study Child's twin> need the help of another person to get around in the wheelchair?

Yes ₁ No ₂

C19. Is <Study Child's twin> right or left-handed? Right handed ₁ Left handed ₂

D. CHILD'S DIET AND EXERCISE

D1. [Show Card D1] In the last 24 hours has the <Study Child's twin> had the following foods and drinks once, more than once, or not at all?

	Once	More than Once	Not At All	Don't know
1. Fresh fruit.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. Fruit juice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. Meat / Chicken / Fish	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. Eggs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
5. Cooked vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
6. Raw vegetables or salad.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
7. Meat pie, hamburger, hot dog, sausage or sausage roll	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
8. Hot chips or French fries.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
9. Crisps or savoury snacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
10. Bread	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
11. Potatoes/ Pasta/ Rice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
12. Cereals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
13. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
14. Cheese/yoghurt/ fromage frais.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
15. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
16. Water (tap water / still water/ sparkling water).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
17. Soft drinks / minerals / cordial / squash (not diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
18. Soft drinks / minerals / cordial / squash (diet).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
19. Full cream milk or full cream milk products	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
20. Skimmed milk or skimmed milk products	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

D2. If codes 19 or 20 are 1 or 2 ask: Approximately, how much milk did the <Study Child's twin> drink in the last 24 hours?

Up to 1/2 pint ₁ 1/2-1 pint ₂ 1-1 1/2 pints ₃ More than 1 1/2 pints ₄ D K ₉

D3. Does the <Study Child's twin> usually have something to eat before school? Yes..... ₁ No ₂

D4. Which of the following does he/she usually eat? [Int. Tick all that apply]

Cereal ₁ Cooked breakfast ₅
 Toast / Bread ₂ Yoghurt / Cheese ₆
 Fruit ₃ Eggs ₇
 Porridge ₄ Other Specify ₈

D5. Does the <Study Child's twin> usually have a meal in the evening during the week?

Yes ₁ No ₂

D6. Who would usually eat with the <Study Child's twin> at that meal [Int. Tick all that apply]

Father	<input type="checkbox"/> ₁	Other unrelated adults (childminder, nanny etc)	<input type="checkbox"/> ₅
Mother	<input type="checkbox"/> ₂	Friend(s)	<input type="checkbox"/> ₆
Brothers / Sisters/ other children in the household ..	<input type="checkbox"/> ₃	Someone else (specify)	<input type="checkbox"/> ₇
Other relatives	<input type="checkbox"/> ₄	No one / child eats alone	<input type="checkbox"/> ₈

D7 Does the <Study Child's twin> usually sit at a table for this meal? Yes ₁ No ₂

D8. Is <Study Child's twin> on any type of special diet e.g. vegetarian, vegan, coeliac etc.?

No	<input type="checkbox"/> ₁	Yes, coeliac	<input type="checkbox"/> ₄
Yes, vegetarian	<input type="checkbox"/> ₂	Yes, other (specify) _____	<input type="checkbox"/> ₅
Yes, vegan	<input type="checkbox"/> ₃		

[Int. vegan diet: does not eat meat, poultry, fish, eggs, buttermilk or cheese]

D9. [Show Card D9] Do you think the <Study Child's twin> is:

Very underweight	<input type="checkbox"/> ₁
Moderately underweight	<input type="checkbox"/> ₂
Slightly underweight	<input type="checkbox"/> ₃
About the right weight	<input type="checkbox"/> ₄
Slightly overweight	<input type="checkbox"/> ₅
Moderately overweight	<input type="checkbox"/> ₆
Very overweight	<input type="checkbox"/> ₇
Don't know	<input type="checkbox"/> ₈

D10. [Show Card D10] How many times in the past 14 days has the <Study Child's twin> done at least 20 minutes of exercise hard enough to make him / her breathe heavily and make his / her heart beat faster? (Hard exercise includes, for example, playing football, jogging, or fast cycling). Include time in physical education class.

none	<input type="checkbox"/> ₁
1 to 2 days	<input type="checkbox"/> ₂
3 to 5 days	<input type="checkbox"/> ₃
6 to 8 days	<input type="checkbox"/> ₄
9 or more days	<input type="checkbox"/> ₅

D11. [Show Card D11] How many times in the past 14 days has the <Study Child's twin> done at least 20 minutes of light exercise that was not hard enough to make his / her breathe heavily and make his / her heart beat fast? (Light exercise includes, walking or slow cycling) Include time in physical education class.

none	<input type="checkbox"/> ₁
1 to 2 days	<input type="checkbox"/> ₂
3 to 5 days	<input type="checkbox"/> ₃
6 to 8 days	<input type="checkbox"/> ₄
9 or more days	<input type="checkbox"/> ₅

D12. How far away is the school from the <Study Child's twin>'s home (one-way distance)?

Less than ½ mile (1km)	<input type="checkbox"/> ₁
½ to 1 mile (1-2km)	<input type="checkbox"/> ₂
1-5 miles (2-8km)	<input type="checkbox"/> ₃
More than 5 miles away (8km)	<input type="checkbox"/> ₄
Attends boarding school	<input type="checkbox"/> ₅

D13. How does the <Study Child's twin> usually (a) go to school and (b) come home from school?

[Int tick one box in Col A and B]

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

D14. How long does it usually take the <Study Child's twin> (a) to go to school (b) to come home from school?[Int. tick one box on Col A and Col B]

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

G. CHILD'S ACTIVITIES

G1. [Show Card G1] On a normal weekday during term time, how many hours does the <Study Child's twin> spend watching television, videos or DVDs? Please remember to include time before school as well as time after school?

None	<input type="checkbox"/> ₁	3 hours to less than 5 hours.....	<input type="checkbox"/> ₄
Less than an hour	<input type="checkbox"/> ₂	5 hours to less than 7 hours.....	<input type="checkbox"/> ₅
1 hour to less than 3 hours	<input type="checkbox"/> ₃	7 hours or more	<input type="checkbox"/> ₆

G2. [Show Card G2] On a normal weekday during term time, about how many hours does the <Study Child's twin> spend reading for pleasure? Include time when the child reads to themselves or is read to by someone else. Do not include time spent listening to books on audio tapes, records, cds or a computer.

None	<input type="checkbox"/> ₁	5 hours to less than 7 hours.....	<input type="checkbox"/> ₄
Less than an hour	<input type="checkbox"/> ₂	7 hours or more	<input type="checkbox"/> ₅
1 hour to less than 3 hours	<input type="checkbox"/> ₃	Child can't read.....	<input type="checkbox"/> ₇
3 hours to less than 5 hours.....	<input type="checkbox"/> ₄		

G3. [Show Card G3] On a normal weekday, during term-time, about how much time does the <Study Child's twin> spend using the computer. Please include time before school as well as time after school. DO NOT include time spent using computers in class.

None	<input type="checkbox"/> ₁	3 hours to less than 5 hours.....	<input type="checkbox"/> ₄
Less than an hour	<input type="checkbox"/> ₂	5 hours to less than 7 hours.....	<input type="checkbox"/> ₅
1 hour to less than 3 hours	<input type="checkbox"/> ₃	7 hours or more	<input type="checkbox"/> ₆

G4. [Show Card G4] On a normal weekday, during term-time, about how much time does the <Study Child's twin> spend playing video games such as, Playstation, X-box, Nintendo etc? Please include time before school as well as time after school. DO NOT include time spent using computers in class.

None	<input type="checkbox"/> ₁	3 hours to less than 5 hours.....	<input type="checkbox"/> ₄
Less than an hour	<input type="checkbox"/> ₂	5 hours to less than 7 hours.....	<input type="checkbox"/> ₅
1 hour to less than 3 hours	<input type="checkbox"/> ₃	7 hours or more	<input type="checkbox"/> ₆

G5. Does the <Study Child's twin> have the following in his/her bedroom?

	Yes	No		Yes	No
Television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	Computer or laptop	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Video/DVD player	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	Games console (playstation etc...)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

G6. On an average week how much money would you say you give the <Study Child's twin> to spend him/herself?
€ _____

H. CHILD'S EMOTIONAL HEALTH AND WELL-BEING

H1. [Show Card H1] Looking at this card, has the <Study Child's twin> ever experienced any of the following, at any time in their life : [Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW)

- A. Death of parent(s).....1
- B. Death of close family member (please specify)2 _____
- C. Death of close friend3
- D. Divorce/separation of parents.....4
- E. Moving house5
- F. Moving country6
- G. Stay in foster home/ residential care7
- H. Serious illness/injury.....8
- I. Serious illness/injury of a family member9
- J. Drug taking/alcoholism in immediate family10
- K. Mental disorder in immediate family11
- L. Conflict between parents12
- M. Parent in prison.....13
- N. Other disturbing event (please specify)14 _____

H2. [Show Card H2] I am going to read a number of statements which could be used to describe the child's behaviour over the past six months. Please tell me whether or not you consider each to be 'not true', 'somewhat true' or 'certainly true'. Use answers A, B, C and so on as on the card if you like.

- | | Not
True | Somewhat
True | Certainly
True |
|---|----------------------------|----------------------------|----------------------------|
| A. Considerate of other people's feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| B. Restless, overactive, cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| C. Often complains of headaches, stomach aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| D. Shares readily with other children (treats, toys, pencils etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| E. Often has temper tantrums or hot tempers | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| F. Rather solitary, tends to play alone..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| G. Generally obedient, usually does what adults request..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| H. Many worries, often seems worried | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| I. Helpful if someone is hurt, upset or feeling ill..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| J. Constantly fidgeting or squirming | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| K. Has at least one good friend..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| L. Often fights with other children or bullies them..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| M. Often unhappy, down-hearted or tearful..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| N. Generally liked by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| O. Easily distracted, concentration wanders | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| P. Nervous or clingy in new situations, easily loses confidence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Q. Kind to younger children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| R. Often lies or cheats | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| S. Picked on or bullied by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| T. Often volunteers to help others (parents, teachers, other children)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| U. Thinks things out before acting..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| V. Steals from home, school or elsewhere..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| W. Gets on better with adults than with other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| X. Many fears, easily scared | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Y. Sees tasks through to the end, good attention span..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

H3. [Show Card H3] Thinking about the <Study Child's twin's> temperament, how characteristic of the <Study Child's twin> are the following descriptions? Use codes 1, 2, 3, 4 or 5 as on the card if you like.

	1. Not Characteristic	2. Occasionally characteristic	3. Somewhat characteristic	4. Characteristic	5. Very characteristic
A. Child tends to be shy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Child cries easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Child likes to be with people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Child is always on the go.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Child prefers playing with others rather than alone.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. Child tends to be somewhat emotional.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. When child moves about, he usually moves slowly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. Child makes friends easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. Child is off and running as soon as he wakes up in the morning.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. Child finds people more stimulating than anything else.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. Child often fusses and cries.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. Child is very sociable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. Child is very energetic.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. Child takes a long time to warm up to strangers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. Child gets upset easily.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. Child is something of a loner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. Child prefers quiet, inactive games to more active ones.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. When alone, child feels isolated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
S. Child reacts intensely when upset.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
T. Child is very friendly with strangers.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

J. CHILD'S EDUCATION – PAST AND CURRENT

J1. I would like you to think back to when <Study Child's twin> was younger, and BEFORE HE/SHE STARTED PRIMARY SCHOOL. Was there ever a period of one year or more when he/she was minded on a regular basis for 3 or more days per week by, for example, a minder (a relative or non-relative), in a creche, a Montessori, pre-school, Naionra etc?

Yes1 No.....2

J2. [Show Card J2] What is the MAIN type of out-of-school care, if any, that you CURRENTLY use during term time for the <Study Child's twin>. In other words, who is he/she with on a regular basis, outside of holiday periods and weekends [Int: Tick 1 box only]

Child minded at home by me or resident partner <input type="checkbox"/> 1	Paid childminder in his/her own home..... <input type="checkbox"/> 9
Looking after him/herself or cared for by a sibling..... <input type="checkbox"/> 2	Au Pair / Nanny..... <input type="checkbox"/> 10
Child minded by non-resident partner..... <input type="checkbox"/> 3	Paid after-school care in group setting..... <input type="checkbox"/> 11
Unpaid relative (or family friend) in your own home..... <input type="checkbox"/> 4	Homework club..... <input type="checkbox"/> 12
Unpaid relative (or family friend) in his/her own home..... <input type="checkbox"/> 5	After-school activity-based facility..... <input type="checkbox"/> 13
Paid relative (or family friend) in your own home..... <input type="checkbox"/> 6	Special needs facility..... <input type="checkbox"/> 14
Paid relative (or family friend) in his/her own home..... <input type="checkbox"/> 7	Activity Camps (sport recreation arts/crafts etc)..... <input type="checkbox"/> 15
Paid childminder in your own home..... <input type="checkbox"/> 8	Other..... <input type="checkbox"/> 16

J3. Approximately how many hours per week does the <Study Child's twin> spend in this main form of childcare
 _____ hours per week₁ Not relevant, at home with parent/guardian2

J4. Approximately how many days per week does the <Study Child's twin> spend in this main form of childcare
 _____ days per week₁ Not relevant, at home with parent/guardian2

J5. [Int. Ask if NOT codes 1-5 at J2]: Approximately how much does this childcare for the <Study Child's twin> typically cost you per week/fortnight/month etc.? [Int. Record only in respect of <Study Child> and make sure to record the period to which amount refers].

€ _____ per Week.....₁ Fortnight.....₂ Month₄

J6. [Show Card J6] During an average week does the <Study Child's twin> participate in any clubs or organisations outside of school hours. If yes, does this activity have to be paid for?

Activity	Participate in activity?		Pay for activity?	
	Yes	No	Yes	No
Sports/Fitness club (gym., GAA, soccer, hockey etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Cultural activities (dance, ballet, music, arts, drama etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Youth club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Scouts/ Guides/ Boy's Brigade / Girl's Brigade	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Homework club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

J7. Thinking of the last academic year, did you or your spouse/partner attend a formal meeting with the <Study Child's twin's> teacher?

Yes.....₁ No.....₂

J8. [Show Card J8] During the last school year, about how many days was <Study Child's twin> absent from school for any reason?

0 days	<input type="checkbox"/> ₁	11 to 20 days	<input type="checkbox"/> ₅
1 - 3 days	<input type="checkbox"/> ₂	More than 20 days.....	<input type="checkbox"/> ₆
4 to 6 days	<input type="checkbox"/> ₃	Not in school last year.....	<input type="checkbox"/> ₇
7 to 10 days	<input type="checkbox"/> ₄		

J9. [Show Card J9] What was the main reason for <Study Child's twin> being absent from school?

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

J10. How often is the <Study Child's twin> given homework? [Card J10]

Never.....	<input type="checkbox"/> ₁	Once a week.....	<input type="checkbox"/> ₅
Less than once a month.....	<input type="checkbox"/> ₂	A few times a week	<input type="checkbox"/> ₆
Once a month.....	<input type="checkbox"/> ₃	Daily.....	<input type="checkbox"/> ₇
A few times a month	<input type="checkbox"/> ₄	Don't Know	<input type="checkbox"/> ₈

J11. On days when the <Study Child's twin> is given homework, how much time does he or she usually spend doing homework? [Card J11]

0 to 15 minutes	<input type="checkbox"/> ₁	1.5 to less than 2 hours.....	<input type="checkbox"/> ₅
16 to 30 minutes	<input type="checkbox"/> ₂	2 to less than 3 hours.....	<input type="checkbox"/> ₆
31 minutes to less than one hour.....	<input type="checkbox"/> ₃	3 to less than 4 hours.....	<input type="checkbox"/> ₇
1 to less than 1.5 hours.....	<input type="checkbox"/> ₄	4 hours or more	<input type="checkbox"/> ₈

J12. How often do you or your spouse/partner provide help with the <Study Child's twin's> homework?

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Child rarely gets homework
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

J13. Based on your knowledge of the <Study Child's twin's> schoolwork, including his/her report cards, how well in general, do you think he/she is doing in mathematics relative to other children of his/her age? Do you think he/she is: [Card J13/J14]

Poor.....	<input type="checkbox"/> ₁	Above average.....	<input type="checkbox"/> ₄
Below average.....	<input type="checkbox"/> ₂	Excellent.....	<input type="checkbox"/> ₅
Average	<input type="checkbox"/> ₃		

J25. About how many children's books does <Study Child's twin> have access to in your home now, including any library books? Would you estimate:

None.....1 21 to 30.....4
 Less than 102 More than 30.....5
 10 to 203

J26. Do you use the Public Library for the <Study Child's twin>? Yes 1..... No 2

K: FAMILY CONTEXT

K1. Do you feel you have fun with the <Study Child's twin> every day? Yes1 No2

K2. [Show Card K2] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely Applies
A. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. My child and I always seem to be struggling with each other.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. My child values his/her relationship with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
F. My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
G. My child does not want to accept help when he/she needs it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H. When I praise my child, he/she beams with pride.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I. My child reacts strongly to separation from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
J. My child spontaneously shares information about himself/ herself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
K. My child is overly dependent on me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
L. My child easily becomes angry at me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
M. My child tries to please me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
N. My child feels that I treat him/her unfairly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
O. My child asks for my help when he/she really does not need help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
P. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Q. My child sees me as a source of punishment and criticism.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
R. My child expresses hurt or jealousy when I spend time with other children.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
S. My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
T. When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
U. Dealing with my child drains my energy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
V. I've noticed my child copying my behaviour or ways of doing things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
W. When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
X. My child's feelings toward me can be unpredictable or can change suddenly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Y. Despite my best efforts, I'm uncomfortable with how my child and I get along.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Z. I often think about my child when at work.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
AA. My child whines or cries when he/she wants something from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
AB. My child is sneaky or manipulative with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
AC. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
AD. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K3. [Show Card K3] How often do you do the following when the <Study Child's twin> misbehaves

	Never	Rarely	Now and again	Regularly	Always	Can't say
A. Discuss/Explain why behaviour was wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
B. Ignore him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
C. Smack 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"/> 8
D. Shout or yell at him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
E. Send him/her out of the room or to their bedroom	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
F. Take away treats/pocket money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
G. Tell him/her off	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
H. Bribe him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8
I. Ground him/her	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 8

K4. [Show Card K4] Now, I'd like to ask you about the time the <Study Child's twin> spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g., gardening, cooking, cleaning, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (including going shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

K5. [Show Card K5] How often does the <Study Child's twin> get together with, see or spend time with the following people (excluding those living in your home)

	Quite a lot	Now and again	Rarely	Don't have
Grandparents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7
Uncles/Aunts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7
Cousins	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7

K8. Does the <Study Child's twin> belong to any religious denomination Yes.....1 No.....2

K9. [Show Card K9] If yes, which one

Christian – no denomination	<input type="checkbox"/> 1
Roman Catholic	<input type="checkbox"/> 2
Anglican/Church of Ireland/Episcopalian	<input type="checkbox"/> 3
Other Protestant	<input type="checkbox"/> 4
Jewish	<input type="checkbox"/> 5
Muslim	<input type="checkbox"/> 6
Other (specify)	<input type="checkbox"/> 7
Refuse/no answer	<input type="checkbox"/> 9

K10. How regularly does the <Study Child's twin> attend religious service?

Daily	Weekly	Monthly Often	Less Occasions	Special	Never	Refused their religion	N/a to
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

K11. How fair or unfair would you say the household tasks are distributed between you and your partner?

Very unfairly1 Quite unfairly2 Fairly3 Don't have partner.....4

L1. Does the <Study Child's twin> have his/her own bedroom? Yes ₁ No..... ₂

L2. How many others does the Study Child share a bedroom with? _____

L3. And is <Study Child's twin> a citizen of Ireland? Yes ₁ No ₂ DK ₈

L4. What citizenship does he / she hold? _____ Don't know ₈

L5. Was the <Study Child's twin> born in Ireland? Yes ₁ No..... ₂

L6. In which country was he/she born? _____ Don't know ₈

L7. How long ago did he/she first come to live in Ireland?

Within the last year	1-5 years ago	6-10 years ago	Don't Know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₈₈

L8. Does anyone other than yourself and/ or your spouse / partner provide care to the <Study Child's twin> on a regular basis for 8 or more hours each week? 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. Int Refer back to question J2 page 12 of the questionnaire

Yes, regular care 8 hrs per week or more ₁ No regular care 8 hrs per wk or more..... ₂ → Go to L61

L9. Is this care provided in:

- the child's home ₁
- a relative's home ₂
- home of carer – non-relative ₃
- centre – crèche, after-school etc.)..... ₄

L10. We would like to send a short questionnaire to the person / centre who provides this care to the Study Child. 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 the Study Child?

- Yes ₁
- No, does not wish regular carer to be interviewed ₂
- No, does not have contact details for regular carer ₃

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

Time Interview Ended

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(24 hour clock)

Father / Partner Questionnaire– Twin Module



The Economic and Social
Research Institute
Whitaker Square
Sir John Rogerson's Quay



University of Dublin
Trinity College
College Green
Dublin 2



GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

FATHER QUESTIONNAIRE – TWIN MODULE

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started _____ (24 hour clock) Date ____ ____ ____
day mth year

Hello, I'm from the Economic and Social Research Institute (ESRI) based in Dublin. I am contacting you about *Growing Up in Ireland - the National Longitudinal Study of Children*. This is a major new government study about children in Ireland. It is being undertaken by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. I have an information leaflet here about the study. The study itself will involve interviewing 8,000 9 year olds and their families.

We are seeking to interview <name of 9-year-old Study Child>'s twin.

All the information you and your family provides 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.

A0. Person number of twin covered by this questionnaire (from household register – main survey)

Respondent code of twin

D: FAMILY CONTEXT

D1. Do you feel you have fun with the <Study Child's twin>every day? Yes₁ No ₂

D2. [Show Card D2] Here are some statements about the relationship between you and the <Study Child's twin>. Please describe the degree to which each of the statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
I share an affectionate, warm relationship with my child. ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child and I always seem to be struggling with each other.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
If upset, my child will seek comfort from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child values his/her relationship with me.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child appears hurt or embarrassed when I correct him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child does not want to accept help when he/she needs it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
When I praise my child, he/she beams with pride.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My child reacts strongly to separation from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

My child spontaneously shares information about himself/ herself.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is overly dependent on me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child easily becomes angry at me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child tries to please me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child feels that I treat him/her unfairly.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child asks for my help when he/she really does not need help.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child sees me as a source of punishment and criticism.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child expresses hurt or jealousy when I spend time with other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child remains angry or is resistant after being disciplined.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When my child is misbehaving, he/she responds to my look or tone of voice.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Dealing with my child drains my energy.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I've noticed my child copying my behaviour or ways of doing things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When my child is in a bad mood, I know we're in for a long and difficult day.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Despite my best efforts, I'm uncomfortable with how my child and I get along.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I often think about my child when at work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child whines or cries when he/she wants something from me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Time Section Ended

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(24 hour clock)

Child Main Questionnaire

Main Questionnaire for 9 year olds

AREA HOUSEHOLD RESPONDENT
Interviewer Name _____ Interviewer Number
Time Section Started (24 hour clock) Date: ____ / ____ / ____

Instructions

Welcome to the Growing up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

There are a number of questions which I will read out to you and which I would like you to answer. Some of the questions are about you, your school, your family, friends, how you feel and what you like to do. If you feel that there are any questions which you do not wish to answer, then that's ok.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you *really think*. If you need help just let the interviewer know.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes ₁ No ₂

Section A: School

1. What do you think about school?

Always like it Sometimes like it Never like it
₁ ₂ ₃

2. How well do you think you are doing in your school work?

Well Average/Ok Poorly
₁ ₂ ₃

3. Do you like the following subjects?

	Always like it	Sometimes like it	Never like it
a. Maths	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Reading.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Irish.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

4. How often do you get homework?

Never	1-2 times a week	3-4 times a week	Almost every day
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

5. Do you think your family is better off (has a bigger house, better car, more expensive clothes) than:

a. Most of your classmates

Better off	About the same	Worse off
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

b. Most of your neighbours

Better off	About the same	Worse off
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

c. Other families in Ireland

Better off	About the same	Worse off
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Section B: Food

6. We would like you to think back to what you ate yesterday. Did you eat the following?

	No	One Serving	More than one serving
a. Fresh fruit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Cooked vegetables.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Meat pie, hamburger, hot dog, sausage or sausage roll (any of these)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Chips or French fries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Crisps or savoury snacks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Biscuits, doughnuts, cake, pie or chocolate (any of these).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Milk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Cheese or yoghurt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Fizzy drinks or diet drinks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. Bread, Pasta, Rice, Cereal (any of these)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Section C: Activities

7. Which of the following have you done with your parents within the last week (tick yes or no in respect of each)

- | | Yes | No |
|--|---|---------------------------------------|
| a. Eaten together | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Visited relations | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Sat and watched TV | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Chatted..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Went to the park..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Gone swimming | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Played games at home – board games and so on..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Played games outside | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| i. Read something together | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

8. Do you have a computer at home? Yes..... ₁ No..... ₂ Go to Q12

9. Do you use it? A lot ₁ A little ₂ Never ₃ Go to Q12

10. What do you use it for? (tick yes or no in respect of each)

- | | Yes | No |
|--|---|---------------------------------------|
| a. Playing games..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Chatrooms (Websites where you have live chats with friends) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Watching movies/downloading music..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. E-mailing | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Instant messaging (Live email and texts on the web)..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Surfing the internet for fun..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Doing homework..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Surfing the internet for school projects | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

11. Are you allowed to use the internet without your parents or another adult checking what you are doing?

Yes ₁ No..... ₂

12. Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best.

- Hanging out with friends ₁
- Chatting to friends on phone or computer ₂
- Playing sport ₃
- Watching TV ₄
- Playing computer games ₅
- Reading ₆
- Playing games outside ₇
- Listening to music ₈
- Talking to your family ₉
- Something else (Please write it down) _____ ₁₀

13. What is your favourite hobby or activity? _____

14. How often do you play sport?

- Never 1-2 times a week 3-4 times a week Almost every day
- ₁ Go to Q15 ₂ Go to Q16 ₃ Go to Q16 ₄ Go to Q16

15. Please tell us what is your MAIN reason for not playing sport? [Please tick one box only]

- You do not like team games ₁
- You are no good at games ₂
- You have no opportunities to play ₃
- You feel people laugh at you because of your size ₄
- You have a disability which prevents you from playing ₅
- You prefer to watch sports on TV ₆
- You do not fit in with the sporty crowd ₇
- You do not like to get dirty or sweaty ₈
- You are not competitive ₉
- You prefer to play computer games ₁₀

16. How often do you take exercise (e.g. running, cycling, swim) for 20 minutes or more ?

- Never 1-2 times a week 3-4 times a week Almost every day
- ₁ ₂ ₃ ₄

17. How often do you read for fun (not for school)?

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

18. Do you have your own mobile phone? Yes..... ₁ No ₂

19. Below is a list of things that people do. Can you tell me which ones you would generally be expected to do for yourself:

- | | Yes | No |
|--|---|---------------------------------------|
| a. Shower or bathe | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Make breakfast | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Get yourself up in the morning..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Make a packed lunch..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Make dinner | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Tidy your bedroom..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Make your bed..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

20. Do you do any of these chores at home?

- | | Often | Occasionally | Never |
|---|---|---|---------------------------------------|
| a. Help with cooking for the family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Hoovering / cleaning | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Helping in the garden..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Washing the dishes / Emptying the dishwasher | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Putting out the bin / recycling | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Cleaning the car..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Helping with your younger brothers or sisters | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Helping an elderly or sick relative in the family | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

21a. Do you have a long term illness, disability or medical condition (like diabetes, asthma, allergy or cerebral palsy) that has been diagnosed by a doctor?

Yes No Don't Know

₁ Go to Q21b ₂ Go to Q22. ₃ Go to Q22.

21b. If yes, does your long term illness, disability or medical condition affect your attendance or participation at school?

Yes No

₁ ₂

22. How would you describe yourself?

Very skinny A bit skinny Just the right size A bit overweight Very overweight

₁ ₂ ₃ ₄ ₅

23. Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school activities, playing with friends or walking to school. Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football and surfing. For this next section add up all the time you spent in physical activity each day.

Over the past 7 days on how many days were you physically active for a total of at least 60 minutes per day?

No days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

₀ ₁ ₂ ₃ ₄ ₅ ₆ ₇

Section D: Likes and Dislikes

24. What would you most like to be when you grow up? Please describe what you would like to be as fully as possible.

25. Think about the person whom you most admire. Who would that be? Would it be: Please tick one only

- A person on television (TV star) ₁
- A film star ₂
- A teacher ₃
- A church leader ₄
- A footballer or sports star ₅
- Mum or dad ₆
- A pop star / singer / rapper ₇
- A politician ₈
- A footballer's wife ₉
- Someone else (please write down who) _____ ₁₀

26. Can you finish off each of the 3 sentences with your own words?

a. The thing that makes me most happy is

b. I am most afraid of

c. I like living in Ireland because

27. Is there a pet in your family? Yes ₁ No ₂

If you don't have a pet then you are now finished the questionnaire.

If you do have a pet please answer two more questions

That is the end of this part of the interview.

28. What pets do you have? [Tick all that apply]

Cat Dog Goldfish Rabbit Other (Please write down)
₁ ₂ ₃ ₄ ₅

29. What do you like best about your pet(s)? (Tick all that apply)

- a. They are fun to be with ₁
- b. I like to look after them ₂
- c. They make me feel loved ₃
- d. I like to feed them ₄
- e. I like to take them for walks ₅
- f. I can talk to them ₆
- g. I like to cuddle them ₇

That is the end of this part of the interview.

Prompt cards for - Child's Questionnaire

CARD 6

We would like you to think back to what you ate yesterday. Did you eat the following?

	No	One Serving	More than one serving
A. Fresh fruit	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
B. Cooked vegetables	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
C. Meat pie, hamburger, hot dog, sausage or sausage roll (any of these)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
D. Hot chips or French fries	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
E. Crisps or savoury snacks.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
F. Biscuits, doughnuts, cake, pie or chocolate(any of these)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
G. Milk	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
H. Cheese or yoghurt.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
I. Fizzy drinks or diet drinks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
J. Bread, Pasta, Rice, Cereal (any of these)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

CARD 12

Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best.

- A. Hanging out with friends.....1
- B. Chatting to friends on the phone or computer.....2
- C. Playing sport.....3
- D. Watching TV.....4
- E. Playing computer games.....5
- F. Reading.....6
- G. Playing games outside.....7
- H. Listening to music.....8
- I. Talking to your family.....9
- J. Something else.....10

CARD 15

Please tell us what is your MAIN reason for not playing sport?

1. You do not like team games 1
2. You are no good at games 2
3. You have no opportunities to play 3
4. You feel people laugh at you because of your size 4
5. You have a disability which prevents you from playing 5
6. You prefer to watch sports on TV 6
7. You do not fit in with the sporty crowd 7
8. You do not like to get dirty or sweaty 8
9. You are not competitive 9
10. You prefer to play computer games 10

CARD 22

How would you describe yourself?

- 1. Very skinny1
- 2. A bit skinny2
- 3. Just the right size3
- 4. A bit overweight4
- 5. Very overweight.....5

CARD 25

Think about the person you most admire. Who would that be? Would it be:

- 1. A person on television (TV star).....1
- 2. A film star.....2
- 3. A teacher.....3
- 4. A church leader4
- 5. A footballer or sports star.....5
- 6. Mum or Dad6
- 7. A pop star/singer/rapper.....7
- 8. A politician.....8
- 9. A footballer's wife9
- 10. Someone else (please write down who).....10

CARD 29

What do you like best about your pet(s)?

- a. They are fun to be with..... 1
- b. I like to look after them 2
- c. They make me feel loved..... 3
- d. I like to feed them..... 4
- e. I like to take them for walks 5
- f. I can talk to them..... 6
- g. I like to cuddle them..... 7

Child Core Sensitive Questionnaire

Core Sensitive Questionnaire for 9 year olds

AREA HOUSEHOLD RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date: ____ / ____ / ____

Instructions

Welcome to the Growing Up in Ireland study. We want to find out what it is like to be a 9 year old child living in Ireland. You are one of 8,000 children aged 9 years that are taking part in this survey. Your answers will help the government to plan things for young people like yourself.

We would like you to complete the following questions in this answer booklet. Some of the questions are about where you live, your school and your family.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you *really think*.

We will not tell anyone the answers to your questions. But if you tell us something that makes us worried about you, then we might have to tell someone who could help.

How to fill in your answer on the answer booklet

To fill in a question just tick the box with the answer you want to give

Example:

Do you have any pets? Yes ₁ No ₂

Section A: Where you live

- | | Yes | No |
|---|---------------------------------------|---------------------------------------|
| 1. Do you like living around here? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 2. Do you have plenty of friends to play with around here? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 3. Are there good places to play near your house? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 4. Do you think there is too much traffic near where you live? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 5. Is there a green area for you to play near where you live? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 6. Are the streets dirty around where you live? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7. Are there youth clubs near where you live? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 8. Is there a playground near where you live? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 9. Do you think there is a lot of graffiti near where you live? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 10. Is there public transport to school (like a bus or train)? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 11. Are there activities to do after school around here? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 12. Are there places for children to play safely near your house? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 13. Are adults living around here usually nice to you? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 14. Do you feel safe living around here? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 15. Are adults around here generally nice to children? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

Section B: School

16. Do you look forward to going to school?

Always Sometimes Never

₁ ₂ ₃

....

17. Do you like your teacher?

Always Sometimes Never

₁ ₂ ₃

18. Thinking back over the last year would you say that you picked on someone (either a child or an adult)?

Yes ₁ No ₂ (If you have answered no, please skip to Question 20)

19. How did you pick on them?

Yes No

a. By shoving, pushing, hitting ₁ ₂

b. Name calling, slagging ₁ ₂

c. Text messaging, emails, Bebo etc ₁ ₂

d. Written messages / notes etc ₁ ₂

e. Leaving them out of games / chats ₁ ₂

f. In other ways [please write it down] _____ ₁ ₂

20. Thinking back over the last year would you say that anyone (either a child or an adult) picked on you?

Yes ₁ No ₂ (If you have answered no, please skip to Question 22)

21. A. How did they pick on you?

Yes No

a. By shoving, pushing, hitting ₁ ₂

b. Name calling, slagging ₁ ₂

c. Text messaging, emails, Bebo etc ₁ ₂

d. Written messages / notes etc ₁ ₂

e. Leaving you out of games / chats ₁ ₂

f. In other ways [please write it down] _____ ₁ ₂

21. B. If you were picked on, did this upset you?

A lot A little Not at all
₁..... ₂..... ₃

Section C: Family

22. Do you have brothers or sisters? Yes..... ₁ No..... ₂

23. Do you get on with them?

Always Sometimes Never
₁ ₂ ₃

24. If you have a problem who would you talk to about it?

Please tick all the people you would talk to

Mum Dad Mum's partner Dad's partner Teacher Friends Another relative (Who?)
₁..... ₂..... ₃ ₄.. ₅ ₆..... ₇ _____

25. Can you tell me how often you have a say in what the family does (such as what to watch on TV, what to do at weekends, where to go on family outings or holidays)?

Always Sometimes Never
₁ ₂..... ₃

That is the end of this part of the questionnaire. The interviewer will now give you another part to complete.

Thank you for all your help.

Self-Complete Questionnaire for 9 year olds (Mum)

AREA

HOUSEHOLD

RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock)

Date: ___ / ___ / ___

We would now like to ask you some questions about your mum!

1. Do you think your mum encourages you to do well at school?

Always Sometimes Never
₁ ₂ ₃

2. How well do you get on with your mum?

Very well Fairly well You and your mum do not get on
₁ ₂ ₃

3. Here are some things you might think about your mum. Please tick the answer that suits you best.

a. Does your mum really expect you to follow family rules?

Always Sometimes Never
₁ ₂ ₃

b. Does your mum like you to tell her when you are worried?

Always Sometimes Never
₁ ₂ ₃

c. Does your mum usually praise you for doing well?

Always Sometimes Never
₁ ₂ ₃

d. Does your mum really let you get away with things?

Always Sometimes Never
₁ ₂ ₃

e. Does your mum punish you if you do not behave yourself?

Always Sometimes Never
₁ ₂ ₃

f. Can you count on your mum to help you out if you have a problem?

Always Sometimes Never
₁ ₂ ₃

g. Does your mum point out ways you could do better?

Always Sometimes Never
₁ ₂ ₃

h. Does your mum spend time just talking to you?

Always Sometimes Never
₁ ₂ ₃

i. Does your mum let you know when you do something wrong?

Always Sometimes Never
₁ ₂ ₃

j. Do you and your mum do things together that are just for fun?

Always Sometimes Never
₁ ₂ ₃

4. When you are bold how often does your mum?

- | | Always | Sometimes | Never |
|---|---|---|---------------------------------------|
| a. Explain to you what you
have done wrong..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Ignore you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Smack you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Shout at you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Send you out of the room
or to your bedroom | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Stop your treats or pocket money..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Give out to you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Offer you treats to be good..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i. Ground you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Self-Complete Questionnaire for 9 year olds (Dad)

AREA

HOUSEHOLD

RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock)

Date: ____ / ____ / ____

We would now like to ask you some questions about your dad!

1. Do you think your dad encourages you to do well at school?

Always Sometimes Never
₁ ₂ ₃

2. How well do you get on with your dad?

Very well Fairly well You and your dad do not get on
₁ ₂ ₃

3. Here are some things you might think about your dad. Please tick the answer that suits you best.

a. Does your dad really expect you to follow family rules?

Always Sometimes Never
₁ ₂ ₃

b. Does your dad like you to tell him when you are worried?

Always Sometimes Never
₁ ₂ ₃

c. Does your dad usually praise you for doing well?

Always Sometimes Never
₁ ₂ ₃

d. Does your dad really let you get away with things?

Always Sometimes Never
₁ ₂ ₃

e. Does your dad punish you if you do not behave yourself?

Always Sometimes Never
₁ ₂ ₃

f. Can you count on your dad to help you out if you have a problem?

Always Sometimes Never
₁ ₂ ₃

g. Does your dad point out ways you could do better?

Always Sometimes Never
₁ ₂ ₃

h. Does your dad spend time just talking to you?

Always Sometimes Never
₁ ₂ ₃

i. Does your dad let you know when you do something wrong?

Always Sometimes Never
₁ ₂ ₃

j. Do you and your dad do things together that are just for fun?

Always Sometimes Never
₁ ₂ ₃

4. When you are bold how often does your dad?

Always Sometimes Never

a. Explain to you what you

have done wrong..... ₁..... ₂..... ₃

b. Ignore you..... ₁..... ₂..... ₃

c. Smack you ₁..... ₂..... ₃

d. Shout at you..... ₁..... ₂..... ₃

e. Send you out of the room

or to your bedroom ₁..... ₂..... ₃

f. Stop your treats or pocket money..... ₁..... ₂..... ₃

g. Give out to you ₁..... ₂..... ₃

h. Offer you treats to be good..... ₁..... ₂..... ₃

i. Ground you..... ₁..... ₂..... ₃

Self-Complete Questionnaire for 9 year olds - (Mum's Partner)

AREA

HOUSEHOLD

RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock)

Date: ___ / ___ / ___

We would now like to ask you some questions about your step dad or your mum's boyfriend who lives at home with you!

1. Do you think he encourages you to do well at school?

Always Sometimes Never
₁ ₂ ₃

2. How well do you get on with him?

Very well Fairly well You and him do not get on
₁ ₂ ₃

3. Here are some things you might think about him. Please tick the answer that suits you best.

a. Does he really expect you to follow family rules?

Always Sometimes Never
₁ ₂ ₃

b. Does he like you to tell him when you are worried?

Always Sometimes Never
₁ ₂ ₃

c. Does he usually praise you for doing well?

Always Sometimes Never
₁ ₂ ₃

d. Does he really let you get away with things?

Always Sometimes Never
₁ ₂ ₃

e. Does he punish you if you do not behave yourself?

Always Sometimes Never
₁ ₂ ₃

f. Can you count on him to help you out if you have a problem?

Always Sometimes Never
₁ ₂ ₃

g. Does he point out ways you could do better?

Always Sometimes Never
₁ ₂ ₃

h. Does he spend time just talking to you?

Always Sometimes Never
₁ ₂ ₃

i. Does he let you know when you do something wrong?

Always Sometimes Never
₁ ₂ ₃

j. Do you and him do things together that are just for fun?

Always Sometimes Never
₁ ₂ ₃

4. When you are bold how often does he?

Always Sometimes Never

a. Explain to you what you

have done wrong..... ₁..... ₂..... ₃

b. Ignore you..... ₁..... ₂..... ₃

c. Smack you ₁..... ₂..... ₃

d. Shout at you..... ₁..... ₂..... ₃

e. Send you out of the room

or to your bedroom ₁..... ₂..... ₃

f. Stop your treats or pocket money..... ₁..... ₂..... ₃

g. Give out to you ₁..... ₂..... ₃

h. Offer you treats to be good..... ₁..... ₂..... ₃

i. Ground you..... ₁..... ₂..... ₃

Self-Complete Questionnaire for 9 year olds - (Dad's Partner)

AREA

HOUSEHOLD

RESPONDENT

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock)

Date: ___ / ___ / ___

We would now like to ask you some questions about your step mum or your dad's girlfriend who lives at home with you!

1. Do you think she encourages you to do well at school?

Always Sometimes Never
₁ ₂ ₃

2. How well do you get on with her?

Very well Fairly well You and her do not get on
₁ ₂ ₃

3. Here are some things you might think about her. Please tick the answer that suits you best.

a. Does she really expect you to follow family rules?

Always Sometimes Never
₁ ₂ ₃

b. Does she like you to tell her when you are worried?

Always Sometimes Never
₁ ₂ ₃

c. Does she usually praise you for doing well?

Always Sometimes Never
₁ ₂ ₃

d. Does she really let you get away with things?

Always Sometimes Never
₁ ₂ ₃

e. Does she punish you if you do not behave yourself?

Always Sometimes Never
₁ ₂ ₃

f. Can you count on her to help you out if you have a problem?

Always Sometimes Never
₁ ₂ ₃

g. Does she point out ways you could do better?

Always Sometimes Never
₁ ₂ ₃

h. Does she spend time just talking to you?

Always Sometimes Never
₁ ₂ ₃

i. Does she let you know when you do something wrong?

Always Sometimes Never
₁ ₂ ₃

j. Do you and her do things together that are just for fun?

Always Sometimes Never
₁ ₂ ₃

4. When you are bold how often does she?

- | | Always | Sometimes | Never |
|---|---|---|---------------------------------------|
| a. Explain to you what you
have done wrong..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Ignore you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Smack you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Shout at you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| e. Send you out of the room
or to your bedroom | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| f. Stop your treats or pocket money..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| g. Give out to you | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| h. Offer you treats to be good..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| i. Ground you..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

Teacher-On-Pupil Questionnaire



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Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

TEACHER-ON-PUPIL QUESTIONNAIRE

School ID

School Roll No.

Study Child's ID within School

Roll Number of Study Child _____

Teacher's ID within School

Date: _____ day _____ mth

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study. **All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.**

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

1. Study Child's date of birth _____ day _____ mth _____ year

2. Study Child's gender Male ₁ Female ₂

3. What class (school year) is the study child in? _____ class

4. For how many school years (including the 2006/2007 school year) have you taught the Study Child? [If only for the current school year please record as 1 year] _____ year(s)

5. About how many days of school has the Study Child missed since the beginning of the current school year?
_____ days

6. What was the single most important reason for the Study Child being absent from school? [Tick 1 box only].

- a. Health reasons (illness or injuries)..... ₁
- b. Family holidays..... ₂
- c. Other family reasons..... ₃
- d. Truancy..... ₄
- e. Bullying..... ₅
- f. A fear of school (school phobia)..... ₆
- g. Other [please specify]..... ₇
- h. Don't know the reason..... ₈
- i. N.A, Study Child not absent in current year ₉

7. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

- | | Never | Rarely | Sometimes | Often | Always |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. inadequately dressed for the weather conditions? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. too tired to participate as he / she should in class? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. without a lunch / snack? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. hungry? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. with a general lack of cleanliness? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. late? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

8. How often does the Study Child arrive at school with homework not completed?

- Never, - homework always or almost always completed..... 1
- Occasionally not completed..... 2
- Regularly not completed..... 3
- Not applicable, Study Child never / rarely gets homework..... 4

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9. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

- | | Not
True | Somewhat
True | Certainly
True |
|--|----------------------------|----------------------------|----------------------------|
| a. Considerate of other people's feelings | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Restless, overactive, cannot stay still for long | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Often complains of headaches, stomach-aches or sickness | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Shares readily with other children (treats, toys, pencils etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Often has temper tantrums or hot tempers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Rather solitary, tends to play alone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Generally obedient, usually does what adults request | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h. Many worries, often seems worried | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. Helpful if someone is hurt, upset or feeling ill | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| j. Constantly fidgeting or squirming..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| k. Has at least one good friend | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| l. Often fights with other children or bullies them..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| m. Often unhappy, down-hearted or tearful | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| n. Generally liked by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| o. Easily distracted, concentration wanders | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| p. Nervous or clingy in new situations, easily loses confidence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| q. Kind to younger children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| r. Often lies or cheats..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| s. Picked on or bullied by other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| t. Often volunteers to help others (parents, teachers, other children) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| u. Thinks things out before acting..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| v. Steals from home, school or elsewhere..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| w. Gets on better with adults than with other children | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| x. Many fears, easily scared | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| y. Sees tasks through to the end, good attention span | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

10. How would you rate the Study Child's academic performance in the following areas relative to children in his / her age group. [Please tick one box on each line]

- | | Below average | Average | Above Average |
|-----------------------------------|----------------------------|----------------------------|----------------------------|
| a. Reading..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Writing..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Comprehension..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Mathematics..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Imagination / Creativity | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Oral communications | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Problem solving | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

11. Does the Study Child's parent(s) / guardian(s) attend parent / teacher meetings? Yes....1 No.....2

12. Do any of the following limit the kind or amount of activity the Study Child can do at school? [Please tick 'Yes' or 'No' for each]

	Yes	No
a. Physical disability or visual or hearing impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Speech impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Learning disability	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Home environment / problems at home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Have a limited knowledge of the main language of instruction.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Discipline problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Poor attendance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Other (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

13. If 'yes' to any of the questions at Q.12 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?

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

14. If yes, what extra services has the Study Child received that are specifically provided through school to support his / her learning? [Please tick all that apply]

Speech therapy	<input type="checkbox"/> 1	Behavioural management programmes	<input type="checkbox"/> 3
Psychological assessment.....	<input type="checkbox"/> 2	Learning support / resource teaching	<input type="checkbox"/> 4
Other [please specify]			<input type="checkbox"/> 5

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Teacher-On-Self Questionnaire



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Growing Up in Ireland – the national longitudinal study STRICTLY CONFIDENTIAL

TEACHER-ON-SELF QUESTIONNAIRE

School ID School Roll No.

Study Child's ID within School Roll Number of Study Child _____

Teacher's ID within School Date: _____ day _____ mth

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future. The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & 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 & Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

All information provided will be treated in the strictest confidence. No one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this questionnaire.

1. Are you male or female? Male ₁ Female ₂
 2. To which age group do you belong?
20 - 29 yrs ₁ 30 - 39 yrs.. ₂ 40 - 49 yrs . ₃ 50 - 59 yrs . ₄ 60 yrs or older.. ₅
 3. How many years have you been teaching at primary school level? _____ years
 4. How long have you been teaching in this school? _____ years
 5. Which of the following qualifications do you hold? [Please tick all that apply]
- A primary school teaching diploma or certificate, or other primary school qualification ₁
 - A primary degree in education (B.Ed)..... ₂
 - A primary degree in another subject..... ₃
 - A postgraduate diploma in education ₄
 - A qualification in learning support, special education or resource teaching..... ₅
 - A higher degree in education (PhD, Masters etc.)..... ₆
 - A higher degree in another subject (PhD, Masters etc.)..... ₇
 - No qualification ₈
 - Other [please specify] _____ ₉

6. Within your regular classroom, how many children are there in each year group? If you do not teach a particular year group, write 'none' in the total row.

Class	Junior Infants	Senior Infants	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class
	Number of pupils							
Boys								
Girls								
Total								

OR I teach a particular subject(s) and do not have a regular classroom ₅₅

7a. Did you do any professional training, including in-service training, in the last 12 months?

Yes..... ₁ No ₂

7b. How many days training did you do? _____ days

8. In your opinion, how many children in your classroom (including the Study Child if relevant) have any of the following long-term problems? (Some children may belong to more than one category)

- a. A limited knowledge of the main language of instruction children
- b. An emotional or behavioural problem children
- c. A learning / intellectual disability children
- d. A physical / sensory disability children

9. In a typical week, would you have any Special Needs Assistants working with you in the Study Child's classroom?

Yes..... ₁ No ₂

10. For approximately how many hours per week? _____ hours per week

11. Approximately how many hours per week does the Study Child's class spend on each of the following subjects, within normal school hours? Your best estimate is fine. If the class does not receive instruction in a subject, please write 'none'.

Subject	No. of hours per week	Subject	No. of hours per week
English	hrs/wk	Social Personal Health Education (SPHE)	hrs/wk
Gaeilge	hrs/wk	Physical Education	hrs/wk
Maths	hrs/wk	Drama	hrs/wk
History	hrs/wk	Visual Arts	hrs/wk
Geography	hrs/wk	Other 1 (specify)	hrs/wk
Science	hrs/wk	Other 2 (specify)	hrs/wk
Religion	hrs/wk	Other 3 (specify)	hrs/wk
Music	hrs/wk	Other 4 (specify)	hrs/wk

12. Below we have a number of statements about teaching. Please indicate how frequently the following things happen in the Study Child's class

	Never or almost never	Some days	Most days	Every day
Pupils copy notes from the board in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils work in pairs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils work individually in class using their textbook or worksheets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homework is checked in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Homework is taken up for correction	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils work in groups in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You ask pupils questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils ask you questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils ask each other questions in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You read aloud to pupils	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils suggest subjects or topics to be covered in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils are encouraged to find things out for themselves	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You use video / DVD or audiotapes / CDs in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You use play to facilitate pupil learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils use computer facilities in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You provide differentiated activities, as appropriate, to pupils	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Pupils get the opportunity to engage in hands-on activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
The pupil's experience and their environment is the starting point for learning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
You teach pupils as a whole class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

13a. How often do the children in the Study Child's class use a computer(s) in the school?

Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

13b. Do the children in the Study Child's class have use of a computer in their classroom?

Yes ₁ No ₂

14. Do the children in the Study Child's class use a computer to access the Internet?

Yes ₁ No ₂

15. On average, how many nights per week do you set homework for the children in the Study Child's class?
_____ nights

16. On a typical evening during the week, how much time do you expect children in the Study Child's class to spend on homework?

None..... ₁ 31-60mins ₄
 15 mins or less..... ₂ 1 – 1hr 30mins..... ₅
 16-30 mins ₃ More than 1hr 30 min..... ₆

17a. How often would you assess your pupil's progress using:

	Weekly	Twice a month	Monthly	Every term	Never/Almost Never
Teacher observations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Teacher-designed tasks and tests	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Work samples, portfolios or projects	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Teacher's questions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

17b. Do you use the results of this assessment in the planning of your teaching?

Yes ₁ No ₂

18. How much control do you feel you have in your school over the following areas:

	No control	Slight control	Some control	Moderate control	A great deal of control
a. selecting subjects to be taught	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. deciding about the content of subjects to be taught	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. deciding about teaching techniques.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. choosing textbooks and other learning materials	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. disciplining children.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. selecting the year group you teach.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

19. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

Pupils, in general:	Nearly all	More than half	Less than half	Only a few
a. Enjoy being at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Are well-behaved in class	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Show respect for their teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Are rewarding to work with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Are well behaved in the playground/school yard	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

20. In general, what proportion of parents attend
 a) parent teacher meetings and
 b) other meetings organised by the school?

	Nearly All	More than half	Less than half	Only a few	Not Applicable
a. Parent-teacher meetings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Other meetings organised by the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

21. What proportion of parents would approach you informally to discuss their child's progress?

Nearly All	More than half	Less than half	Only a few
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

22. Compared with other Primary Schools of your size would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers as in other Primary Schools?

a. Pupils 1 2 3

Happier As happy Less happy

b. Teachers 1 2 3

23. In general terms (a) how stressed do you feel by your job and (b) how satisfied do you feel with your job?

a. How **stressed** do you feel by your job..... 1 2 3 4

Very Fairly Not Very Not At All

b. How **satisfied** do you feel with your job 1 2 3 4

Thank you very much for having completed this part of *Growing Up In Ireland*

We would now like you to complete a questionnaire (one of the green ones) in respect of each Study Child who has been selected from your class(es) for inclusion in the project

Principal's Questionnaire

9. How many rooms (including prefabs etc.) are used as classrooms in the school? _____ classrooms
10. Of these, how many portable classrooms (prefabs) are there in the school? _____ portable classrooms
11. How many classes (across all year-groups) are there in the school? _____ classes

12. Approximately how many pupils is the school designed for? _____ children

13. In which year was the school built? Year _____

14. Compared to other Primary Schools in the country how adequate to the needs of the school and the pupils are the school's resources in each of the following areas?

	Poor	Fair	Good	Excellent
a. Number of teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Number of classrooms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Books and worksheets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Computing facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Arts and crafts facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Sports facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Music facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Playground	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Mathematics resources / facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Library / media centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Staff room	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Toilet facilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Learning support provision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. After-school facilities (e.g. homework clubs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Administrative support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Condition of the school building, classrooms etc.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Facilities for children with disabilities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

15. Does the school provide

- a) a 'breakfast club' Yes, every day....1 Yes, some days2 No.....3
- b) free school meals at lunchtime Yes, every day....1 Yes, some days2 No.....3

16. Approximately how many computers in total does the school have? _____ computers

17. Of these, how many can be used by the pupils, i.e excluding those used solely by administrative or teaching staff:

_____ used by the pupils

18. Does the school have a dedicated computer room for pupils? Yes.....1 No.....2

19. In your opinion, how important is each of the following to the ethos of the school?

	Very important	Fairly important	Not important	Not sure
a. Sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Religion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Drama	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Involvement with the community	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Involvement with parents / guardians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Social justice / concern for disadvantaged ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Environmental awareness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Irish language and culture	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

20. Are the school buildings and other facilities (playing fields etc. if relevant) open to the local community (a) in the evenings during the week; (b) at weekends; or (c) out of term time?

a) in the evenings during the week Yes ₁ No ₂
b) at weekends Yes ₁ No ₂
c) out of term time Yes ₁ No ₂

21. Approximately how many of each of the following groups of pupils do you have in your school? If none, please write 'NONE' – do not leave blank. – the same child can be recorded more than once.

Foreign-national pupils..... (Number) _____
 Pupils of families from the Travelling Community..... (Number) _____
 Pupils with language difficulties (where native language is other than English / Irish) ... (Number) _____
 Pupils with physical / sensory disabilities (Number) _____
 Pupils with learning / intellectual disabilities. (Number) _____

22. Approximately, what is the Average Daily Attendance for your school this year (2006 / 2007)?

_____ % Average Daily Attendance **OR** _____ Average number attending daily

23. What percentage of pupils missed 20 days or more in the 2005 / 2006 academic year (as per the NEWB figures)

_____ %

24. Approximately what percentage of the pupils in your school would you say come from the immediate area, that is, live within about 20 minutes walking distance of the school?

_____ %

25. Please indicate which of the following get involved in supporting children with emotional / behavioural problems in your school. [Please tick all that apply]

Principal..... ₁
 Classroom Teacher ₂
 Learning support / resource teacher ₃
 Other staff member..... ₄
 External assistance [please specify] _____ ₅

26. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely impact on their educational development? Please tick one box on each line to indicate approximate percentage.

Approximate percentage of children with each problem
 None less than 10% 10-25% 26-40% More than

40%
 a) Literacy Problems ₁ ₂ ₃ ₄ ₅
 b) Numeracy Problems..... ₁ ₂ ₃ ₄ ₅
 c) Emotional / Behavioural problems..... ₁ ₂ ₃ ₄ ₅

27. Does the school have a Home-School Community Liaison Co-ordinator? Yes ₁ No ₂

28. Over the past five years, has the number of pupils coming to this school....

Increased..... ₁ Decreased..... ₂ Remained fairly stable ₃

29. Are all of the pupils who apply to this school generally accepted? Yes... ₁ → Go to Q.31 No.. ₂ → Go to Q.30

30. What criteria are used to admit pupils [Please tick all that apply]?

Proximity to the school	Other siblings in the school	Parents attended the school	Performance on tests	Date of application	Religion	Other (Please specify below)
<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

31. Are there any other local schools to which pupils in your school might go? Yes ₁ No.....₂

32. In general, do more pupils apply to come to this school than there are places available?

Yes ₁ No.....₂

33. If there is more than 1 class in any year-group, on what basis are pupils in the school allocated to classes?

Randomly / alphabetically ₁ Performance on tests ₃
Only 1 class per year-group.....₂ Other [please specify _____] . ₄

34. Does the school hold formal parent-teacher meetings at least once per year? Yes.....₁ No.....₂

35. Approximately what percentage of parents attend parent-teacher meetings? _____ per cent

36. How important is each of the following in the school as a **curricular** activity?

	Very important	Fairly important	Not important	Not sure
a. Physical Education / Sport.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Music.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Speech and Drama	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Environmental Awareness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Awareness of Social Justice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Scientific education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

37. And how important is each of the following in the school as an **extra-curricular** activity?

	Very important	Fairly important	Not important	Not sure
a. Physical Education / Sport.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Music.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Speech and Drama	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Environmental Awareness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Awareness of Social Justice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Scientific education	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

38. To what extent are the following forms of discipline used in your school:

	Often	Occasionally	Rarely	Never
a. Suspension.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Expulsion / permanent exclusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Extra classwork	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Extra homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. Writing of 'lines'	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. Detention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. Exclusion from sports or other popular activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. Verbal (phone or otherwise) report to parents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. Written report to parents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. Cancellation of popular lesson e.g. art	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. Warning card system	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. Other (specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

39. Does the school have a written discipline policy? Yes ... ₁ No ₂ Go to Q.41

40. To what extent were the following involved in developing this policy?

	To a great extent	To some extent	Not at all
a. Teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Parents.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Pupils.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Board of Management	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

41. To what extent is bullying a problem in your school?

A major problem.....₁ A minor problem ₁ No problem at all ₃

42. Does your school have an explicit anti-bullying strategy? Yes ... ₁ No ₂

43. Does your school have a written policy on bullying? Yes ₁ No ₂

44. Please indicate the extent to which you believe each of the following to be true of teachers in your school.

	True of nearly all	True for more than half	True for less than half	True of only a few
a. Teachers are positive about the school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Teachers get a lot of help and support from colleagues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Teachers are open to new developments and challenges	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. Teachers are eager to take part in in-service training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

45. Compared with other Primary Schools of your size would you say that the scale of day-to-day problems in running the school are? [Please tick one box only]

Much greater than in other schools Slightly greater than in other schools About the same as in other schools Slightly less than in other schools Much less than in other schools

₁ ₂ ₃ ₄ ₅

46. What makes you say that? [Please describe as fully as possible]

47. Compared with other Primary Schools of your size would you say that, in general, the environment in your school is happier, as happy or less happy for pupils as in other Primary Schools

Happier.....₁ As happy₂ Less happy₃

48. In general terms (a) how *stressed* do you feel by your job and (b) how *satisfied* do you feel with your job?

Very Fairly Not Very Not At All

a. How **stressed** do you feel by your job.....₁₂₃₄

b. How **satisfied** do you feel with your job₁₂₃₄

Thank you very much for having completed this part of *Growing Up in Ireland*

CONSISTENCY CHECKS IN THE MOTHER/ LONE FATHER QUESTIONNAIRE

Hard checks

About 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

About 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

MMB19. How many of these accidents involved bone fractures or breaks?

- Number of accidents which were bone fractures or breaks cannot be greater than the total number of accidents at B18

MMC5. Why did the Study Child not get the medical care or treatment?

- Can't all be 'No'. Must choose 'Yes' to at least one option from the list. Alternatively, revise answer to filter question C4

MMC7. Why did the Study Child not get the dental care or treatment?

- Can't all be 'No'. Must choose 'Yes' to at least one option from the list. Alternatively, revise answer to filter question C6

MMC11. Has the Study Child ever been given any treatment for the problem?

- All cells can't be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter question C10
- Can't be 'Laser treatment' and 'No treatment'
- Can't be 'Surgical operation' and 'No treatment'
- Can't be 'Patch' and 'No treatment'
- Can't be 'Glasses' and 'No treatment'
- Can't be 'Other' and 'No treatment'

MMC13. Has the Study Child ever been given any treatment for the problem?

- All cells can't be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter question C12
- Can't be 'Hearing aid' and 'No treatment'
- Can't be 'Grommets' and 'No treatment'
- Can't be 'Cochlear implant' and 'No treatment'
- Can't be 'Other' and 'No treatment'

MMC15. In which area does the child have difficulties? What speech problems does the Study Child have?

- All cells can't be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter question C14

MMC17. What supports does the Study Child require?

- Can't all be 'No'. Must choose 'Yes' to at least one option from the list. Alternatively, revise answer to filter question C16

MMD4. Which of the following does the Study Child usually eat?

- All cells can't be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter question D3

MMD6. Who would usually eat with the Study Child at that meal?

- All cells can't be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter question D5

MMH1. Has the Study Child ever experienced any of the following?

- All cells can't be empty. Must CODE at least one option from the list.
- Can't be 'None of the above' and any other category

MMJ19. What form did the bullying take?

- All cells can't be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter question J18

MMJ20. What form did the bullying take?

- All cells can't be empty. Must CODE at least one option from the list

MMJ22. What is the nature of the difficulty or disorder?

- All cells can't be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter question J21

Soft checks

About person 1 in Relationship Grid

What best describes your current economic status?

- If the Mother/Lone Father indicates that they are in School/Education, this will bring up a soft check

MMB1. How much did the Study Child weigh at birth?

- Entering a blank at 'Pounds' and a blank at 'Kilos' will bring up a soft check

MMB9. For how many months or weeks was the Study Child breastfed?

- Entering a blank at 'Months' and a blank at Weeks will bring up a soft check

MMF9. What is your height without shoes?

- Entering a blank at 'Feet' and a blank at 'Metres' will bring up a soft check

MMF10. What is your weight without clothes and shoes?

- Entering a blank at 'Stone' and a blank at 'Kilos' will bring up a soft check

MML13. 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

MML22b. 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 L12
- 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 L12

CONSISTENCY CHECKS IN THE FATHER/ PARTNER QUESTIONNAIRE

Hard checks

FD5. 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)

- This is a ranking check. Can't select the values '1', '2' or '3' more than once.

Soft checks

FE18b. 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 E8

CONSISTENCY CHECKS IN THE CHILD MAIN QUESTIONNAIRE

Hard checks

CQ10. What do you use it for?

- Can't all be 'No'. Must choose 'Yes' to at least one option from the list. Alternatively, revise answer to filter Question 9

CQ12. Here are some things that children could do in their free time. Can you please tell me which of these you like to do best, second best and third best

- This is a ranking check. Can't select the values '1', '2' or '3' more than once

CQ28. What pets do you have?

All cells can't all be empty. Must CODE at least one option from the list. Alternatively, revise answer to filter Question 27