



Growing Up in Ireland
Questionnaires
Relating to Fieldwork
for Wave 3 of the
Child Cohort at 17 years

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Parent One Main Questionnaire



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

PARENT/GUARDIAN ONE – MAIN QUESTIONNAIRE – 17-year-old Cohort

AREA

HOUSEHOLD

Interviewer Name _____

Interviewer Number

Date _____
 Day month year

Almost five years have passed since you and your family were interviewed as part of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <young person> and <his/her> parents who live here. The whole interview with <young person> and <his/her> parents will take about 2 - 2½ hours to complete [INTERVIEWER: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of the Young Person or any other person, they may have to tell someone who can help.

Growing Up in Ireland is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with Department of Social Protection, the Central Statistics Office and the Department of Education & Skills. A part funding contribution in support of Phase 2 of *Growing Up in Ireland* (2015-19) has been generously provided by The Atlantic Philanthropies, a limited life foundation. The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

XA1. Last time we spoke this was <young person>'s MAIN address. Is this still what you consider to be <young person>'s MAIN address?

Yes ₁ GO TO XA4 No ₂

XA2. Is <young person> living elsewhere in the Republic of Ireland?

Yes..... ₁ No, emigrated/living abroad ₂ No, other (specify) _____ ₂

XA3. [if yes] Can you give me <young person>'s new MAIN address where we can attempt to interview him/her?

Int: Explain that you would like to interview Young Person at new MAIN address and get consent forms signed.
Record new address on Work Assignment Sheet and continue interview

XA4. [if parental home is <Young Person's> MAIN address] Does <young person> have any other temporary or part-time addresses – for example, student or work address during the week or during term-time? DO NOT INCLUDE HOLIDAY HOMES.

Yes..... ₁ No ₂ GO TO ZA1

XA5. [if has other address] [CARD XA5] How would you describe <young person's> household at this other temporary address?

- Lives alone in a house/flat ₁
- Lives in a house/flat with other relative(s) only ₂
- Lives in a house/flat-sharing arrangement with other adult(s) including relatives and non-relatives ₃
- Lives in 'digs' ₄
- Campus accommodation ₅
- Other (please specify) ₆

XA6. [if has other address] On average, how many nights per month does <YP> sleep in the parental home?

_____ (no.of nights per month)

Section ZA – Household Composition

YOUNG PERSON'S MAIN ADDRESS IS PARENTAL HOME

ZA1a. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at 13 years>. Is <primary caregiver at 13 years> still resident in the household?

Yes..... ₁ No..... ₂ → Go to ZA7a

ZA1b. Do you have a spouse/partner who lives here with you in the household?

Yes..... ₁ No..... ₂

ZA1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at 13 years] people lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

*****The name, sex, date of birth, and relationship of each person to the <primary respondent at time 13 years> and <young person> will be checked and edited where necessary and their residency in the household at 17 years confirmed.*****

No.	First name	Sex M F	Date of Birth ____-____-____	Age If DOB not availa ble	Still resident? Y N		Relationship of each member to Parent 1 and Young Person. R'SHIP TO: CARD REL Parent 1		R'SHIP TO: CARD REL Young Person		(E) Show Card PES						
											Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
1		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	////										
2		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	////										
3		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/> <input type="checkbox"/>	____-____-____		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Interviewer: Parent One should be on line 1.

Young Person should be on line 2. Parent Two on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 YEARS: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT 13 YEARS - ADD THEM TO THE NEW GRID BELOW]

ZA3a. Is anyone else currently living with you in the household whom we have not recorded above?

Yes..... ₁ No..... ₂ → Go to ZA4

No	First Name	Sex		Date of Birth	Age If DOB not available	Relationship of each member to Parent One and Young Person		Since when have they been living with you		Resident Y/N	Show Card PES						
		M	F			Parent One (Card REL)	Young Person (Card REL)	Month	YEAR		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28		<input type="checkbox"/>	<input type="checkbox"/>	----							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT ZA3b ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]

ZA4. So that's a total of _____ people who live here in the household at present. Is that correct?

Yes..... ₁ No..... ₂ → [INT: Check Household Grid]

[ASK ONLY IF <PRIMARY CARER AT 13 YEARS> IS STILL RESIDENT IN THE HOUSEHOLD AT 17 YEARS.

ZA5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <young person>. We would like you to complete the Parent One questionnaire with us on this occasion as well. Can I just check, are you still the main caregiver of <young person>?

Yes..... ₁ Go to ZA9a No..... ₂

ZA6a. Why is that? -----

IF PRIMARY CAREGIVER FROM 13 YEARS HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT ZA1b ABOVE] THEN:

ZA6b. You mentioned that <spouse/partner> [identified at ZA1b above] lives here with you as part of the household. This means that we should interview him/her as the main caregiver of <young person> on this occasion. Is that correct?

Yes ₁ No..... ₂ [[BLAISE INSTRUCTION - END OF THE INTERVIEW]

Go to ZA9a

IF RESPONDENT TO HOUSEHOLD SECTION AT 13 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 17 YEARS ASK ZA7a -

ZA7a. Are you the legal parent/guardian of Young Person's who usually provides the most care to him/her?

Yes ₁ No ₂ → [INT: Ask to speak to PCG]

ZA7b. [Card A7b] Can you please tell me which of the following best describes your relationship to <young person>?

[Interviewer use codes only]

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

ZA7c. Do you have a spouse/partner who lives here with you in the household?

Yes..... ₁ No..... ₂

ZA8a. How many people in total (including yourself and <young person>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex M F	Date of Birth	Age If DOB not available	Was this Person Resident at 13 year survey?		If not resident at 13 years of age		Relationship of each member to Parent One and Young Person	(E) Show Card PES										
					Y	N	Born into Hhld	Other Reason		Mth	Yr	Parent One	Young Person	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
51		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___	////		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
52		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___	////		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
53		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
54		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
55		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
56		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
57		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
58		<input type="checkbox"/> <input type="checkbox"/>	___/___/___		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	___	___			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Go to ZA9a

ZA9a. Does <young person> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes ₁ No ₂

ZA9b. How many full / half / step / adoptive brother(s) or sister(s) does <young person> have who live outside the household? _____ n

ZA9c. For each full/half/step brother/sister who lives outside the household, can you tell me:

(a) their sex; (b) their Date of Birth (DOB); and (c) their relationship to <young person>

- Male Female Date of Birth Relationship to <young person>
 1. ₁ ₂ ___/___/___ SHOW CARD ZA9c
 2.. ₁ ₂ ___/___/___ SHOW CARD ZA9c
 3. ₁ ₂ ___/___/___ SHOW CARD ZA9c

X1. Respondent's sex: Male..... ₁ Female ₂

X2. Respondent's date of birth: day month year

SECTION A: PARENT'S HEALTH

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

A1. [CARD A1] In general, how would you say your current health is?

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

A2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

A3. 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. If multiple, record most severe problem first]

If multiple health problems, answer the following in respect of first problem listed at A3

A4. Has this health problem, illness or disability been diagnosed by a medical professional?

Yes ₁ No ₂

A5. Since when have you had this problem, illness or disability? _____(mth) _____(year)

A6. Are you hampered in your daily activities by this problem, illness or disability?

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

A7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

- Very physically active ₁
- Fairly physically active ₂
- Not very physically active ₃
- Not at all physically active ₄

A8. [CARD A8] Do you think that you are:

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF YOUNG PERSON IS PRESENT AT TIME OF INTERVIEW]

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

A9. [CARD A9] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]

Very often ₁ Often ₂ Sometimes ₃ Rarely ₄ Never ₅

A10. Are you covered by a medical card?

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

A11. Are you covered by private medical insurance?

Yes ₁ No ₂

A12. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially ₂ No ₃

A13. Is <young person> covered by a medical card?

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

A14. Is <young person> covered by private medical insurance?

Yes ₁ No ₂

A15. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially ₂ No ₃

SECTION B: YOUNG PERSON'S HEALTH AND ILLNESS

Now I'd like to ask you a few questions about <young person's> health

B1. [CARD B1] In general, how would you describe <young person's> health in the past 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

B2. [CARD B2] Does <young person> have any of the following long-lasting conditions or difficulties?

B3. [If yes, at B2] Since when has <young person> had this condition?

B4. [If yes, at B2] Is <young person> hampered in his/her daily activities by this condition or difficulty?

B5. [If yes, at B2] Has this condition been diagnosed by a professional?

	B2. Has?		B3. Since when?						B4. Hampered?			B5. Diagnosed?		
	Yes	No	m	m	y	y	y	y	Yes, severely	Yes to some extent	No	Yes	No	
a. Blindness or a serious vision impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Deafness or a serious hearing impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. An intellectual disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. A psychological or emotional condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. A difficulty with pain or breathing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Any other chronic illness or condition (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	__	__	/	__	__	__	__	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

B6. Was there any time during the past 12 months when <young person> really needed to consult a GP or specialist but did not?

Yes, there was at least one occasion ₁ No, there was no such occasion..... ₂

B7. [CARD B7] What was the main reason for not consulting a GP or specialist [TICK ALL THAT APPLY]?

- a. You couldn't afford to pay ₁
- b. The necessary medical care wasn't available or accessible to you ₂
- c. You could not take time off work to visit the doctor with <young person> ₃
- d. You wanted to wait and see if the problem got better ₄
- e. Young person refused / fear of doctor ₅
- f. Young person is still on the waiting list..... ₆
- g. Too far to travel/no means of transport ₇
- h. Other (specify) ₈

B8. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth has <young person> had filled? [TICK ONE BOX ONLY]

None One Two Three or more

₀ ₁ ₂ ₃

B9. How many, if any, permanent teeth (i.e. 'secondary' or 'adult') teeth has <young person> had extracted? [TICK ONE BOX ONLY]

₀ ₁ ₂ ₃

SECTION C: FAMILY CONTEXT

Now some questions about your relationship with <young person>.

C1. Is <young person> still in education (school or college), finished within the last six months or left education more than six months ago?

Still in education..... ₁ Finished in last six months ₂ Left education more than six months ago..... ₃

C2. [CARD C2] [If YP still in education or finished in last 6 months] In this/most recent school or college year, how often have you or your spouse/partner (where relevant) done the following with <young person>: (Please tick ONE box on each line.)

- | | Never or
hardly
ever | A few
times a
year | About
once a
month | Several
times a
month | Several
times a
week |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Discussed how he/she is getting on with different subjects at school/college? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. Asked how he/she is coping with the amount of work (course-work etc) for his/her courses? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. Asked how he/she is getting on with teachers/lecturers? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. Discussed his/her plans for the future? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. Asked how he/she is getting on with friends? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| f. Discussed how he/she did in tests or exams? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

C3. [CARD C3] [If YP still in education] Looking at Card C3, taking everything into account, how far do you expect <young person> will go in his/her education or training?

- Junior Certificate or equivalent ₁
- Leaving Certificate or equivalent ₂
- An apprenticeship or trade ₃
- Diploma/Certificate ₄
- Degree ₅
- Postgraduate/higher degree ₆
- Don't know ₇

C4. [CARD C4] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
a. Do you know what <young person> does with his/her free time.....	<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. Do you know who he/she has as friends during his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Do/did you usually know what type of homework he/she has/had.	<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. Do you know what he/she spends his/her money 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
e. Do/did you know when he/she has/had a test or homework due at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Do/did you know how he/she does/did in different subjects at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Do you know where he/she goes when out at night with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Do/did you know where he/she goes/went and what he/she does/did after school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. How often in the last month have you had no idea where he/she was.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C5. [CARD C5] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
a. Does he/she spontaneously tell you about his/her friends.	<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. Does/did he/she want to tell you about school (how subjects are going; relationships with teachers etc).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<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. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C6. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>? [CARD C6]

	Yes	No
a. How well he/she will do in education	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. He/she has or will develop a drink problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. He/she has or will develop a drug problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. He/she is or will get involved with the wrong type of friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. He/she has or will have an unhappy relationship	<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION D: YOUNG PERSON'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Young person's emotional health and well-being.

D1. [CARD D1] Listed on Card D1, is a set of statements which could be used to describe <young person'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 <young person'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
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 prefer to be 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

	Not True	Somewhat True	Certainly True
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

D2. [CARD D2] Listed on card D2 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. Extroverted, enthusiastic.....	<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
b. Critical, quarrelsome.....	<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
c. Dependable, self-disciplined.....	<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
d. Anxious, easily upset.....	<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
e. Open to new experiences, complex.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Reserved, quiet.....	<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
g. Sympathetic, warm.....	<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
h. Disorganized, careless.....	<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
i. Calm, emotionally stable.....	<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
j. Conventional, uncreative.....	<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

D3. [CARD D3] Which of the following conditions does/did <Young Person> have that affect/affected his/her learning in school?

D4 (if yes) Has this condition or disability been diagnosed by a professional?

D5 (if Diagnosed) At what age was it first diagnosed?

D6 (if yes at e or f) Was <Young Person> ever prescribed any medication for this condition?

	D3 Has?		D4. Diagnosed		D5. Age	D6. Medication?	
	Yes	No	Yes	No		Yes	No
a. Physical disability or visual or hearing impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
b. SPECIFIC learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
c. GENERAL learning disabilities (Mild, Moderate, Severe/Profound).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
d. Autism Spectrum Disorders (e.g. Autism, Aspergers syndrome).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
e. Emotional or behavioural disorders (e.g. ADHD (Attention Deficit Hyperactivity Disorder)/ ADD).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Mental health difficulty.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Speech or language difficulty (including speech impediment).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
h. Assessed Syndrome (e.g. Down Syndrome, Tourettes Syndrome).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
i. Slow progress (reasons unclear).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		
j. Other (please specify) _____.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	_____		

D7. [CARD D7] Please indicate if <Young Person> receives / received support from any of the following (1) IN SCHOOL and (2) OUTSIDE SCHOOL?

	(1) IN SCHOOL?		(2) OUTSIDE SCHOOL?	
	Yes	No	Yes	No
a. Special Needs Assistant	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Resource Teaching/ Learning Support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Visiting Teacher	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Exam accommodations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. National Educational Psychological Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Technical Assistance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Extra tuition/private tuition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Counsellor/guidance counsellor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Psychologist/school psychologist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Other counsellor (not guidance counsellor) ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Social worker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Behavioural Management Programme	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m. Psychiatrist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
n. Physiotherapist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
o. Transport Service	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
p. Other (please specify) _____ ..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION E: PARENT’S SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

E1. [CARD E1] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?

- Owned outright (without a mortgage) ₁
- Owned with a mortgage..... ₂
- Being purchased from a Local Authority under a Tenant Purchase Scheme ₃
- Rented from a Local Authority ₄
- Rented from a Voluntary Body ₅
- Rented from a Private Landlord..... ₆
- Living with and paying rent to your (or your partner’s) parent(s) ₇
- Occupied free of rent with your (or your partner’s) parent(s) ₈
- Occupied free of rent from your (or your partner’s) job ₉

E2. Do you feel that your current accommodation (excluding location) is suitable for your family’s needs?

Yes ₁ No ₂

E3. [CARD E3] Why is that? [TICK ALL THAT APPLY]

- | | | | |
|---|---------------------------------------|---|---------------------------------------|
| a. Not enough bedrooms | <input type="checkbox"/> ₁ | e. Problems with rats, mice, cockroaches etc..... | <input type="checkbox"/> ₅ |
| b. Not enough living space | <input type="checkbox"/> ₂ | f. Too noisy..... | <input type="checkbox"/> ₆ |
| c. Not enough bathrooms | <input type="checkbox"/> ₃ | g. Problems with neighbours..... | <input type="checkbox"/> ₇ |
| d. Poor conditions in the home (damp, drafts, leaks etc) .. | <input type="checkbox"/> ₄ | h. Other (specify) _____ | <input type="checkbox"/> ₈ |

E4. [CARD E4] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 'O']

- | | | | |
|--|-----------------------------|--|------------------------------|
| 0. Currently on maternity leave, but with a job to return to | <input type="checkbox"/> _0 | 4. Student full-time | <input type="checkbox"/> _4 |
| 1. Employee (incl. apprenticeship or Community Employment) | <input type="checkbox"/> _1 | 5. On State training scheme (FAS, Failte Ireland etc)..... | <input type="checkbox"/> _5 |
| 2. Self employed outside farming | <input type="checkbox"/> _2 | 6. Unemployed, actively looking for a job | <input type="checkbox"/> _6 |
| 3. Farmer | <input type="checkbox"/> _3 | 7. Long-term sickness or disability..... | <input type="checkbox"/> _7 |
| | | 8. Home duties / looking after home or family | <input type="checkbox"/> _8 |
| | | 9. Retired..... | <input type="checkbox"/> _9 |
| | | 10. Other (please specify) _____ | <input type="checkbox"/> _10 |

E5. 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

E6. [CARD E6] What is your occupation in your main job?

In all cases please describe the occupation fully and precisely giving the full job title.
 Use precise terms such as: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER
 Do not use general terms such as: MANAGER, TEACHER, ENGINEER
 Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

E7. Do you supervise or manage any personnel in your job?

Yes _1 No _2

E8. How many? _____

[Ask if self-employed at E4]

E9. How many employees (if any) do you have? _____ employees N A _99

E10. [Ask only if Farmer at E4.] How many acres do you farm? _____ acres

Go to E24

Go to E11
↓

E11. Apart from holiday or casual work, have you ever had a job? Yes _1 No .. _2 **Go to E19**

E12. In what year did you last work in that full-time job? _____ year

E13. 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

E14. [CARD E14] What was your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.
 Use precise terms such as: RETAIL STORE MANAGER, SECONDARY TEACHER, ELECTRICAL ENGINEER
 Do not use general terms such as: MANAGER, TEACHER, ENGINEER
 Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
 Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
 Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

E15. Did you supervise or manage any personnel in your job?

Yes _1 No _2

E16. How many? _____

[Ask if self-employed at E14]

E17. How many employees (if any) did you have? _____ employees N A 99

E18. [Ask only if Farmer at E14] How many acres did you farm? _____ acres

[ASK OF CODES 4 – 10]

E19. Do you currently have a part-time paid job outside the home? Yes 1 No 2 **Go to E23**

E20. On average, how many hours per week do you work in that paid job? _____ hours

E21. [CARD E21] What is your occupation in that job?

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

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

E22. If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to E24

E23. [CARD E23] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- a. I can't find a job..... _____
- b. I chose not to work..... _____
- c. I am caring for an elderly or ill relative or friend... _____
- d. I prefer be at home to look after my children myself _____
- e. I cannot earn enough to pay for childcare _____
- f. I cannot find suitable childcare _____
- g. There are no suitable jobs available for me _____
- h. My family would lose Social Welfare or medical benefits if I was earning _____
- i. Other reason (specify)..... _____

E24. [CARD E24] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your the OCCUPATION of your spouse / partner

E25. If a farmer or a farm worker, how many acres do they farm? _____ acres

E26. [CARD E26] Please tell me how strongly you agree or disagree with the following statements.

Strongly Disagree	Disagree	Neither nor disagree	Agree	Strongly Agree	NA
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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

SECTION F: PARENT'S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

F1. [Forward feed of parental education from 13-year-cohort]

When we interviewed you when <young person> was 13 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 13 year level of education>.

F2. Is this still the highest level of education you have completed to date?

Yes....._1 No, wrongly recorded at 13 years....._2 No, changed since 13 years....._2

F3. [CARD F3] Which of the following best describes the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education_1

2. Primary education_2

Second Level

3. Lower Secondary_3

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

4. Upper Secondary_4

(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)

5. Technical or Vocational qualification....._5

(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).

6. Both Upper Secondary and Technical or Vocational qualification_6

Third Level

7. Non Degree_7

(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)

8. Primary Degree_8

(Third Level Bachelor Degree)

9. Professional qualification (of Degree status at least)....._9

10. Both a Degree and a Professional qualification_10

11. Postgraduate Certificate or Diploma....._11

12. Postgraduate Degree (Masters)_12

13. Doctorate (Ph.D.)....._13

[Int. Ask F4 only if F3 is code 3 or higher]

F4. In what year did you get this qualification? _____

[Int. Ask F5 only if F3 is code 5 or higher]

F5. What is the name of this qualification? [Int. Record as much detail as possible]

[Int. Ask F6 only if F3 is code 5]

F6. Did you complete your Upper Secondary education (Leaving Certificate /'A' Levels or equivalent) before doing this qualification?

Yes_1 No_2

F7. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education. Code 999 if still in full time education]

F8. What language do you speak most often at home?

English_1 Irish....._2 Other_3

F9. Do you belong to any religion?

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

F10. [CARD F10] Which religion?

1. Christian – no denomination_1

5. Jewish_5

2. Roman Catholic_2

6. Muslim_6

3. Anglican/Church of Ireland/Episcopalian....._3

7. Other (please specify)....._7

4. Other Protestant_4

F11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?

Not at all.....1 A little2 Quite.....3 Very much so4 Extremely5

F12. Are you a citizen of Ireland? Yes1 No2

F13. What citizenship do you hold? _____

F14. Were you born in Ireland? Yes1 No2

F15. In which country were you born? _____

F16. When did you first come to live in Ireland? [Int record year]

y	y	y	y

F17. [CARD F17] Looking at card F17, can you tell me, what is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
 - Irish.....1
 - Irish Traveller2
 - Any other White background.....3
2. Black or Black Irish
 - African4
 - Any other Black background5
3. Asian or Asian Irish
 - Chinese6
 - Any other Asian background.....7
4. Other, including mixed background8

SECTION G: HOUSEHOLD INCOME

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

G1. [CARD G1] Looking at Card G1, 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]

G2. [CARD G2] And of these sources of income which is the largest source of income at present?

[Int Tick one box only in Col. B]

	<u>G1: Receive?</u>		<u>G2: Largest Source?</u>
	<u>Yes</u>	<u>No</u>	
a. Wages or Salaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Income from Self-Employment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Income from Farming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Children's Allowance/ Child Benefit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Other Social Welfare Payments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

G3. [CARD G3] 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, PRSI and Universal Social Charge (USC), as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G4. IF EXACT FIGURE GIVEN GO TO G6]

Don't know.....99 € _____ per Week.....1 Month.....2 Year 3

G4. [CARD G4] I know that it is difficult to give an exact figure for household income but on Card G4 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, PRSI and Universal Social Charge (USC) as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions for tax and PRSI. [Int: Tick the letter of the group your household falls into, after deductions for tax and PRSI only]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

Per Week	Per Month	Per Year	Category	
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ →	Section A, Card G5
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> ₂ →	Section B, Card G5
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> ₃ →	Section C, Card G5
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> ₄ →	Section D, Card G5
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> ₅ →	Section E, Card G5
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> ₆ →	Section F, Card G5
€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 G5
€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 G5
€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 G5
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ →	Section J, Card G5
Refused	<input type="checkbox"/> ₇₇ GO TO G6	Don't Know	<input type="checkbox"/> ₈₈ GO TO G6	

G5. [CARD G5] Would that be [Int: Show Card G5 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

G6. Does anyone in your household currently receive any other Social Welfare payments?

Yes ₁ No ₂

G7. [CARD G7] Now I'd like to record information on any Social Welfare payments which are received by ANYONE in the household. Looking at Card G7, 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	Rural Social Scheme	<input type="checkbox"/> ₁₀
Jobseeker's Transitional Payment	<input type="checkbox"/> ₄₆	Back to Work Family Dividend	<input type="checkbox"/> ₄₇
Short-Term Enterprise Allowance	<input type="checkbox"/> ₄₈		
ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS			
Widow's or Widower's (Contributory) Pension	<input type="checkbox"/> ₁₁	Deserted Wife's Allowance	<input type="checkbox"/> ₁₅
Deserted Wife's Benefit	<input type="checkbox"/> ₁₂	Prisoner's Wife's Allowance	<input type="checkbox"/> ₁₆
Widowed Parent Grant	<input type="checkbox"/> ₁₃	One-Parent Family Payment	<input type="checkbox"/> ₁₇
Widow's or Widower's (Non-Contrib) Pension	<input type="checkbox"/> ₁₄	Transition from One-Parent Family Payment	<input type="checkbox"/> ₄₉
CHILD RELATED PAYMENTS			
Maternity Benefit	<input type="checkbox"/> ₁₈	Guardian's Payment (Contributory)	<input type="checkbox"/> ₂₁
Adoptive Benefit	<input type="checkbox"/> ₁₉	Guardian's Payment (Non-Contributory)	<input type="checkbox"/> ₂₂
Health & Safety Benefit	<input type="checkbox"/> ₂₀	Guardian/Orphan's pension	<input type="checkbox"/> ₂₃
After-School Child Care Scheme	<input type="checkbox"/> ₅₀		
DISABILITY AND CARING PAYMENTS			
Illness Benefit	<input type="checkbox"/> ₂₄	Prescribed Relative's Allowance	<input type="checkbox"/> ₃₂
Invalidity Pension	<input type="checkbox"/> ₂₅	Injury Benefit	<input type="checkbox"/> ₃₃
Disability Allowance	<input type="checkbox"/> ₂₆	Incapacity Supplement	<input type="checkbox"/> ₃₄
Blind Pension	<input type="checkbox"/> ₂₇	Disablement Benefit	<input type="checkbox"/> ₃₅
Carer's Benefit	<input type="checkbox"/> ₂₈	Medical Care Scheme	<input type="checkbox"/> ₃₆
Domiciliary Care Allowance	<input type="checkbox"/> ₂₉	Constant Attendance Allowance	<input type="checkbox"/> ₃₇
Carer's Allowance	<input type="checkbox"/> ₃₀	Death Benefits (Survivor's Benefits)	<input type="checkbox"/> ₃₈
Half-rate Carer's Allowance	<input type="checkbox"/> ₃₁	Partial Capacity Benefit	<input type="checkbox"/> ₅₂
Respite Care Grant	<input type="checkbox"/> ₅₁		
RETIREMENT PAYMENTS			
State Pension (Transition)	<input type="checkbox"/> ₃₉	State Pension Non-Contributory	<input type="checkbox"/> ₄₁
State Pension (Contributory)	<input type="checkbox"/> ₄₀	Pre-Retirement Allowance	<input type="checkbox"/> ₄₂
OTHER PAYMENTS			
Fuel Allowance	<input type="checkbox"/> ₄₃	Diet/heating supplements	<input type="checkbox"/> ₄₅
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> ₄₄	Living Alone Increase	<input type="checkbox"/> ₅₃

G8. Does anyone in your household currently receive rent or mortgage supplement? Yes... ₁ No... ₂

G9. How much does the household receive PER WEEK in rent or mortgage supplement? € _____

G10. Do you receive or have you received in the last 12 months, any of the following payments? [TICK ALL THAT APPLY]

- a. Back to school clothing and footwear allowance 1
- b. Exceptional and urgent needs payments (from Community Welfare Officer) 2
- c. Foster Care Allowance..... 3

G11. [CARD G11] Looking at Card G11 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| None | Less than 5 % | 5% to less than 20% | 20% to less than 50% | 50% to less than 75% | 75% to less than 100% | 100% |
| <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 |

G12. [CARD G12] 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 |

G13. [CARD G13] 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 |

G14. 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

G15. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes 1 No 2

G16. [CARD G16] 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 |

G17. Does your family have a car?

- Yes 1 No 2

G18. Would your family like to have a car but you cannot afford it?

- Yes 1 No 2

G19. Compared to when <young person> was 13 years of age, do you think your family's financial circumstances have gotten worse, stayed the same or improved?

Gotten worse ₁ Stayed the same ₂ Improved ₃

G20. Why do you say that? _____

G21. [CARD G21] Are you currently having difficulty meeting any loan or debt repayments (from any source)?

A lot ₁ A little..... ₂ No difficulty..... ₃ No loans ₄

G22. [CARD G22] From where/whom did you get the loan(s) or debt(s) that you are having difficulty repaying?

[TICK ALL THAT APPLY]

- a. Mortgage ₁
- b. Other loan from a financial institution (e.g. bank or credit union) .. ₂
- c. Payment plan or hire-purchase agreement from a retailer ₃
- d. Credit card bill ₄
- e. Registered moneylender ₅
- f. Unregistered moneylender or 'loan shark' ₆
- g. Relative ₇
- h. Friend ₈
- i. Other (please specify) _____ ₉

G23. [CARD G23] Which of the following forms of financial support do you or your spouse / partner currently provide to <young person>, either directly or indirectly? [TICK ALL THAT APPLY]

- a. You pay for some or all of his/her education costs (fees, books, etc) ₁
- b. You pay for some or all of his/her grinds or private tuition ₂ **Go to G24a**
- c. You pay for some or all of his/her accommodation costs if living away from home.... ₃
- d. You pay for some or all of his/her transport costs (e.g. car insurance, train fare) ₄
- e. You give him/her money (to spend as he/she wishes) ₅ **Go to G26a**
- f. You loan him/her money and he/she pays you back..... ₆
- g. Other financial support (please specify) _____ ₇

G24a. [If pay for grinds or private tuition at G23b] Do / did you pay for grinds on an on-going basis throughout the year (every week / fortnight, etc.)?

Yes..... ₁ No..... ₂

G24b. Approximately how much did / do these on-going grinds cost?

€ _____ Per week ₁ Per month..... ₂ Per year ₃

G25a. [If pay for grinds or private tuition at G23b] Do / did you pay for grinds on a block basis e.g. at holiday times (Easter, etc.)?

Yes..... ₁ No..... ₂

G25b. Approximately how much in total did / do these blocks of grinds cost for the full school year?

€ _____ (amount per full school year)

G26a. [If give Young Person money at G23e] Is the money you give them to spend as they wish a regular payment like an allowance, irregular payments or both?

Regular payment ₁ Irregular payment ₂ Both regular and irregular ₃

G26b. How much money would you give them to spend as they wish in an average month?

€ _____ (amount per month)

G27. [CARD G27] Do you or your spouse/partner currently receive any of the following payments from <young person>? [TICK ALL THAT APPLY]

- a. He/she gives you money on a regular basis (i.e. a set amount per week or month) ₁
- b. He/she gives you some money towards their 'keep' now and then..... ₂
- c. He/she gives you money if you ask for it because you need it..... ₃
- d. He/she pays for particular household bills (e.g. a utility bill or for petrol in the car) . ₄
- e. He/she loans you money and you pay them back..... ₅
- f. Other financial support from the young person (please specify)..... ₆

SECTION H: NEIGHBOURHOOD / COMMUNITY INVOLVEMENT

We would like to ask you some questions about your local area.

H1. How long have you lived in your local area? _____ years OR _____ months

H2. Do you think you will be living in Ireland in 5 years time?

Definitely ₁ Probably..... ₂ Probably not ₃ Definitely not..... ₄ Undecided ₅

H3. [CARD H3] 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 |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Rubbish and litter lying about..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. Homes and gardens in bad condition | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. Vandalism and deliberate damage to property | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. People being drunk or taking drugs in public..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

H4. [CARD H4] To what extent do you agree or disagree with these statements?

- | | Strongly
Agree | Agree | Disagree | Strongly
Disagree |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. This is a safe area for my 17-year-old | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. It is safe for me to walk alone in this area after dark | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. As a family we are happy living in this area | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. We as a family intend to continue living in this area..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. There are places in this area where teenagers can safely hang out..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. There are facilities such as youth clubs, swimming clubs, sports clubs,
for teenagers in this area | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

H5. [CARD H5] To what extent are you concerned about the activity of criminal gangs in your local area?

Very concerned ₁ Quite concerned... ₂ A little concerned ₃ Not concerned... ₄ Not applicable ... ₅

H6. [CARD H6] Please tell me why you are concerned about gang activity in this area – indicate as many as you wish. [TICK ALL THAT APPLY]

- a. Break ins ₁
- b. Drugs and drug related activity ₂
- c. Gang violence ₃
- d. Children/young people getting mixed up with gang members..... ₄
- e. Other (please specify) _____ ₅

SECTION J: INTERGENERATIONAL CHARACTERISTICS

Finally, we would like to ask you some questions about when you were growing up.

J1. [CARD J1] Thinking back to when you were 16 years of age, did you live: [TICK ONE BOX ONLY]

- with both parents? 1
- with single mother (one-parent family)? 2
- with single father (one-parent family)? 3
- with mother and mother's new partner/husband? 4
- with father and father's new partner/wife? ... 5
- in a foster home?..... 6
- in a collective household or institution?..... 7
- Other (specify) _____ 8

J2. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?

_____ brothers and sisters

J3. A household may have different sources of income and more than one household member may contribute to it. Thinking back to when you were 16 years of age, concerning your household's total monthly or weekly income, with which degree of ease or difficulty was the household able to make ends meet?

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

J4. When you were 16 years of age was your father alive?

Yes 1 → I would like you to answer the following questions about your father thinking about when you were 16.

No 2 → I would like you to answer the following questions about your father thinking about just before he died

J5. [CARD J5] What was the highest level of education completed by your father?

- Primary level or no formal education..... 1
- Lower secondary level (e.g. Junior/Intermediate Certificate)..... 2
- Upper secondary level (e.g. Leaving Certificate) 3
- Third level or equivalent (e.g. Degree or professional qualification, etc) 4

J6. Approximately what age was your father when he left education?

_____ years

J7. Had your father a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes 1 No 2

J8. Which of the following best describes your father's main status with regard to work?

- a. Employee 1
- b. Self-employed (incl farmer) 2
- c. Unpaid family worker 3
- d. Unemployed 4
- e. Retired 5
- f. Fulltime housework 6
- g. Other (specify) _____ 7

J9. What was the main occupation of your father?

J10. What year was your father born in? _____

J11. [Only asked if still alive at J4] Is your father still alive?

Yes 1

No 2

J13. Approximately what age is he in years?

_____ years

J12a. [Also asked if deceased at J4] What age was your father when he passed away? _____

J12b. What did he die of? _____

J14. When you were 16 years of age was your mother alive?

Yes 1

→ I would like you to answer the following questions about your mother thinking about when you were 16.

No 2

→ I would like you to answer the following questions about your mother thinking about just before she died

J15. [CARD J15] What was the highest level of education completed by your mother?

Primary level or no formal education..... 1

Lower secondary level (e.g. Junior/Intermediate Certificate)..... 2

Upper secondary level (e.g. Leaving Certificate) 3

Third level or equivalent (e.g. Degree or professional qualification, etc) 4

J16. Approximately what age was your mother when she left education?

_____ years

J17. Had your mother a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes 1

No 2

J18. Which of the following best describes your mother's main status with regard to work?

a. Employee 1

b. Self-employed (incl farmer) 2

c. Unpaid family worker 3

d. Unemployed 4

e. Retired 5

f. Fulltime housework 6

g. Other (specify) _____ 7

J19. What was the main occupation of your mother?

J20. What year was your mother born in? _____

J21. [Only asked if still alive at J4] Is your mother still alive?

Yes 1

No 2

J23. Approximately what age is she in years?

_____ years

J22a. [Also asked if deceased at J4] What age was your mother when she passed away? _____

J22b. What did she die of? _____

Parent One Supplementary Questionnaire

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

PARENT/GUARDIAN ONE: SENSITIVE QUESTIONNAIRE, 17-Year-old Cohort

AREA
 HHOLD

Interviewer Name _____ Interviewer Number

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

We have a few final questions for you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

SECTION A: RELATIONSHIP TO YOUNG PERSON

X1. Are you male or female?

Male..... ₁ Female ₂

X2. What is your date of birth? day month year

IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS3 – AS5:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

He/she is deceased ₁
 We separated/divorced ₂
 He/she moved out to set up own household..... ₃
 Long-term absence (e.g. hospital, prison, military service abroad) ₄
 Other (please specify) _____ ₅

AS2. When did <Person from Wave 1> stop living with you: Since what year? _____ [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

S1. Are you the biological parent of <young person>?

Yes..... ₁ → Go to S12 No..... ₂ → Go to S2

S2. Are you the adoptive parent of <young person>?

Yes..... ₁ No..... ₂ → Go to S7

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

Domestic..... ₁ Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was <young person> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <young person>?

Yes....._1 No....._2 → Go to S12

S8. How long has <young person> been with your family? _____ years _____ months

S9. Do you anticipate that this will be a long-term foster placement? Yes_1 No_2

S10. How many previous foster placements has <young person> been in? _____ previous placements
Don't Know..._99

S11a. Immediately before coming to live with you was <young person> living with another foster family, his/her family or in institutional care?

Another foster family_1 Own family....._2 Institutional care_3

S11b. Are you related to <young person> Yes_1 No_2 →Go to S12

S11c. How are you related to <young person> _____

NOW PLEASE GO TO S12

SECTION B: PARENTAL MARITAL STATUS

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current legal marital status?

- Married and living with husband / wife_1 Go to S13a
- Married and separated from husband / wife_2 Go to S13b
- Divorced_3 Go to S13b
- Widowed_4 Go to S13b
- Never married (including living with a partner)_5 Go to S15

S13a. In what year did you marry your husband / wife? _____(year) Go to S16

S13b. In what year did you marry your (former) spouse? _____(year) Go to S14

S14. Since when have you been living apart / spouse deceased? _____(year) Go to S15

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

Yes....._1 No_2 Go to S21

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

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

- Most days....._1 →Go to S18
- At least once a week....._2 →Go to S18
- Less than once a week....._3 →Go to S18
- Hardly ever....._4 →Go to S18
- Never....._5 →Go to S19

S18. When you and your partner argue, how often do you

Almost never/
Never Not very often Sometimes Often Almost always/
always

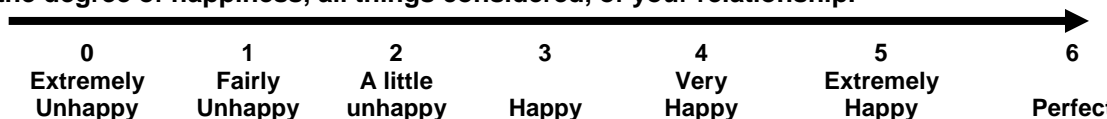
- a. Shout or yell at each other_1....._2....._3....._4....._5
- b. Throw something at each other_1....._2....._3....._4....._5
- c. Push, hit or slap each other_1....._2....._3....._4....._5

S19. How often would you say the following happen in your relationship?

All the time Most of the time More often than not Occasionally Rarely Never

- a. You discuss or have considered divorce, separation, or terminating your relationship ..._1....._2....._3....._4....._5....._6
- b. You think that things between you and your partner are going well_1....._2....._3....._4....._5....._6
- c. You confide in your mate / partner....._1....._2....._3....._4....._5....._6

S20. 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.



S20b. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.

1 We don't get on at all 1 2 2 3 3 4 4 5 5 6 6 7 7 8 8 9 9 10 We get on very well 10

SECTION C: PARENTAL EFFICACY AND PREGNANCY STATUS

S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <Young Person> right now. Remember, there are no right or wrong answers, just try to be as honest as possible

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. Caring for my child sometimes takes more time and energy than I have to give.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The major source of stress in my life is my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Having my child leaves little time and flexibility in my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having my child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. It is difficult to balance different responsibilities because of my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S22. [ONLY OF FEMALE RESPONDENTS] Are you currently pregnant? Yes..... 1 No 2

S22b. The Human Papilloma Virus vaccination (HPV Vaccine) can help to protect girls from developing cervical cancer when they are adults. Has <Young Person> received the HPV vaccine?

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

SECTION D: FAST – PARENTAL ALCOHOL SCREEN

S23. Which of the following best describes how often you usually drink alcohol?

1. Never..... 1 **Go to S26**
 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

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____
 (c) Measures of Spirits ____ (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

S25a. [ONLY OF FEMALE RESPONDENTS] How often do you have 6 or more alcoholic drinks on one occasion?

Never 1 Less than monthly 2 Monthly 3 Weekly 4 Daily or almost daily 5

S25b. [ONLY OF MALE RESPONDENTS] How often do you have 8 or more alcoholic drinks on one occasion?

Never 1 Less than monthly 2 Monthly 3 Weekly 4 Daily or almost daily 5

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

Never ₁ Less than monthly ₂ Monthly ₃ Weekly ₄ Daily or almost daily ₅

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No ₁ Yes, on one occasion ₂ Yes on more than one occasion ₃

SECTION E: PARENTAL SMOKING AND DRUGS

S26. Do you currently smoke daily, occasionally or not at all?

Daily ₁ Occasionally ₂ Not at all ₃

S27. About how many cigarettes or cigars do you smoke on average each day?

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

S28. Including yourself, how many members of the household smoke? ____N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly ₁ Occasionally ₂ Not at all ₃

SECTION F: PARENTAL DEPRESSION CES-D

S30a. Since the time of the last interview when <young person> was 13 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes..... ₁ No..... ₂

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

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

SECTION G: PARENTAL AND RELATIVE'S TROUBLE WITH THE GARDAÍ (POLICE)

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes.....1 No.....2 →Go to S33b

S33. Have you ever been to prison? Yes1 No 2

S33b. Can you tell me if <young person> has

	Yes, in past year	Yes, more than a year ago	No	Don't know	Refused
a. Ever been in trouble with the Gardai for traffic offences?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
b. Ever been in trouble with the Gardai for other offences?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
c. Ever been arrested by the Gardai?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
d. Ever had a formal warning from the Gardai?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
e. Ever been in court for something that <he/she> did?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

S33c. Have any of <young person>'s brothers or sisters ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....1 No.....2 No brothers/sisters 3

S33d. Have any of them ever been to prison? Yes1 No 2

S33e. Have any of <young person>'s aunts or uncles ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

Yes.....1 No.....2 No uncles/aunts..... 3

S33f. Have any of them ever been to prison? Yes1 No 2

SECTION H: PARENTAL KNOWLEDGE OF YOUNG PERSON'S DRINKING, SMOKING, DRUG-TAKING AND DISCUSSION OF SEXUAL HEALTH

S34. To the best of your knowledge, has <young person> ever tried:

	Definitely	Probably	Possibly	I don't think so
a. Alcohol?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Cigarettes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Cannabis/Marijuana?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

S35. Have you spoken to <young person> personally about the following sexual health issues?

	Yes	No
a. Sex and sexual intercourse	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Sexual feelings, relationships and emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Contraception.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Sexual orientation (eg. Homosexuality, heterosexuality, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

SECTION I: RESIDENT PARENT'S DETAILS ON NON-RESIDENT PARENT

S36. Can we check, does <young person's> biological father/ mother live here with you or elsewhere?

Lives here, including working away from home temporarily ₁ → **Go to END**
 Deceased ₂ → **Go to END**
 Lives elsewhere ₃ → **Go to S37**

S37. Were you ever married to or did you ever live with <young person's> biological father / mother?

Yes, married to... ₁ Yes, lived with... ₂ No ₃ **Go to S39** Adoptive / Foster parent ₄ **Go to END**

S38. What age was <young person> when you split or separated from their biological father / mother?

S39. Do you and the other parent have a formal or informal arrangement regarding <young person> and where he / she lives?

Formal..... ₁ Informal..... ₂ No arrangement ₃ No contact ₄

S42. How far does <young person's> biological father / mother live from here?

Within ½ hour's drive from here ₁ More than 1 hour's drive from here..... ₃
 Between ½ and 1 hour's drive from here.. ₂ Outside the country..... ₄
 I don't know where he/she lives ₅

S43. How often does <young person> have:

	Daily	More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
a. Face-to-face contact with his/her biological mother/father.....	<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
b. Contact on skype, email, text or phone with his/her biological mother/father.....	<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

S43c. Does <young person> ever stay overnight with his/her biological mother/father?

More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

S44. Does <young person's> biological father / mother make ANY financial contribution to your household and the maintenance of <young person>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment ₁
 Yes, he/she makes payments from time to time..... ₂
 Yes, he/she makes a regular payment ₃

S45. How often do you talk to <young person's> biological father/ mother about <young person>?

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

S46. How well do you get on with <young person's> biological father/ mother? Would you say your relationship is?

Very positive	Positive	Neither positive nor negative	Somewhat negative	Very negative	No contact/no relationship
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

S47. We would like to send a short questionnaire to <young person's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <young person's> biological father/ mother?

Yes ₁
 No, I do not wish other parent to be contacted ₂
 No, I do not have contact details for other parent ₃

Please give contact details to interviewer

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

Parent Two Main Questionnaire



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

PARENT/GUARDIAN TWO – MAIN QUESTIONNAIRE – 17-year-old Cohort

AREA

HOUSEHOLD

Interviewer Name _____ Interviewer Number

Date _____
 Day month year

Almost five years have passed since you and your family were interviewed as part of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <young person> and <his/her> parents who live here. The whole interview with <young person> and <his/her> parents will take about 2 - 2½ hours to complete [INTERVIEWER: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a *Growing Up in Ireland* interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of the Young Person or any other person, they may have to tell someone who can help.

Growing Up in Ireland is a Government study which is almost wholly funded by the Department of Children and Youth Affairs, in association with Department of Social Protection, the Central Statistics Office and the Department of Education & Skills. A part funding contribution in support of Phase 2 of *Growing Up in Ireland* (2015-19) has been generously provided by The Atlantic Philanthropies, a limited life foundation. The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

X1. Respondents' gender: Male..... ₁ Female ₂

X2. Respondents' date of birth: day month year

SECTION A: PARENT'S HEALTH

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

A1. [CARD A1] In general, how would you say your current health is?

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

A2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

A3. 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. If multiple, record most severe problem first]

If multiple health problems, answer the following in respect of first problem listed at A3

A4. Has this health problem, illness or disability been diagnosed by a medical professional?

Yes ₁ No ₂

A5. Since when have you had this problem, illness or disability? _____(mth) _____(year)

A6. Are you hampered in your daily activities by this problem, illness or disability?

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

A7. Thinking about your free-time, in general would you say you are...[INT:READ OUT]

Very physically active ₁
Fairly physically active ₂
Not very physically active ₃
Not at all physically active ₄

A8. [CARD A8] Do you think that you are:

[INT: ASK THE RESPONDENT TO USE CODES 1-8 AS ON THE CARD IF YOUNG PERSON IS PRESENT AT TIME OF INTERVIEW]

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

A9. [CARD A9] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]

Very often ₁ Often ₂ Sometimes ₃ Rarely ₄ Never ₅

A10. Are you covered by a medical card?

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

A11. Are you covered by private medical insurance?

Yes ₁ No ₂

A12. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially ₂ No ₃

SECTION B: FAMILY CONTEXT

Now some questions about your relationship with <young person>.

B1. [CARD B1] [If YP still in education] Looking at Card B1, taking everything into account, how far do you expect <young person> will go in his/her education or training?

- Junior Certificate or equivalent 1
- Leaving Certificate or equivalent..... 2
- An apprenticeship or trade 3
- Diploma/Certificate 4
- Degree..... 5
- Postgraduate/higher degree..... 6
- Don't know..... 7

B2. [CARD B2] The following are some questions on your knowledge of what <young person> does in his/her free time, where he/she goes, and who he/she has as friends. [MONITORING]

- | | | Almost
never or
never | Not
very
often | Sometimes | Often | Almost
always or
always | N/A |
|--|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| a. Do you know what <young person> does with his/her free time..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do you know who he/she has as friends during his/her free time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Do/did you usually know what type of homework he/she has/had. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you know what he/she spends his/her money on | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do/did you know when he/she has/had a test or homework due
at school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Do/did you know how he/she does/did in different subjects at school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Do you know where he/she goes when out at night with friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Do/did you know where he/she goes/went and what he/she does/did
after school. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How often in the last month have you had no idea where he/she was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B3. [CARD B3] The following are some questions about how much <young person> actually tells you about what he/she is doing, without being asked. [DISCLOSURE]

- | | | Almost
never or
never | Not
very
often | Sometimes | Often | Almost
always or
always | N/A |
|---|--------------------------|-----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| a. Does he/she spontaneously tell you about his/her friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does/did he/she want to tell you about school (how subjects are
going; relationships with teachers etc). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does he/she keep a lot of secrets from you about what he/she is
doing in his/her spare time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does he/she hide a lot from you about what he/she is doing during
nights and weekends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does he/she like to tell you what he/she has been doing and where
he/she went when out for the evening..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B4. Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <young person>? [CARD B4]

- | | | Yes | No |
|--|--------------------------|--------------------------|--------------------------|
| a. How well he/she will do in education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. He/she has or will develop a drink problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. He/she has or will develop a drug problem..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. He/she is or will get involved with the wrong type of friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. He/she has or will have an unhappy relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION C: YOUNG PERSON'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the Young person's emotional health and well-being.

C1. [CARD C1] Listed on Card D1, is a set of statements which could be used to describe <young person'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 <young person'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
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 prefer to be 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

C2. [CARD C2] Listed on card C2 are a number of personality traits that may or may not apply to your child. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to him/her, even if one characteristic applies more strongly than the other.

I see my child as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. Extroverted, enthusiastic	<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
b. Critical, quarrelsome.....	<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
c. Dependable, self-disciplined.....	<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
d. Anxious, easily upset.....	<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
e. Open to new experiences, complex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Reserved, quiet.....	<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
g. Sympathetic, warm	<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
h. Disorganized, careless	<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
i. Calm, emotionally stable	<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
j. Conventional, uncreative	<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

SECTION D: PARENT'S SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

D1. [CARD D1] Which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 'O']

- | | |
|--|---|
| <p>0. Currently on maternity leave, but with a job to return to <input type="checkbox"/> 0</p> <p>1. Employee (incl. apprenticeship or Community Employment) <input type="checkbox"/> 1</p> <p>2. Self employed outside farming <input type="checkbox"/> 2</p> <p>3. Farmer <input type="checkbox"/> 3</p> | <p>4. Student full-time <input type="checkbox"/> 4</p> <p>5. On State training scheme (FAS, Failte Ireland etc).... <input type="checkbox"/> 5</p> <p>6. Unemployed, actively looking for a job <input type="checkbox"/> 6</p> <p>7. Long-term sickness or disability..... <input type="checkbox"/> 7</p> <p>8. Home duties / looking after home or family <input type="checkbox"/> 8</p> <p>9. Retired..... <input type="checkbox"/> 9</p> <p>10. Other (please specify) _____ <input type="checkbox"/> 10</p> |
|--|---|

D2. 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

D3. [CARD D3] What is your occupation in your main job?

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

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

Write in your main OCCUPATION

D4. Do you supervise or manage any personnel in your job?

Yes 1 No 2

D5. How many? _____

[Ask if self-employed at D1]

D6. How many employees (if any) do you have? _____ employees N A 99

D7. [Ask only if Farmer at D1.] How many acres do you farm? _____ acres

Go to D21

D8. Apart from holiday or casual work, have you ever had a job? Yes 1 No .. 2 **Go to D16**

D9. In what year did you last work in that full-time job? _____ year

D10. 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

D11. [CARD D11] What was your occupation in your main job?

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

Do not use general terms such as:
 MANAGER
 TEACHER
 ENGINEER

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

Write in your main OCCUPATION

Go to D8

D12. Did you supervise or manage any personnel in your job?

Yes _1 No _2

D13. How many? _____

[Ask if self-employed at D11]

D14. How many employees (if any) did you have? _____ employees N A _99

D15. [Ask only if Farmer at D11] How many acres did you farm? _____ acres

[ASK OF CODES 4 – 10]

D16. Do you currently have a part-time paid job outside the home? Yes _1 No _2 **Go to D20**

D17. On average, how many hours per week do you work in that paid job? _____ hours

D18. [CARD D18] What is your occupation in that job?

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

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

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

Write in your main OCCUPATION

D19. If a farmer or a farm worker, write in the SIZE of the farm _____ acres

Go to D21

D20. [CARD D20] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- a. I can't find a job..... _____
- b. I chose not to work..... _____
- c. I am caring for an elderly or ill relative or friend... _____
- d. I prefer be at home to look after my children myself _____
- e. I cannot earn enough to pay for childcare _____
- f. I cannot find suitable childcare _____
- g. There are no suitable jobs available for me _____
- h. My family would lose Social Welfare or medical benefits if I was earning _____
- i. Other reason (specify) _____

D21. [CARD D21] Please tell me how strongly you agree or disagree with the following statements.

Strongly Disagree	Disagree	Neither 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..... _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

SECTION E: PARENT'S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

E1. [Forward feed of parental education from 13-year-cohort]

When we interviewed you when <young person> was 13 years of age we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG at 13 year level of education>.

E2. Is this still the highest level of education you have completed to date?

Yes....._1 No, wrongly recorded at 13 years....._2 No, changed since 13 years....._2

E3. [CARD E3] Which of the following best describes the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education_1
2. Primary education_2

Second Level

3. Lower Secondary_3
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary_4
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification....._5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification_6

Third Level

7. Non Degree_7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree_8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least)_9
10. Both a Degree and a Professional qualification_10
11. Postgraduate Certificate or Diploma....._11
12. Postgraduate Degree (Masters)_12
13. Doctorate (Ph.D)....._13

[Int. Ask E4 only if E3 is code 3 or higher]

E4. In what year did you get this qualification? _____

[Int. Ask E5 only if E3 is code 5 or higher]

E5. What is the name of this qualification? [Int. Record as much detail as possible]

[Int. Ask E6 only if E3 is code 5]

E6. Did you complete your Upper Secondary education (Leaving Certificate /'A' Levels or equivalent) before doing this qualification?

Yes_1 No_2

E7. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education. Code 999 if still in full time education]

E8. What language do you speak most often at home?

English_1 Irish....._2 Other_3

E9. Do you belong to any religion?

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

E10. [CARD E10] Which religion?

1. Christian – no denomination_1 5. Jewish_5
2. Roman Catholic_2 6. Muslim_6
3. Anglican/Church of Ireland/Episcopalian....._3 7. Other (please specify)....._7
4. Other Protestant_4

E11. In general, would you describe yourself as a spiritual person (even if you do not belong to any religion)?

Not at all....._1 A little_2 Quite....._3 Very much so_4 Extremely_5

E12. Are you a citizen of Ireland? Yes ₁ No ₂

E13. What citizenship do you hold? _____

E14. Were you born in Ireland? Yes ₁ No ₂

E15. In which country were you born? _____

E16. When did you first come to live in Ireland? [Int record year]

y	y	y	y

E17. [CARD E17] Looking at card E17, can you tell me, what is your ethnic or cultural background?
Please choose ONE section from 1 to 4 then tick the appropriate box.

- 1. White
 - Irish..... ₁
 - Irish Traveller ₂
 - Any other White background..... ₃
- 2. Black or Black Irish
 - African ₄
 - Any other Black background ₅
- 3. Asian or Asian Irish
 - Chinese ₆
 - Any other Asian background ₇
- 4. Other, including mixed background ₈

SECTION F: INTERGENERATIONAL CHARACTERISTICS

Finally, we would like to ask you some questions about when you were growing up.

F1. [CARD F1] Thinking back to when you were 16 years of age, did you live: [TICK ONE BOX ONLY]

- a. with both parents?..... ₁
- b. with single mother (one-parent family)?..... ₂
- c. with single father (one-parent family)?... ₃
- d. with mother and mother's new partner/husband?.. ₄
- e. with father and father's new partner/wife? ₅
- f. in a foster home? ₆
- g. in a collective household or institution? . ₇
- h. Other (specify) _____ .. ₈

F2. When you were 16 years of age, how many brothers and sisters lived in the same household as you did?

_____ brothers and sisters

F3. A household may have different sources of income and more than one household member may contribute to it. Thinking back to when you were 16 years of age, concerning your household's total monthly or weekly income, with which degree of ease or difficulty was 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 |

F4. When you were 16 years of age was your father alive?

Yes ₁ → I would like you to answer the following questions about your father thinking about when you were 16.

No ₂ → I would like you to answer the following questions about your father thinking about just before he died

F5. [CARD F5] What was the highest level of education completed by your father?

- a. Primary level or no formal education 1
- b. Lower secondary level (e.g. Junior/Intermediate Certificate) 2
- c. Upper secondary level (e.g. Leaving Certificate)..... 3
- d. Third level or equivalent (e.g. Degree or professional qualification, etc) 4

F6. Approximately what age was your father when he left education?

_____ years

F7. Had your father a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes 1 No 2

F8. Which of the following best describes your father's main status with regard to work?

- a. Employee 1
- b. Self-employed (incl farmer) 2
- c. Unpaid family worker 3
- d. Unemployed 4
- e. Retired 5
- f. Fulltime housework 6
- g. Other (specify) _____ 7

F9. What was the main occupation of your father?

F10. What year was your father born in? _____

F11. [Only asked if still alive at J4] Is your father still alive?

Yes 1 No 2

F13. Approximately what age is he in years?

_____ years

F12a. [Also asked if deceased at J4] What age was your father when he passed away? _____

F12b. What did he die of? _____

F14. When you were 16 years of age was your mother alive?

Yes 1 → **I would like you to answer the following questions about your mother thinking about when you were 16.**

No 2 → **I would like you to answer the following questions about your mother thinking about just before she died**

F15. [CARD F15] What was the highest level of education completed by your mother?

- a. Primary level or no formal education 1
- b. Lower secondary level (e.g. Junior/Intermediate Certificate) 2
- c. Upper secondary level (e.g. Leaving Certificate)..... 3
- d. Third level or equivalent (e.g. Degree or professional qualification, etc) 4

F16. Approximately what age was your mother when she left education?

_____ years

F17. Had your mother a trade or served an apprenticeship such as an electrician, plumber, seamstress, etc?

Yes _1 No _2

F18. Which of the following best describes your mother's main status with regard to work?

- a. Employee _1
- b. Self-employed (incl farmer) _2
- c. Unpaid family worker _3
- d. Unemployed _4
- e. Retired _5
- f. Fulltime housework _6
- g. Other (specify) _____ _7

F19. What was the main occupation of your mother?

F20. What year was your mother born in? _____

F21. [Only asked if still alive at J4] Is your mother still alive?

Yes _1 No _2

F23. Approximately what age is she in years?

_____ years

F22a. [Also asked if deceased at J4] What age was your mother when she passed away? _____

F22b. What did she die of? _____

Parent Two Supplementary Questionnaire

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

PARENT/GUARDIAN TWO: SENSITIVE QUESTIONNAIRE, 17-Year-old Cohort

AREA HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date _____
 Day Month Year

We have a few final questions for you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.**

SECTION A: RELATIONSHIP TO YOUNG PERSON

X1. Are you male or female?

Male..... ₁ Female ₂

X2. What is your date of birth? day month year

IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS3 – AS5:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

- He/she is deceased ₁
- We separated/divorced ₂
- He/she moved out to set up own household..... ₃
- Long-term absence (e.g. hospital, prison, military service abroad) ₄
- Other (please specify) ₅

AS2. When did <Person from Wave 1> stop living with you: Since what year? _____ [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

S1. Are you the biological parent of <young person>?

Yes..... ₁ → Go to S12 No..... ₂ → Go to S2

S2. Are you the adoptive parent of <young person>?

Yes..... ₁ No..... ₂ → Go to S7

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

Domestic..... ₁ Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was <young person> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <young person>?

Yes.....1 No.....2 → Go to S12

S8. How long has <young person> been with your family? _____ years _____ months

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has <young person> been in? _____previous placements
Don't Know...99

S11a. Immediately before coming to live with you was <young person> living with another foster family, his/her family or in institutional care?

Another foster family1 Own family.....2 Institutional care3

S11b. Are you related to <young person> Yes1 No2 →Go to S12

S11c. How are you related to <young person> _____

NOW PLEASE GO TO S12

SECTION B: PARENTAL MARITAL STATUS

Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current legal marital status?

- Married and living with husband / wife1 Go to S13a
- Married and separated from husband / wife2 Go to S13b
- Divorced3 Go to S13b
- Widowed4 Go to S13b
- Never married (including living with a partner)5 Go to S15

S13a. In what year did you marry your husband / wife? _____(year) Go to S16

S13b. In what year did you marry your (former) spouse? _____(year) Go to S14

S14. Since when have you been living apart / spouse deceased? _____(year) Go to S15

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

Yes.....1 No2 Go to S21

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

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

- Most days.....1 →Go to S18
- At least once a week.....2 →Go to S18
- Less than once a week.....3 →Go to S18
- Hardly ever.....4 →Go to S18
- Never.....5 →Go to S19

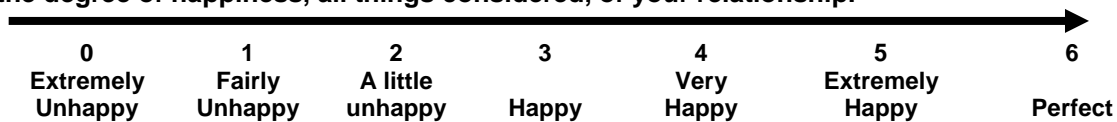
S18. When you and your partner argue, how often do you

- | | Almost never/
Never | Not very
often | Sometimes | Often | Almost always/
always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. 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 |
| b. 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 |
| c. 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 |

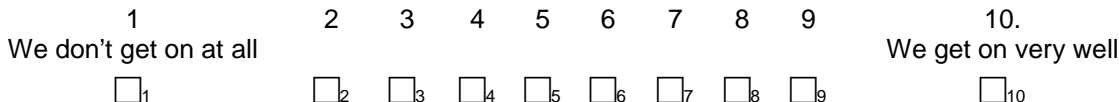
S19. How often would you say the following happen in your relationship?

- | | All the
time | Most of
the time | More often
than not | Occasionally | Rarely | Never |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You discuss or have considered divorce,
separation, or terminating your relationship ... | <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. You think that things between you and your
partner are going well | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. You confide in your mate / partner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

S20. 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.



S20b. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.



SECTION C: PARENTAL EFFICACY AND PREGNANCY STATUS

S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <Young Person> right now. Remember, there are no right or wrong answers, just try to be as honest as possible

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. Caring for my child sometimes takes more time and energy than I have to give.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The major source of stress in my life is my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Having my child leaves little time and flexibility in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having my child has been a financial burden.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S22. [ONLY OF FEMALE RESPONDENTS] Are you currently pregnant? Yes..... 1 No 2

SECTION D: FAST – PARENTAL ALCOHOL SCREEN

S23. Which of the following best describes how often you usually drink alcohol?

- 1. Never..... 1 **Go to S26**
- 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

If currently drink alcohol between everyday and 1-2 times a week ask:
S24. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

- (a) Pints of Beer/Cider ____ (b) Glasses of Wine ____
- (c) Measures of Spirits ____ (d) Bottles of alcopops ____

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

S25a. [ONLY OF FEMALE RESPONDENTS] How often do you have 6 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25b. [ONLY OF MALE RESPONDENTS] How often do you have 8 or more alcoholic drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S25c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never 1 Less than monthly 2 Monthly 3 Weekly 4 Daily or almost daily 5

S25d. How often during the last year have you failed to do what was expected of you because of drinking?

Never 1 Less than monthly 2 Monthly 3 Weekly 4 Daily or almost daily 5

S25e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No 1 Yes, on one occasion..... 2 Yes on more than one occasion 3

SECTION E: PARENTAL SMOKING AND DRUGS

S26. Do you currently smoke daily, occasionally or not at all?

Daily 1 Occasionally 2 Not at all 3

S27. About how many cigarettes or cigars do you smoke on average each day?

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

S28. Including yourself, how many members of the household smoke? ____ N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly..... 1 Occasionally..... 2 Not at all..... 3

SECTION F: PARENTAL DEPRESSION CES-D

S30a. Since the time of the last interview when <young person> was 13 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

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

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

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

S31. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

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

SECTION G: PARENTAL TROUBLE WITH THE GARDAÍ (POLICE)

S32. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) (other than for traffic offences)?

Yes.....₁ No.....₂ → Go to S33b

S33. Have you ever been to prison? Yes₁ No ₂

SECTION H: PARENTAL KNOWLEDGE OF YOUNG PERSON’S DRINKING, SMOKING, DRUG-TAKING AND DISCUSSION OF SEXUAL HEALTH

S34. To the best of your knowledge, has <young person> ever tried:

	Definitely	Probably	Possibly	I don't think so
a. Alcohol?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Cigarettes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Cannabis/Marijuana?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S35. Have you spoken to <young person> personally about the following sexual health issues?

	Yes	No
a. Sex and sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Sexual feelings, relationships and emotions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Contraception.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Sexual orientation (eg. Homosexuality, heterosexuality, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION I: RESIDENT PARENT’S DETAILS ON NON-RESIDENT PARENT

S36. Can we check, does <young person’s> biological father/ mother live here with you or elsewhere?

Lives here, including working away from home temporarily₁ → Go to END
 Deceased₂ → Go to END
 Lives elsewhere₃ → Go to S37

S37. Were you ever married to or did you ever live with <young person’s> biological father / mother?

Yes, married to...₁ Yes, lived with...₂ No ₃ Go to S39 Adoptive / Foster parent ₄ Go to END

S38. What age was <young person> when you split or separated from their biological father / mother?

S39. Do you and the other parent have a formal or informal arrangement regarding <young person> and where he / she lives?

Formal.....₁ Informal.....₂ No arrangement₃ No contact ₄

S42. How far does <young person’s> biological father / mother live from here?

Within ½ hour’s drive from here₁ More than 1 hour’s drive from here.....₃
 Between ½ and 1 hour’s drive from here..₂ Outside the country.....₄
 I don't know where he/she lives.....₅

S43. How often does <young person> have:

	Daily	More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
a. Face-to-face contact with his/her biological mother/father.....	<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
b. Contact on skype, email, text or phone with his/her biological mother/father.....	<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

S43c. Does <young person> ever stay overnight with his/her biological mother/father?

More than once a week 1 Once a week 2 Every second week / weekend 3 Monthly 4 Less than once a month 5 No contact 6

S44. Does <young person's> biological father / mother make ANY financial contribution to your household and the maintenance of <young person>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.

No, he/she never makes any payment 1
Yes, he/she makes payments from time to time 2
Yes, he/she makes a regular payment 3

S45. How often do you talk to <young person's> biological father/ mother about <young person>?

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

S46. How well do you get on with <young person's> biological father/ mother? Would you say your relationship is?

Very positive 1 Positive 2 Neither positive nor negative 3 Somewhat negative 4 Very negative 5 No contact/no relationship 6

S47. We would like to send a short questionnaire to <young person's> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <young person's> biological father/ mother?

Yes 1
No, I do not wish other parent to be contacted 2
No, I do not have contact details for other parent 3

Please give contact details to interviewer

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

Young Person Main Questionnaire



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

STRICTLY CONFIDENTIAL

YOUNG PERSON MAIN QUESTIONNAIRE – 17-year-olds

AREA HHOLD YP No

Interviewer Name _____ Interviewer Number

Date _____
 Day Month Year

Welcome to the *Growing Up in Ireland* study and thank you for helping us by filling in the questionnaires. We want to find out what it is like to be a 17-year-old in Ireland today. Your answers will help to plan things for young people like yourself.

Some of the questions are about you, your education, your family and 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.

We will not tell anyone the answers to your questions. But if you tell us something other than in answer to direct survey questions that makes us worried about you, then we might have to tell someone who can help.

X1. Respondents' gender: Male ₁ Female ₂

X2. Respondents' date of birth? day month year

COMPLETE HOUSEHOLD COMPOSITION ON PAPER– IF YP LIVING IN OWN HOUSEHOLD

SECTION A: CURRENT EDUCATION OR WORK STATUS

A1. [CARD A1] I'd like to begin by asking which of the categories on this card best describes your main activity with regard to studying, working, training, unemployment, etc.? [TICK ONE ONLY]

A. In School:

1. Still in School 1

B. In Further/Higher Education:

2. Studying Further Education course (PLC) 2

3. Studying Higher Education course (University or Institute of Technology) 3

C. In Work:

4. In paid employment 4

5. Unpaid internship 5

D. In Training:

6. Apprenticeship 6

7. On a Solas (FÁS), Fáilte Ireland, Teagasc etc. training course 7

8. On a Private Training course 8

9. Youth Reach 9

E. Not in school, further/higher education, work or training

10. Unemployed 10

11. Engaged in home duties 11

12. Unable to work or study due to permanent disability or illness 12

13. Taking a year out or travelling 13

A2. [If still in school – A1 = 1] Which year are you in?

Fourth Year/Transition Year 1

Fifth Year/Pre-Leaving 2

Sixth Year/Leaving Cert. 3

Sixth Year/Leaving Cert (Repeat) 4

Other (please specify) _____ 5

A3a. [If not still in school – A1 > 1] When did you leave school? _____ Month _____ Year.

A3b. [If not still in school – A1 > 1] What was the last year you attended school?

1st Year 1

2nd Year 2

3rd Year 3

Fourth Year/Transition Year... 4

Fifth Year/Pre-Leaving 5

Sixth Year/Leaving Cert. 6

Sixth Year/Leaving Cert (Repeat) . . 7

A3c. Did you sit the Leaving Cert examinations?
 Yes 1 No 2

A4. [If not currently in education – A1 > 3] Do you intend to return to full-time education in the next year?

Yes 1

No 2

A5. [If not in school, further/higher education, work or training – A1 > 9] [CARD A5] What is your main reason for not working or continuing in education or training at the present time?

1. Own illness or injury 1

2. Pregnancy 2

3. Looking after own children or other family member(s) 3

4. Arranged a job or course that starts later 4

5. Made arrangements for self-employment but haven't started yet 5

6. Awaiting call to work (e.g. zero hours contract) 6

7. Cannot find suitable work or course 7

8. Don't have necessary qualifications for preferred job or course 8

9. Don't know how to go about getting a job or finding a course 9

10. Don't have own transport 10

11. Cannot afford alternative accommodation close to job/course 11

12. Don't want to move home or be separated from loved ones 12

13. Cannot find suitable childcare 13

14. Prefer not to work or continue in education 14

15. Other (please specify) _____ 15

SECTION B: EXPERIENCE OF SECONDARY SCHOOL

If still in school – A1 = 1 – ask about current school
 If left school – A1 > 1 – ask about final year in school

B1a. What school are you currently attending/did you last attend? Please give the full name and address of the school.

B1b. Is/was your school a boarding school?

No ₁

Yes and you are/were a boarder ₂

Yes and you are/were not a boarder ₃

B1c. Did you sit the Junior Certificate examinations?

Yes ₁ No ₂

B1d. In what year did you sit your Junior Certificate examinations? _____

B1e. How many subjects in total did you sit for the Junior Certificate examinations? _____ subjects

B2. Of the subjects that you sat can you tell us the following:

- (1) How many higher, ordinary and foundation level subjects you sat, and
- (2) Of these, in how many did you achieve an A,B or C; a D; or an E,F or NG?

Level	No. of subjects	No. of A,B,Cs	No. of Ds	No. of E,F,NGs
a. Higher level subjects				
b. Ordinary level subjects				
c. Foundation level subjects				

B3. [CARD B3]

Can you please list the individual subjects, level and grades achieved in your Junior Certificate examinations?

	Doing/did subject			Level			Grade
	Foundation	Ordinary	Higher	Foundation	Ordinary	Higher	
Irish.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
English.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Mathematics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
History.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Geography.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
French.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
German.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Spanish.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Italian.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Art, Craft, Design.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Music (JC).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Science (JC - Revised Syllabus).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Home Economics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Materials Technology (Wood).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Metalwork.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Technical Graphics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Business Studies.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Typewriting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Environmental & Soc. Studies.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Technology.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Latin.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____
Ancient Greek.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	_____

	Doing/did subject			Level			Grade
	Foundation	Ordinary	Higher	Foundation	Ordinary	Higher	
Jewish Studies.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				_____
Religious Education (JC Exam)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				_____
Civic, Social & Political Educ. (CSPE)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				_____
Physical Education (JC - Revised Syllabus) - non examinable.....	<input type="checkbox"/> 1						
Social, Personal and Health Education (SPHE) non examinable.....	<input type="checkbox"/> 1						
Classical Studies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				_____
Religious Education - non examinable	<input type="checkbox"/> 1						

[The following questions are asked of those in 5th/6th year in school and those who left school after 4th year]

B4a. Did you take Transition Year?

Yes.....1

No.....2

B4b. Overall, are you happy that you took Transition Year?

Very happy.....1

Quite happy.....2

Neutral.....3

Somewhat unhappy.....4

Very unhappy.....5

B4c. Overall, are you happy that you did not take Transition Year?

Very happy.....1

Quite happy.....2

Neutral.....3

Somewhat unhappy.....4

Very unhappy.....5

B5a. What programme are you taking at the moment/were you taking in your final year in school?

- Regular (Established) Leaving Certificate1 Something else (please specify).....4 **Go to B17a**
- Leaving Certificate Applied (LCA).....2
- Leaving Certificate Vocational (LCVP).....3

B5b. Did you have a choice over which programme you took this year/your final year in school?

- No, I had no choice – school only offers one programme.....1
- No, I had no choice – parents/teachers made me take this programme ..2
- Yes, I decided to take this programme3

B5c. Thinking about this year/ your final year in school in general, how satisfied are you with the programme you are taking/took (for example, the regular Leaving Cert, LCA, LCVP)?

Very Satisfied.....1 Satisfied.....2 Dissatisfied3 Very Dissatisfied4

B5d. Do you plan to/did you sit the Leaving Certificate examinations?

- Yes, I plan to sit it1 No, do not plan to sit/didn't sit it4 **Go to B12**
- Yes, have sat it.....2
- Yes, sat it in previous year and now repeating3

B5e. In what year did/will you sit your Leaving Certificate examinations? _____
[If already sat Regular Leaving Certificate or Leaving Cert Vocational]

B6. How many subjects in total did you sit for the Leaving Certificate examinations (LCVP do not include link modules)? _____ subjects

B7. Of the subjects that you sat can you tell us the following:

- (1) How many higher, ordinary and foundation level subjects you sat, and
- (2) Of these, in how many did you achieve an A,B or C; a D; or an E,F or NG?

Level	No. of subjects	No. of A,B,Cs	No. of Ds	No. of E,F,NGs
a. Higher level subjects				
b. Ordinary level subjects				
c. Foundation level subjects				

B7d. [If sat LCVP] What grade did you get in your link modules:

	Distinction	Merit	Pass	Fail
a. Preparation for the World of Work:.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Enterprise Education:.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B7e. How many points did you get in total in the Leaving Certificate examinations?
 _____ points

B7f. [If sat LCA] What overall grade did you get in the Leaving Certificate Applied?

Distinction	Merit	Pass	Record of Credits
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B8. If doing Regular Leaving Cert or Leaving Cert Vocational – B5a = 1 or 3]

[CARD B8] Please indicate which subjects you are doing/did for the Leaving Cert, at what level (foundation, ordinary or higher) and if completed the grade you achieved.

Doing/did subject	Level				Grade
	Foundation	Ordinary	Higher	Unsure	
Irish.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
English.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Mathematics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
History.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Geography.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
French.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
German.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Spanish.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Italian.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Art (including crafts).....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Music.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Home Economics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Business.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Technology.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Latin.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Ancient Greek.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Hebrew Studies.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Religious Education.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Classical Studies.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Biology.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Chemistry.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Physics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Physics and Chemistry.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Accounting.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Economics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Applied Mathematics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Construction Studies.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Engineering.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Design and Communication Graphics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Agricultural Economics.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Agricultural Science.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Arabic.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Japanese.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____
Russian.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	_____

B9. [If doing Leaving Cert Applied – B5a = 2]

[CARD B9] Please indicate which vocational specialisms/elective modules you take or will take in Leaving Cert Applied Course.

Vocational Specialisms

- Agriculture/Horticulture 1
- Childcare/Community Care 2
- Graphics and Construction Studies 3
- Craft and Design 4
- Engineering 5
- Hair and Beauty 6
- Hotel, Catering and Tourism 7
- Office Administration and Customer Care 8
- Technology 9
- Information and Communication Technology (follow-on to Introduction to ICT) 10
- Active Leisure Studies (follow-on to Leisure and Recreation) 11

Elective Modules (in addition to required modules only)

- Vocational Preparation & Guidance 12
- Arts Education 13
- Modern Language 14
- Sign Language 15
- Leisure and Recreation 16
- Religious Education 17
- Science 18

B10a. Looking back, do you have any regrets about your subject choice for the Leaving Cert?

Yes 1 No 2

B10b. How important is/was it to you to do well in your Leaving Cert exam?

Very important 1 Important 2 Not very important 3

B11. [CARD B11] Compared to other people your age, how well would you say you do/did in tests in exams in the following subjects. Would you say: Above average; Just above average; Average; Just below average; Below average?

	Above average	Just above average	Average	Just below average	Below average	Don't/Didn't do
a. Irish/Gaeilge	<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. English	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

The following questions are asked of those that left school before Leaving Certificate or did not complete the Leaving Certificate examinations (A3b < 6 OR A3c = No)

B12. What age were you when you left school? _____ (years)

B13. [CARD B13] What were the main factors influencing you to leave school before the Leaving Cert? [TICK ALL THAT APPLY]

- | | | | |
|---|----------------------------|--|-----------------------------|
| a. Found school work difficult..... | <input type="checkbox"/> 1 | h. Other school related factors (specify) _____ | <input type="checkbox"/> 8 |
| b. Found school work boring/not interesting ... | <input type="checkbox"/> 2 | i. Health factors (own illness/disability) | <input type="checkbox"/> 9 |
| c. Didn't get on with teachers | <input type="checkbox"/> 3 | j. Wanted to get a job and earn money | <input type="checkbox"/> 10 |
| d. Didn't get on with other students | <input type="checkbox"/> 4 | k. Other economic/job factors (specify) _____ | <input type="checkbox"/> 11 |
| e. Suspended from school | <input type="checkbox"/> 5 | l. Family factors (specify) _____ | <input type="checkbox"/> 12 |
| f. Expelled from school | <input type="checkbox"/> 6 | m. Other reasons (specify) _____ | <input type="checkbox"/> 13 |
| g. Special educational needs | <input type="checkbox"/> 7 | | |

B14a. Did any of your friends leave school at around the same time?

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

B14b. Have any of your brothers or sisters left school before the Leaving Cert?

Don't have brothers or sisters1
 No, all brothers or sisters either still in school or completed the Leaving Cert2
 Yes3

B15. If yes, are these your older or younger siblings? [TICK ALL THAT APPLY]

a. Older.....1
 b. Younger.....2
 c. Same age (in case of twins or triplets)3

B16. How likely do you think it is that you will return to full-time education in the next 5 years?

Very likely1 Fairly likely 2 Not very likely3 Not at all likely4

B17a. In this/your final school year, do/did you have any grinds or private tuition in any of your school subjects (excluding special educational needs support)?

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

B17b. Do/ did you find these grinds useful?

Yes, a lot.....1 Yes, a little2 Not really...3

B20. [If still in school – A1 = 1] Do you plan to take any grinds before the Leaving Certificate exam?

Yes, definitely.....1
 Yes, probably2
 No.....3

B18. Do/did you take grinds on an on-going basis throughout the year (every week/fortnight, etc)?

Yes1 No.....2

B19. Do/did you take grinds on a "block" basis e.g. at holiday times (e.g. Easter)? Yes1 No.....2

B21. Some students get extra help at school in some subjects (such as English or Maths). Have you received/did you receive any extra help within school this/your final school year?

Yes, at the moment ₁ Yes, earlier in the year ₂ Yes, in final school year ₃ No ₄

B22. What subjects do/did you get extra help in? [TICK ALL THAT APPLY]

a. English/reading.... ₁ b. Maths ₂ c. Irish ₃ d. Other (specify) _____ ₃

B23. Is/was this extra help:

	English/reading	Maths	Irish	Other
Peer-mentoring scheme.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Individual (one-to-one) tuition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
In a small group.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
In a large group outside your regular class.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other, please describe _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

B24. Do/did you find this help useful?

Yes, a lot ₁ Yes, a little ₂ Not really ₃

B25. Would you have liked extra help within school with any subjects?

Yes ₁ No ₂

B26. [CARD B26] Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views

Strongly agree Agree Disagree Strongly disagree

Attitudes to school

a. I dislike(d) being at school. ₁ ₂ ₃ ₄

Attitudes to teachers

b. I think/thought most of my teachers are/were friendly. ₁ ₂ ₃ ₄

c. I could talk to my teachers if I had a problem. ₁ ₂ ₃ ₄

B27. [CARD B27] In this/your final school year, how often have the following things happened to you? Please tick ONE box on every line.

Very often Often A few times Never

a. You have been told that your work is good by a teacher. ₁ ₂ ₃ ₄

b. You have asked questions in class. ₁ ₂ ₃ ₄

c. A teacher has praised you for answering a question. ₁ ₂ ₃ ₄

d. You have been given out to by a teacher because your work is untidy or not done on time. ₁ ₂ ₃ ₄

e. You have been asked questions in class by the teacher. ₁ ₂ ₃ ₄

f. You have been given out to by a teacher for misbehaving in class. ₁ ₂ ₃ ₄

g. You have been praised by a teacher because your written work is well done. ₁ ₂ ₃ ₄

B28. [CARD B28] In general, do you think that your second-level education has benefited you in the following ways? (Please tick one box on each line.)

Yes, a lot Yes, some No help

a. In increasing your self-confidence..... ₁ ₂ ₃

b. In helping you develop into a well-balanced person ₁ ₂ ₃

c. In building good relations with friends of the opposite sex..... ₁ ₂ ₃

d. In being able to talk and communicate well with others..... ₁ ₂ ₃

e. In knowing how to go about finding things out for yourself ₁ ₂ ₃

f. In helping you to make new friends..... ₁ ₂ ₃

g. In knowing how to acquire a new skill ₁ ₂ ₃

h. In getting involved in sports..... ₁ ₂ ₃

i. In giving you reading and writing skills ₁ ₂ ₃

j. In appreciating reading for pleasure ₁ ₂ ₃

k. In preparing you for the world of work ₁ ₂ ₃

l. In giving you computer skills..... ₁ ₂ ₃

m. In preparing you for adult life..... ₁ ₂ ₃

n. In helping you to think for yourself ₁ ₂ ₃

o. In appreciating art or music ₁ ₂ ₃

p. In helping you to decide what to do after you leave school ₁ ₂ ₃

B29. [CARD B29] How well would you say you do at tests or exams compared with other people your age?

- Above average ₁ Just above average ₂ Average ₃ Just below average ₄ Below average ₅

B30. [CARD B30] How well would you say you do at sports compared with other people your age?

- Above average ₁ Just above average ₂ Average ₃ Just below average ₄ Below average ₅

SECTION C: CAREER GUIDANCE AND ATTITUDES TO FURTHER/HIGHER EDUCATION

C1. [CARD C1] Looking at each of the following people, whom did you consult to help you decide what to do after you leave/left school? And how important has each of them been in helping you decide?

	Consulted	Very important	Important	Not important
a. The Guidance Counsellor – class session	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. The Guidance Counsellor – individual appointment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Your class tutor/ year head.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Your subject teacher(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Your friend(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Your mother.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
g. Your father.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
h. Other family member(incl siblings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
i. Someone else.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

C2. [CARD C2] In thinking about what you will (would) do after you leave school, have you done /did you do any of the following?

	Yes	No
a. Had career talks at your school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Used a specialist guidance website (such as Qualifax)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Looked at university/institute of technology/college websites	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Looked at other internet sites	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Gone to a university/institute of technology/college open day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Talked to someone you know working in the area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Had a work experience placement in the area you're interested in pursuing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Talked to a private guidance counsellor outside school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Other (please specify) _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

[Rest of Section C only asked if Young Person is still in school: A1 = 1]

C3. [CARD C3] What do you think you are most likely to do when you leave school? [TICK ONE ONLY]

A. School:

Repeat the Leaving Certificate ₁

B. Further/Higher Education:

Further Education course (PLC) ₂

Higher Education course (University or Institute of Technology) ₃

C. In Work:

Get a full-time job ₄

Get an unpaid internship ₅

D. In Training:

Apprenticeship..... ₆

Solas (FÁS), Fáilte Ireland, Teagasc etc. training course..... ₇

Private Training Course ₈

Youth Reach..... ₉

E. Not in school, further/higher education, work or training

Take a 'year out' before going to college ₁₀

F. Other

Apply to join the defence forces ₁₁

Apply to join the police/Gardaí..... ₁₂

Other (please explain) _____ ₁₃

C4a. [If yes to further/higher education – C3 = 2 or 3] Have you decided what course or subject you would like to study at university/college/institute of technology?

Yes ₁

No ₂

C4b. What is your first preference course?

OPEN ENDED _____

C4c. Where do you plan on doing the course (which institution)?

OPEN ENDED _____

C5. [CARD C5] To what extent, have/did the following considerations influence your (first) choice of third-level institution?

Very important Fairly important Not very important Not at all important

- | | | | | |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. [The institution] offered the subject/course I wanted to do | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| b. Would allow me to live at home | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| c. There were good transport links between it and home | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| d. I wanted to live in a new city/country | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| e. My friend(s) were going there | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| f. My family members were going or went there | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| g. It had a good reputation | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| h. My parents encouraged me to go there | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| i. My teacher or guidance counsellor recommended it | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| j. I felt the size of it (in terms of student numbers) would suit me. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| k. Something else (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

C6a. Are you finding it difficult to decide?

Yes ₁

No ₂

C6b. [CARD C6b] Why are you finding it difficult to decide?

1. Don't know what to do yet ₁
2. Don't know what I will be able to get into..... ₂
3. Don't understand the options available to me/options too confusing ₃

C7a. [If yes to training course – C3 = 6 or 7 or 8] Have you decided what trade or subject you would like to do during your apprenticeship/training course?

Yes ₁

No ₂

C7b. What is it?

OPEN ENDED _____

C7c. Where (or with whom) do you plan on doing the course or apprenticeship?

OPEN ENDED _____

C8a. [If yes to applying to join defence forces – C3 = 11] Which branch of the defence forces do you plan to apply to?

Army..... ₁

Air Corps..... ₂

Naval Service ₃

Haven't decided ₄

C8b. [If applying to defence forces or police/Gardaí – C3 = 11 or 12] Will this be with the Irish force(s) or somewhere else?

Yes ₁

Somewhere else (please specify) _____ ₂

C9. Have you applied/will you apply for a place in further or higher education in Ireland and/or elsewhere?

Yes ₁ No ₂

C10. [CARD C10] Which type of course(s) did/will you apply for? [TICK ALL THAT APPLY]

- | | |
|--|--|
| a. Honours Bachelor Degree (NFQ Level 8) <input type="checkbox"/> ₁ | d. Post-Leaving Cert Course (NFQ Level 5/6) <input type="checkbox"/> ₄ |
| b. Ordinary Bachelor Degree (NFQ Level 7) <input type="checkbox"/> ₂ | e. University outside the Republic of Ireland <input type="checkbox"/> ₅ |
| c. Higher Certificate Course (NFQ Level 6) <input type="checkbox"/> ₃ | f. Further education outside the Republic of Ireland <input type="checkbox"/> ₆ |

C11a. May we have permission to link to the CAO database?

Yes ₁ No ₂

Interviewer: *If yes – please make sure to get CAO consent form signed*

C11b. When was/will this application be made? _____ year

[If still in school and not planning further/higher education – C3 = 4, 5, 6, 7, 8, 9, 11, 12 or 13]

C12. How likely do you think it is that you will return to full-time education in the next 5 years?

- Very likely ₁
 Fairly likely ₂
 Not very likely ₃
 Not at all likely ₄

C13. [CARD C13] Here are some things that young people have said about University/Institutes of Technology and Higher Education. Please say how much you agree or disagree with each of these.

- | | Strongly agree | Agree | Disagree | Strongly disagree |
|---|----------------|-------|----------|-------------------|
| a. I don't need to have a University/Institute of Technology degree to get the kind of job I want to do <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ | | | | |
| b. Most of my friends are planning to go to University/Institutes of Technology <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ | | | | |
| c. People like me don't go to University/Institutes of Technology <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃ <input type="checkbox"/> ₄ | | | | |

C14. Have the financial aspects of going to University/Institutes of Technology, that is the costs of fees and living expenses, ever made you think about NOT applying?

Yes, to a great extent ₁ Yes, to some extent ₂ No ₃

C15. [CARD C15] Which, if any, of the following financial aspects of going to university are you concerned about? [TICK ALL THAT APPLY]

- a. Level of tuition fees/registration fee ₁
 b. Living costs (rent, food, travel, etc) ₂
 c. Having to borrow money/get into debt ₃
 d. Having to rely on parents for money ₄
 e. Something else (please specify) _____ ... ₅
 f. None of these ₆

SECTION D: INVOLVEMENT IN POST-SCHOOL EDUCATION AND TRAINING

[Section D asked only of those who have left school – A1 > 1]

D1. Did you ever apply for a place in further/higher education in Ireland and/or elsewhere?

Yes ₁ No ₂

D2. [CARD D2] Which type of course(s) did/will you apply for? [TICK ALL THAT APPLY]

- a. Honours Bachelor Degree (NFQ Level 8) ₁
- b. Ordinary Bachelor Degree (NFQ Level 7) ₂
- c. Higher Certificate Course (NFQ Level 6) ₃
- d. Post-Leaving Cert Course (NFQ Level 5/6)) ₄
- e. University outside the Republic of Ireland ₅
- f. Further education outside the Republic of Ireland ₆

D3a. May we have permission to link to the CAO database?

Yes ₁ No ₂

Interviewer: *If yes – please make sure to get CAO consent form signed*

D3b. When was/will this application be made? _____ year

D4. Were you offered a place on a further/higher education course?

Yes ₁ No ₂

D5. [CARD D5] Which of the following were you offered? [TICK ALL THAT APPLY]

- a. Honours Bachelor Degree (NFQ Level 8) ... ₁
- b. Ordinary Bachelor Degree (NFQ Level 7) ... ₂
- c. Higher Certificate Course (NFQ Level 6) ₃
- d. Post-Leaving Cert Course (NFQ Level 5/6)) ₄
- e. University outside the Republic of Ireland ₅
- f. Further education outside the Republic of Ireland .. ₆

D6. Did you accept any offer?

Yes ₁ No ₂

D7. [CARD D7] Which of the following did you accept?

- Honours Bachelor Degree (NFQ Level 8) ₁
- Ordinary Bachelor Degree (NFQ Level 7) ₂
- Higher Certificate Course (NFQ Level 6) ₂
- Post-Leaving Cert Course (NFQ Level 5/6) ₄
- University outside the Republic of Ireland ₅
- Further education outside the Republic of Ireland ₆

D8. [CARD D8] What was the main reason you did not accept offer?

- Wasn't interested or didn't think it was for me ₁
- Did not get my preferred course ₂
- Did not get location of choice ₃
- Wanted to earn money straight away ₄
- Felt I couldn't afford it/ too expensive ₅
- Wanted to travel/have gap year/take time out ₆
- Wanted to do other education/training instead ₇
- Wanted to repeat my Leaving Certificate ₈
- My family didn't encourage me to ₉
- Other (please specify) _____ ₁₀

D9. [CARD D9] Why did you not apply for a place in further/higher education? [TICK ALL THAT APPLY]

- a. Wasn't interested or didn't think it was for me ₁
- b. Couldn't decide which course to apply for ₂
- c. Didn't think I would get the grades ₃
- d. Wanted to earn money straight away ₄
- e. Felt I couldn't afford it/ too expensive ₅
- f. Wanted to travel/have gap year/take time out ₆
- g. Wanted to do other education/training instead ₇
- h. My family didn't encourage me to ₈
- i. My school/teachers didn't encourage me to ₉
- j. Other (please specify) _____ ₁₀

D10 [CARD D10] Since leaving school, did you participate in any of the following on a full- or part-time basis – even if you did not complete the course or are still actively pursuing it [TICK ALL THAT APPLY]

- a. Postgraduate course (NFQ Level 9) 1
- b. Honours Bachelor Degree (NFQ Level 8) 2
- c. Ordinary Bachelor Degree (NFQ Level 7) 3
- d. Higher Certificate Course (NFQ Level 6) 4
- e. Post-Leaving Cert Course (NFQ Level 5/6) ... 5
- f. Certificate Course (NFQ Level 5) 6
- g. Certificate Course (NFQ Level 4) 7
- h. Apprenticeship 8
- i. Solas (FÁS), Fáilte Ireland, Teagasc etc. training course.. 9
- j. Private Training Course 10
- k. Youth Reach..... 11
- l. Other, please specify _____ 12
- m. None of the above [GO TO D19] 13

If you have taken more than one course or apprenticeship, please answer the following questions in relation to the most recent course or apprenticeship: [IF D10 < 13]

D11a. Please give the name and address of the college or institution you are attending [attended] and/or business where you are doing/did your apprenticeship/training:

_____ (open ended)

D11b. Please give the name of the course or apprenticeship you are following (followed) (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):

_____ (open ended)

D11c. Date Course Started: Month _____ Year _____

D11d. Expected total duration of course from beginning to end: _____ Months _____ Years

D12. Are you receiving (did you receive) any type of:

- a. a grant to cover registration fees? Yes 1 No..... 2
- b. a grant to cover maintenance? Yes 1 No..... 2
- c. a scholarship? Yes 1 No..... 2

D13. [CARD D13] How do/did you fund your studies/training? [TICK ALL THAT APPLY]

- a. Money from your family 1
- b. Indirect support from your family (e.g. food, accommodation) 2
- c. Earnings from employment 3
- d. A State grant 4
- e. Social welfare payment (e.g. Back to Education Allowance) . 5
- f. A bank loan..... 6
- g. Savings 7
- h. Employer assistance 8
- i. Other, please specify _____ 9

D14. Are you still on this course, did you complete it or did you leave before completion?

Still on course..... 1 Completed course 2 Left before completion 3

D15. [CARD D15] Why did you leave? (Tick all that apply (D15) and choose one as the main reason(D16))

- | | D15. All reasons | D16. Main reason |
|--|-----------------------------|-----------------------------|
| a. The course was not what I expected..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| b. I did not like going to college | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| c. I failed my exams | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| d. I/my family were experiencing financial difficulties..... | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| e. It was too far to travel | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| f. I got a full-time job | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| g. Physical health difficulties | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| h. Mental health difficulties | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| i. Family difficulties | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| j. Personal difficulties | <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |
| k. Other, please specify _____ | <input type="checkbox"/> 11 | <input type="checkbox"/> 11 |

D17. [CARD D17] To what extent, have/did the following considerations influence your (first) choice of post-school education or training institution?

	Very important	Fairly important	Not very important	Not at all important
a. [The institution] offered the subject/course I wanted to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Would allow me to live at home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There were good transport links between it and home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I wanted to live in a new city/country.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. My friend(s) were going there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. My family members were going or went there	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. It had a good reputation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. My parents encouraged me to go there	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. My teacher or guidance counsellor recommended it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. I felt the size of it (in terms of student numbers) would suit me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Something else (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

D18a. Do you have any particular special educational need or disability that affects/affected your learning while at post-school education or training (other than 'exceptionally able' or 'gifted')?

Yes 1 No 2

D18b. Do you receive any extra educational supports?

Yes 1 No 2 No longer required 3

D18c. What form does this support take?

_____ (OPEN ENDED)

D18d. Do you find this support useful?

Yes, a lot 1 Yes, a little 2 Not really 3

D18e. [If you do not get any extra support – D8b = 2] Would you like to receive extra educational supports?

Yes 1 No 2

The following questions are asked of those that have not participated in any Higher Education [IF D10 < 4]

D19. [CARD D19] Here are some things that young people have said about University/Institutes of Technology and Higher Education. Please say how much you agree or disagree with each of these.

	Strongly agree	Agree	Disagree	Strongly disagree
a. I don't need to have a University/Institute of Technology degree to get the kind of job I want to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Most of my friends are planning to go to University/Institutes of Technology.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. People like me don't go to University/Institutes of Technology	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

D20. Have the financial aspects of going to University/Institutes of Technology, that is the costs of fees and living expenses, ever made you think about NOT applying?

Yes, to a great extent 1 Yes, to some extent 2 No 3

D21. [CARD D21] Which, if any, of the following financial aspects of going to university are you concerned about? [TICK ALL THAT APPLY]

a. Level of tuition fees/registration fee 1
 b. Living costs (rent, food, travel, etc) 2
 c. Having to borrow money/get into debt 3
 d. Having to rely on parents for money 4
 e. Something else (please specify) _____ ... 5
 f. None of these 6

SECTION E: PARENTAL ENGAGEMENT IN EDUCATION

If in further/higher education – A1 = 2 or 3, ask in relation to further/higher education
 If in school – A1 = 1 ask in relation to current situation in school
 If not in school or further/higher education – A1 > 3 ask in relation to final year in school

E1. [CARD E1] In this/your final school or college year, how often have/did your parent(s): [Please tick ONE box on each line.]

	Never or hardly ever	A few times a year	About once a month	Several times a month	Several times a week
a. Discussed how you are getting on with different subjects at school/college?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Asked how you are/were coping with the amount of work (course-work etc) for your courses?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Asked how you are/were getting on with your teachers/lecturers?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Discussed your plans for the future?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Asked how you are/were getting on with friends?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Discussed how you did in tests or exams?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

E2. Do/did you ever receive help from your parents or brothers and sisters with homework or study?

Yes, often ₁ Yes, sometimes ₂ No ₃

E3. Do/did you ever receive help from your friends with homework or study?

Yes, often ₁ Yes, sometimes ₂ No ₃

SECTION F: PART-TIME WORK WHILE IN EDUCATION

If in further/higher education – A1 = 2 or 3, ask in relation to further/higher education
 If in school – A1 = 1 ask in relation to current situation in school
 If not in school or further/higher education – A1 > 3 ask in relation to final year in school

F1. (Do/Did) you ever do any work in a part-time *paid* job in term-time while you are/were attending school or college, even if it is/was only for an hour or two now and then? Please don't include jobs you only (do/did) during the school holidays or voluntary work

Yes ₁ No ₂

F2. How many hours on average (do/did) you usually work per week in this job (or jobs) during term-time? Please include any hours you (work/worked) during the week or at the weekend during term-time. (Number of hours – ask for average week if irregular) _____

F3. How much money (do/did) you earn on average each week through part-time work during term-time? (Enter number of euro. If respondent does not get paid enter '0'.) _____

F4. Can you briefly describe the job – or the most recent job if you did more than one? _____

F5. Do you ever do any work for a business owned or run by a member of your family? This includes *any* work, whether paid or unpaid.

Yes ₁ No ₂

F6. During this/your final school year (have you had/ did you have) a short term work experience placement, as part of your school curriculum? That is a time when you spent a few days getting experience of what it's like to be at work for example in a local business, office or factory.

Yes ₁ No ₂

SECTION G: ATTITUDES TO WORK

G1. [If not currently working – A1 not 4 or 5] Looking to the future when you have finished your education, we would like to know what job you would like to have.

G1a. If you had your choice, what job would you really like to get?

G1b. What job do you expect to get (if different from ideal choice)?

G2. [CARD G2] Here are some factors a person might consider when choosing a job. Please choose the three most important things for you personally. **[TICK THREE ONLY]**

- a. High income..... 1
- b. A job that offered good training opportunities 2
- c. An interesting job..... 3
- d. Flexible working hours..... 4
- e. Generous holidays/time off..... 5
- f. A good step on the career ladder 6
- g. Be your own boss 7
- h. A job that is useful to society or helps other people..... 8
- i. Job security 9
- j. Opportunity to travel/work abroad 10
- k. Other (please specify) _____ 11

G3. [CARD G3] On this card are some statements about how people feel toward their life circumstances. Please use the scale provided to indicate how you feel in terms of each statement.

- | | Entirely
true | True for the
most part | Somewhat
true | A little
true | Not at all
true |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You consider yourself to be an adult..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. You feel respected by others as an adult..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. You feel that you have matured fully..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

G4. [CARD G4] How important to you are each of the categories for life in general? Please rate them on a scale of 1 to 6 where 1 = 'not important at all and 6 = 'very important'.

- | | | | | | | |
|----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. | <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. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. | <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. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| i. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| j. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| k. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| l. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

G5. [CARD G5] Looking at the statements listed on this card, please tell me how much you agree or disagree with each statement?

- | | | | | |
|----|----------------------------|----------------------------|----------------------------|----------------------------|
| a. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

G6. [CARD G6] Please look at this card and tell me, for each item listed, how much you agree or disagree with each statement.

a. 1 2 3 4

b. 1 2 3 4

c. 1 2 3 4

d. 1 2 3 4

e. 1 2 3 4

f. 1 2 3 4

G7. [CARD G7] Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

I see myself as:

	Disagree strongly	Disagree moderately	Disagree a little	Neither agree nor disagree	Agree a little	Agree moderately	Agree strongly
a. Extroverted, enthusiastic	<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
b. Critical, quarrelsome	<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
c. Dependable, self-disciplined	<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
d. Anxious, easily upset	<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
e. Open to new experiences, complex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Reserved, quiet	<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
g. Sympathetic, warm	<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
h. Disorganized, careless	<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
i. Calm, emotionally stable	<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
j. Conventional, uncreative	<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

SECTION H: WORK HISTORY

[Section H asked only of those who have left education – A1 > 3]

H1. Did you hold a job last week, even for a short time?

Yes 1 No 2

H2. Have you ever had a paid job since leaving school (other than summer work or part-time employment while at school)?

Yes 1 No 2 **[GO TO SECTION J]**

H3a. [CARD H3a] In relation to the current/most recent job you hold/held, how would you describe it?

Regular, full-time 1
 Temporary, full-time 2
 Regular, part-time 3
 Temporary, part-time 4
 Zero hour contract 5

H3b. When did you take up the current/most recent job you held/hold?

Month _____ Year _____

H3c. Are you still working? Yes 1 No 2

H3d If no longer working, when did this most recent job end?

Month _____ Year _____

Following questions refer to current or most recent job noted in Q3a-c

H4. In relation to this job, please give the name and a full description of the work done. (If farmer or relative assisting, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardai, Army etc)

H5. [CARD H5] In this job are/were you:

- Employee 1
- Self-employed without paid employees 2
- Self-employed with paid employees 3
- Assisting a relative (not receiving a fixed salary or wage)..... 4

H6. What is/was the usual number of hours (per week) you work/ed in this job?

Number of hours _____

H7. In relation to the current or most recent job held, how much do/did you earn per week? (to nearest €)

a. Gross (Before Deductions)

b. Net (take-home pay)

€ _____

€ _____

H8a. Have you ever been unemployed since leaving school?

Yes 1

No 2

H8b. How many times were you unemployed or experienced spells of unemployment?

_____ number of periods of unemployment

H8c. How long in total would you say you were unemployed? Please answer in weeks

_____ weeks

H9. How many different jobs or periods of employment have you had (i.e. where you have changed employer or have had a period of unemployment between jobs – do not count changes of role or promotion with the same employer if there was no break of employment in between)?

_____ number of jobs

H10. Generally speaking, on a scale of 1 to 10, how well do/did you like your job – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’

- | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10. |
| Not at all | | | | | | | | | Very much |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |

SECTION J: ACTIVITIES

J1. [CARD J1] In the past year, have you taken part in any of the following activities? [TICK ALL THAT APPLY]

- a. Sports clubs/teams 1
- b. School/student councils 2
- c. Breakfast club or after school club 3
- d. Computer clubs/groups 4
- e. Art, drama, dance or music clubs/groups/rehearsals 5
- f. Religious groups or organisations 6
- g. Youth clubs where you can hang out with other people 7
- h. Games/hobbies clubs 8
- i. Other, please specify: _____ 9

J2. Do you receive regular pocket-money or an allowance from a parent or other relative? Do not include money you earn from a part-time or full-time job.

Yes 1

No 2

J3. [CARD J3] From whom do you receive this pocket-money or allowance? [TICK ALL THAT APPLY]

- a. Resident parent(s) or step-parent(s) 1
- b. Non-resident parent 2
- c. Grandparent(s) 3
- d. Your partner 4
- e. Another relative (please specify) _____ 5

J4. Thinking about all the money you receive in pocket-money or an allowance, how much would you say you receive in a typical month in total?

€ _____ (amount per month)

J5a. Are you personally in receipt of any social welfare payments?

Yes ₁ No ₂

J5b. What payments are these?

_____ (OPEN ENDED)

J5c. Thinking about all the social welfare payments you receive, how much would you say you get in a typical month in total?

€ _____ (amount per month)

J6. [CARD J6] Which of these other activities do you regularly do for fun or to relax? For each that you do, please indicate how often you do that type of activity.

	Do it?		[if yes] Several times a week	Weekly	Fortnightly	Monthly	Less often than monthly
	Yes	No					
a. Reading for pleasure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. Listening to music.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. Singing or playing an instrument	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. Going to the cinema	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. Craftwork/hobbies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. Surfing the internet	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Gardening or farming (for pleasure, not chores)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. Spending time with pets	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Playing sport (with others)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. Playing individual sport (e.g. horse riding, cycling, etc)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
k. Going to the gym, running, etc ...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
l. Beauty, hair or spa treatments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
m. Attending sports events.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
n. Hanging out with friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
o. Going to parties or other social events (in people's homes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
p. Going to clubs, pubs, etc.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
q. Other (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

J7. Do you have a full or provisional driving licence for any of the following vehicle types?

	Full	Provisional	None
a. Car/van	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Scooter/moped/motorcycle.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Tractor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

SECTION K: CITIZENSHIP, IDENTITY AND CIVIC PARTICIPATION

K1. [CARD K1] Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 1 to 10, where 1 means that “you can’t be too careful in dealing with people” and 10 means that “most people can be trusted”?

1	2	3	4	5	6	7	8	9	10.
You can't be too careful									Most people can be trusted
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

K2. [CARD K2] Please look at this card and tell me, for each item listed, how much confidence do you have in them, is it a great deal, quite a lot, not very much or none at all?

	A great deal	Quite a lot	Not very much	None at all
a. The church	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. The education system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The police/Gardaí.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The social welfare system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. The health care system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Politicians	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. The courts system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K3a. Do you currently, or have you in the past year, regularly volunteer(ed) with any organisation?

Yes, currently 1 Yes, in the past year..... 2 No 3

K3b. Please describe the nature of this volunteer work – who with, what you do/did with them, etc.

K3c. On average, how many hours per month do/did you spend doing voluntary work?

_____ hours per month

K4a. Do you have a social media profile or account on any sites or apps? Yes..... 1 No..... 2

K4b. Did you ever have one? Yes..... 1 No..... 2

4c. Why do you no longer have one? _____

K4d. [If has a social media profile at 4a] Thinking about your main social media site or app, do you know if this profile can be seen by other people? [TICK ONE ONLY]

It can only be seen by my friends and no-one else 1
 It can only be seen by my friends and their friends 2
 It can be seen by anyone..... 3
 Nobody can see it 4
 Don't know 5

K5a. Do you belong to any religion?

Yes..... 1 No 2

K5b. [CARD K5b] Which religion?

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

K5c. [CARD K5c] How often do you attend religious services?

More than once per week..... 1
 Weekly..... 2
 Monthly..... 3
 Usually only on special occasions such as weddings, religious festivals 4
 I rarely or never attend 5
 Attending services is not applicable to my religion 6
 Other (please specify) _____ 7

K6. In general, would you describe yourself as a spiritual person (even if you do not belong to a religion)?

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

K7a. Are you a citizen of Ireland? Yes ₁ No ₂

K7b. What citizenship do you hold? _____

SECTION L: NEIGHBOURHOOD

L1. How long have you lived in your local area? _____ years _____ months

L2a. [CARD L2a] How likely do you think it is that you will still be living in Ireland in five years' time?

Very likely/almost certain to be living in Ireland Probably living in Ireland Possibly living in Ireland but also possibly living abroad Very likely/almost certain to be living abroad

₁ ₂ ₃ ₄

L2b. [CARD L2b] If it is possible or very likely you will not be resident in Ireland in five years' time, why do you think so? [TICK ONE ONLY]

Family are emigrating ₁

To pursue an education course abroad ₂

To get a job/economic reasons ₃

I want to travel/see the world ₄

I want to improve my foreign language skills ₅

Other (please specify) _____ ₆

L3. [CARD L3] 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
a. Rubbish and litter lying about	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Homes and gardens in bad condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Vandalism and deliberate damage to property	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. People being drunk or taking drugs in public	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

L4. [CARD L4] To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. There are places in this area where teenagers can safely hang out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. There are facilities such as youth clubs, swimming clubs, sports clubs for teenagers in this area.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I have lots of family/friends living in this area	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SECTION M: YOUNG PERSON'S HEALTH

M1. [CARD M1] In general, how would you say your current health is?

Excellent ₁

Very Good ₂

Good ₃

Fair ₄

Poor ₅

M2. Do you have any on-going chronic physical or mental health problem, illness or disability?

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

M3. 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. **If multiple, record most severe problem first**]

If multiple health problems, answer the following in respect of first problem listed at M3

M4a. Has this problem, illness or disability been diagnosed by a medical professional?

Yes_1 No....._2

M4b. Have you been prescribed medication for this problem? Please describe as fully as possible.

M5. Since when have you had this problem, illness or disability? _____(mth) _____(year)

M6. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely_1 Yes, to some extent....._2 No _3

M7. How many nights have you spent in hospital in total in the last 12 months, from illness or injury?

[INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ visits

M8. [CARD M8] In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
a. A general practitioner (GP)	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
b. A practice nurse	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
c. Another medical doctor e.g. in a hospital	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
d. Other professional, psychologist, psychiatrist, counsellor, etc	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
e. Accident & Emergency.....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
f. A social worker	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
g. Alternative therapists	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
h. Health helplines (for physical or mental health issues).....	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4
i. Other (please specify) _____	_____	<input type="checkbox"/> _3	<input type="checkbox"/> _4

M9. Have you experienced any of the following since we last saw you when you were 13

[TICK ALL THAT APPLY]:

- a. Moving house within Ireland....._1
- b. Moving country (for 6 months or more)....._2
- c. Serious illness/injury....._3
- d. Serious illness/injury of a family member....._4
- e. Serious illness/injury of a friend....._5
- f. Your house being broken into
- g. New child in home....._7
- h. Changed school
- i. None of the above....._9

SECTION N: DIET, EXERCISE AND SLEEP

N1. [CARD N1] Now I would like to ask you some questions about what you eat. Looking at Card N1, in the last 24 hours have you 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

N2. How many cups of tea or coffee do you drink in a typical day? _____ no. of cups

OR 1 don't drink tea/coffee

N3. How many days per week do you eat breakfast? _____ [no. of days 0 - 7]

N4. How often would you eat out in a restaurant/café or get a take-away (include breakfast and lunch as well as dinner)?

Several times a week.....	<input type="checkbox"/> 1
About once a week	<input type="checkbox"/> 2
Once or twice a month.....	<input type="checkbox"/> 3
Less often than once a month	<input type="checkbox"/> 4
Rarely/never.....	<input type="checkbox"/> 5

N5. Do you follow any of the following kinds of vegetarian diet? [TICK ONE ONLY]

Vegetarian (no meat or fish but eat dairy and/or eggs)	<input type="checkbox"/> 1
Vegan (no animal products at all)	<input type="checkbox"/> 2
Pescatarian (eat fish but not meat)	<input type="checkbox"/> 3
No.....	<input type="checkbox"/> 4

N6. [CARD N6] Do you use any of the following supplements?

	Yes	No
a. Multi-vitamins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Individual vitamins or minerals (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Omega 3.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Fish oil	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Protein shakes/powders/bars	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Creatine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Non-prescribed steroids	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Supplements to block fat or carbohydrate absorption.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Something else (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

N7. How many times in the past 14 days have you done at least 20 minutes of exercise hard enough to make you breathe fast and make your heart beat faster? (Hard exercise includes, for example, playing football, jogging, fast cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]

None₁ 1 to 2 days₂ 3 to 5 days₃ 6 to 8 days.....₄ 9 or more days.....₅

N8. How many times in the past 14 days have you done at least 20 minutes of light exercise that was not hard enough to make you breathe heavily and make your heart beat fast? (Light exercise includes walking or slow cycling). Include time spent in physical education class. [TICK ONE BOX ONLY]

None₁ 1 to 2 days₂ 3 to 5 days₃ 6 to 8 days.....₄ 9 or more days.....₅

N9. [CARD N9] On a nice warm day, how much time do you typically spend outside during the daylight hours, “without a roof over your head”?

Think of your commute, places you regularly walk or cycle to, lunch breaks, sports and other activities you may be involved in.

a. On weekdays when you would be at school or work:

0-15 minutes 15-30 minutes 30-60 minutes 1-2 hours 2-4 hours over 4 hours
₁ ₂ ₃ ₄ ₅ ₆

b. On days that you are off:

0-15 minutes 15-30 minutes 30-60 minutes 1-2 hours 2-4 hours over 4 hours
₁ ₂ ₃ ₄ ₅ ₆

N10. [CARD N10] Looking at this card, which of the following (1–6) best describes your skin type? [TICK ONE BOX ONLY]

Your Type:	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Skin Colour	Very pale or pale white	Pale white	White, light brown	Medium to dark brown	Dark brown	Black
Tanning	Burns very easily, never tans	Burns easily, rarely tans	Sometimes burns, gradually tans	Hardly ever burns, tans easily	Rarely burns, tans easily and quickly	Never burns, tans very dark

N11. On a normal weekday, what time do you normally go to bed? (note that this may be different from the time you plan to go to sleep)

_____ (time in 24 hour clock)

N12. And on a normal weekday, what time do you normally get up? (note that this may be different from the time you wake up)

_____ (time in 24 hour clock)

N13. On a normal week-night, how long do you usually sleep? Do not include time you spend awake in bed.

_____ hours and _____ minutes

N14. Do you share a bedroom?

Yes₁ No₂

N15. Do you have any difficulty with sleep?

Yes, a lot of difficulty 1 Yes, some difficulty 2 No 3

N16. [CARD N16] What is the nature of your sleep difficulty? [TICK ALL THAT APPLY]

- Can't get to sleep at night..... 1
- I go to sleep at first but wake up during the night..... 2
- I wake up too early in the morning 3
- I find it very difficult to wake up in the morning 4
- Sleep is regularly disrupted by someone/something else 5
- I fall asleep at inappropriate times 6
- Nightmares/night terrors 7
- Sleep-walking 8
- Something else (please specify) _____ 9

N17. Do you regularly do any of the following when you go to bed, before you go to sleep? [TICK ALL THAT APPLY]

- 1. Watch TV/films 1
- 2. Read 2
- 3. Surf the internet..... 3
- 4. Chat to/message friends 4
- 5. Chat to someone you share your room with 5
- 6. Play computer games..... 6
- 7. Something else (please specify) _____ 7

SECTION O: DENTAL HEALTH

O1. [CARD O1] How would you rate your oral health? [TICK ONE BOX ONLY]

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

O2. [CARD O2] How often do you brush your teeth? [TICK ONE BOX ONLY]

- More than twice a day 1
- Twice a day 2
- Once a day 3
- Less often than once a day 4
- Rarely 5
- Not at all 5

O3. [CARD O3] Which of the following best describes how regularly you visit the dentist? [TICK ONE BOX ONLY]

- At least once a year 1
- Once every two years..... 2
- Once every three years 3
- Only when there is a problem..... 4
- Never/almost never 5

O4. Have you ever had (or are you currently undergoing) orthodontic treatment?

Yes 1 No 2

O5. Have you ever worn (or do you currently wear) braces?

Yes 1 No 2

Young Person Supplementary Questionnaire

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

YOUNG PERSON: SENSITIVE QUESTIONNAIRE, 17-Year-olds

AREA HHOLD YP No

Interviewer Name _____ Interviewer Number

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

We have a few final questions which we would like you to answer. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IN ANSWER TO THE QUESTIONS IN THIS INTERVIEW IS TREATED IN THE STRICTEST CONFIDENCE**. There are 13 sections in total. Some sections have very few questions, some sections may not apply to you at all, some are longer.

If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

X1. Young Person's sex:.. Male.....₁ Female.....₂

X2. Young Person's date of birth? day month year

Section A: This section contains questions on **YOUR FRIENDS AND HOW YOU GET ON WITH THEM**. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

A1. How many friends do you normally hang around with? [TICK ONE BOX ONLY]

- a. None₀ d. Between 6 and 10₃
b. One or two₁ e. More than 10₄
c. Between 3 and 5₂

A2. How old are the friends you usually hang around with? [TICK ONE BOX ON EACH LINE]

- | | None | Some | Most or all |
|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. A year or more younger..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. About the same age | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. A year or two older | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. More than two years older ... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

A3. How many of your friends..[TICK ONE BOX ON EACH LINE]

- | | None | Some | Most or all |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| a. Are from a different ethnic background to you? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| b. Are of a different gender to you? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| c. Have your parents met? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| d. Would you describe as CLOSE friends? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

A4. In your day-to-day life how often have any of the following things happened to you?

Almost everyday At least once a week A few times a month A few times a year Less than once a year Never

a. You are treated with less courtesy or respect than other people.....	<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. You receive poorer service than other people at restaurants or stores.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. People act as if they think you are not smart.	<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. People act as if they are afraid of you.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. You are threatened or harassed.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

A5. Follow-up Questions- asked only of those answering "A few times a year" or more frequently to at least one question.

What do you think is the main reason for these experiences? [TICK ALL THAT APPLY]

a. Your Gender	<input type="checkbox"/> 1	h. Your Sexual Orientation	<input type="checkbox"/> 8
b. Your Race	<input type="checkbox"/> 2	i. Your Education or Income Level	<input type="checkbox"/> 9
c. Your Age	<input type="checkbox"/> 3	j. A disability you may have	<input type="checkbox"/> 10
d. Your Religion	<input type="checkbox"/> 4	k. Your accent	<input type="checkbox"/> 11
e. Your Height	<input type="checkbox"/> 5	l. How well you speak English	<input type="checkbox"/> 12
f. Your Weight	<input type="checkbox"/> 6	m. Your skin colour	<input type="checkbox"/> 13
g. Some other Aspect of Your Physical Appearance ...	<input type="checkbox"/> 7	n. Other	<input type="checkbox"/> 14

A6. From whom have you experienced this? [TICK ALL THAT APPLY]

a. Staff in shops.....	<input type="checkbox"/> 1
b. Teachers	<input type="checkbox"/> 2
c. Gardaí (Police)	<input type="checkbox"/> 3
d. Medical professionals	<input type="checkbox"/> 4
e. Someone else	<input type="checkbox"/> 5

A7. The following statements ask about your relationship with your close friends. Please read each statement and tick the ONE number that tells how true the statement is for you now.

a.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
s.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
t.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
u.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
v.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
w.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
x.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
y.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Section B: This section contains questions on **SMOKING, DRINKING ALCOHOL AND DRUGS**. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

B1: SMOKING

The next set of questions is about cigarettes (including roll-ups).

B1a. Have you ever smoked a cigarette?

Yes ₁ No..... ₂ → **go to B2**

B1b. How old were you when you first smoked a cigarette? _____ years

B1c. Which of the following best describes you?

Only ever tried smoking once or twice ₁ Used to smoke but not now ₂ Smoke occasionally ₃ Smoke daily ₄ Don't smoke ₅

B1d. About how many cigarettes do you smoke in a week? _____

B1e. Have you ever tried to give up cigarettes but found that you couldn't?

Yes ₁ No ₂

B2. Have you ever tried an e-cigarette or "vaping"?

Yes ₁ No..... ₂

B3. Compared to cigarettes, do you think that e-cigarettes (or vapes) are:

More harmful ₁ Equally harmful ₂ Less harmful ₃ Don't know/Not Sure ₄

B2: ALCOHOL

The next questions are about drinking alcohol (this includes beer, wine, alcopops, cider and spirit drinks like vodka).

B4. Have you ever consumed alcohol?

Yes ₁ No..... ₂ **Go to Section B3**

B5. How old were you when you had your first full drink of alcohol – more than a few sips? _____ years

B6a. How often do you have a drink containing alcohol?

Never ₀ GO TO B6i Monthly or less ₁ 2 - 4 times per month ₂ 2 - 3 times per week ₃ 4+ times per week ₄

B6b. How many units of alcohol do you have on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)

1 or 2 ₀ 3 or 4 ₁ 5 or 6 ₂ 7, 8 or 9 ₃ 10 or more ₄

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
B6c. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B6d. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B6e. How often during the last year have you failed to do what was normally expected from you because of your drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B6f. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B6g. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B6h. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
		No	Yes, but not in the last year	Yes, during the last year	
B6i. Have you or somebody else been injured as a result of your drinking?	<input type="checkbox"/> 0		<input type="checkbox"/> 2		<input type="checkbox"/> 4
B6j. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	<input type="checkbox"/> 0		<input type="checkbox"/> 2		<input type="checkbox"/> 4

SECTION B3: DRUGS

The next set of questions is about drugs.

B7a. Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes 1 No..... 2 **→ go to B8** Prefer not to say 3

B7b. Which statement describes you the best?

Only ever tried cannabis once or twice	Used to take cannabis but not now	Take cannabis occasionally	Take cannabis more than once a week	Don't take cannabis
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B8. Have you ever tried inhaling or sniffing aerosols / gas (lighter refills) / glue / solvents? and if yes, have you done it more or less than 5 times in the last year? [TICK ONE BOX ONLY]

No Yes, less than 5 times Yes, more than 5 times

1..... 2 3

B9. Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine, heroin, etc?

Yes 1 No 2

B10. If yes, which of the following have you taken in the last year? (Tick one box on each line)

	No	Yes, less than 5 times	Yes, more than 5 times
a. Amphetamines (also called speed, uppers, whizz, sulphate, billy, crystal meth)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Poppers (also called amyl nitrates, liquid gold, rush)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Ecstasy (also called 'E' pills, MDMA)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. LSD (also called acid, tabs, trips, dots)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Magic mushrooms (also called shrooms)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Spanglers (also called spangs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Cocaine (also called Charlie, 'C', coke)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Crack (also called rock, stone)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Heroin (also called brown, smack, gear, junk, 'H')	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Ketamine (also called Green, K, special K, super K, vitamin K)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Steroids (not prescribed by a doctor)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Zimovane (Zimos)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Benzodiazepines (Benzos) (not prescribed by a doctor).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. ADHD medication (Ritalin) (not prescribed by a doctor).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Pain killers (for "recreational" use, not for pain).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B11. Have you ever used any other prescription drugs for non-medical purposes, for "recreational" use?

Yes 1 No..... 2

Section C: This section contains questions on SEX EDUCATION. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

C1. Have you ever been or will you be taught Relationships and Sexuality Education (RSE) in secondary school?

Yes, already 1 Yes, in future 2 No 3 Don't know 4 Prefer not to say 5

C2a. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?

Yes 1 No..... 2 Prefer not to say 3

C2b. Where would you say you get MOST of your information or advice on sex or relationship issues?

[TICK ONE BOX ONLY]

Nowhere..... <input type="checkbox"/> 1	Friends..... <input type="checkbox"/> 5	Doctor / Nurse..... <input type="checkbox"/> 9
Mum <input type="checkbox"/> 2	Teacher..... <input type="checkbox"/> 6	Other <input type="checkbox"/> 10
Dad..... <input type="checkbox"/> 3	Internet health websites..... <input type="checkbox"/> 7	Don't know <input type="checkbox"/> 11
Other family members <input type="checkbox"/> 4	Books / Magazines / TV / films . <input type="checkbox"/> 8	Prefer not to say..... <input type="checkbox"/> 12

Routed for girls and only asked of those who had not started at 13

C3a. Girls can start their periods at different ages. Have you started your periods yet?

Yes 1 No..... 2 Not applicable 3 Don't know 4 Prefer not to say 5

C3b. What age were you when you had your first period? _____ years _____ months Don't know 88

Section D: The next set of questions relates to GENDER IDENTITY AND INTIMATE BEHAVIOUR. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

D1a. Thinking first about your mother, how easy or difficult do you think it is for you to talk openly about sex with her?

Very easy 1 Quite easy 2 Neither 3 Quite difficult 4 Very difficult 5 Never came up 6 Not Applicable 7 Prefer not to say 8

D1b. Now thinking about your father, how easy or difficult do you think it is for you to talk openly about sex with him?

Very easy ₁ Quite easy ₂ Neither ₃ Quite difficult ₄ Very difficult ₅ Never came up ₆ Not Applicable ₇ Prefer not to say ₈

D2. How would you describe your sexual orientation? [TICK ONE BOX]

Heterosexual/straight (sexually attracted to the opposite sex) ₁
 Gay or Lesbian (attracted to the same sex) ₂
 Bisexual (attracted to both men and women)..... ₃
 Questioning/ Not sure..... ₄
 Asexual (not attracted to either sex) ₅
 Don't know..... ₆
 Prefer not to say ₇

D3. Would you describe yourself as: Male ₁ Female ₂ Other..... ₃ Prefer not to say ... ₄

D4. Would you describe yourself as transgender? Yes..... ₁ No..... ₂ Prefer not to say ... ₃

D5a. Do you currently have a boyfriend? Yes..... ₁ No..... ₂ Prefer not to say ... ₃

D5b. Do you currently have a girlfriend? Yes..... ₁ No..... ₂ Prefer not to say ... ₃

D6. In total, including your current boyfriend or girlfriend (if relevant), how many girlfriends/boyfriends have you had during the last year?

None ₀ 1 ₁ 2 ₂ 3 ₃ 4+ ₄ Prefer not to say ₅

We are now going to ask about some more INTIMATE BEHAVIOURS. We are referring only to things which happened with your consent, with someone around your age (and not with someone you are related to). If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

D7a. ₁ ₂ ₃
 D7b. ₁ ₂ ₃
 D7c. ₁ ₂ ₃
 D7d. ₁ ₂ ₃

If D7c and D7d are both 'No' – please go to Question D8, otherwise please continue

D7e. ₁ ₂ ₃
 D7f. ₁ ₂ ₃

If D7e and D7f are both 'No' – please go to Question D8, otherwise please continue

D7g. ₁ ₂ ₃
 D7h. ₁ ₂ ₃

If D7g and D7h are both 'No' – please go to Question D8, otherwise please continue

D7i. ₁ ₂ ₃
 D7j. ₁ ₂ ₃
 D7k. ₁ ₂ ₃

D8. Do you feel pressure from friends, school mates, peers to have sex?

Yes, a little ₁ Yes, a lot ₂ No ₃ Don't know ₄ Prefer not to say ₅

D9. Were you ever afraid of losing a boyfriend/girlfriend by not having sex?

Yes ₁ No ₂ Prefer not to say ₃

D10. Would you say most of your friends have had sex?

None ₁ Some ₂ Most ₃ All ₄ Don't know ₄ Prefer not to say ₅

D2: SEXUAL INTERCOURSE

The next questions are about **SEXUAL INTERCOURSE**. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

[Routed on D7k] I would like you to think about your first sexual intercourse.

D11. Was that person with whom you had first sexual intercourse of the opposite sex or the same sex?

Opposite sex..... ₁ Same sex..... ₂ Prefer not to say..... ₃

D12. Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?

You had just met for the first time/ didn't know each other ₁
You knew each other, but didn't have a steady relationship at the time ₂
You had a steady relationship at the time ₃
You were living together (but not married or engaged) ₄
You were engaged to be married ₅
You were married ₆
Prefer not to say ₇

D13. Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception, including withdrawal and/or emergency contraception?

Yes ₁ No contraception used by either of us ₂ No contraception used by me, don't know about partner ₃ Not applicable ₄ Don't know ₅ Prefer not to say ₆

D14. Looking back now to that first time you had sexual intercourse, do you think:

You should have waited longer before having sex with anyone ₁
That you should not have waited so long ₂
That it was about the right time ₃
Not sure ₄
Prefer not to say ₅

D15. Are you still in an intimate relationship with the person with whom you first had sexual intercourse?

Yes ₁ No..... ₂ Prefer not to say ₃

D16. With how many different people in total have you had sexual intercourse?

1 person ₁ 4 people ₄ Don't know ₇
2 people ₂ 5 people ₅ Prefer not to say ₈
3 people ₃ 6 or more ₆

D17. In general, do you usually use a condom every time you have sexual intercourse?

Yes, on every occasion ₁
Yes, on most occasions (3/4 of the time) ₂
Yes, roughly half the time ₃
Yes, on some occasions (1/4 of the time) ₄
No, never ₅
Not currently sexually active ₆
Not applicable ₇
Don't know ₈
Prefer not to say ₉

D18. Do you (or your partner) usually use some form of contraception?

Always ₁ Sometimes ₂ Never / hardly ever ₃ Not currently sexually active ₄ Not applicable ₄ Don't know ₅ Prefer not to say ₆

D19. In general, whose decision is it to use contraception always/sometimes/never? Is it mainly your decision, the other person's decision or a joint decision?

- My decision 1
- Other person's decision 2
- Joint decision 3
- It varies..... 4
- Not currently sexually active 5
- Not applicable 6
- Don't know 7
- Prefer not to say..... 8

D20. Have you ever had a sexually transmitted disease?

- Never..... 1
- Once..... 2
- More than once 3
- Don't know 4
- Prefer not to say..... 5

This section contains questions on PREGNANCY. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

E1. Do you have any children?

- Yes 1
- No 2
- Prefer not to say 3

Ask if female

E2. Are you currently pregnant?

- Yes 1
- No 2
- Prefer not to say..... 3

E3. Have you ever been pregnant?
 Yes..... 1 No..... 2

Section F: This section contains questions on your PHYSICAL HEALTH. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

F1. If you feel you need to get medical advice from a health care professional, can you easily do this?

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

F2. If no, why is this? [TICK ALL THAT APPLY]

- a. Cost to self 1
- b. Cost to parents..... 2
- c. Concerned about confidentiality..... 3
- d. Unsure of where to go..... 4
- e. Difficulty in making contact 5
- f. Difficulty in getting an appointment..... 6
- g. Difficulty in travelling to a clinic/appointment 7
- h. Too embarrassed..... 8
- i. Other 9

F3. How would you describe yourself? [TICK ONE BOX ONLY]

- Very skinny 1
- A bit skinny 2
- Just the right size..... 3
- A bit overweight 4
- Very overweight..... 5

F4a. Have you ever exercised to lose weight or to avoid gaining weight?

- | | | |
|----------------------------|----------------------------|----------------------------|
| Yes, currently | Yes, in the past | No |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

F4b. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
|----------------------------|----------------------------|----------------------------|

F4c. Have you ever exercised to 'bulk up' or maintain muscle mass?

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
|----------------------------|----------------------------|----------------------------|

F5a. Are you satisfied with your eating patterns?

- Yes 1
- No 2

F5b. Do you ever eat in secret?

Yes ₁ No ₂

F5c. Does your weight affect the way you feel about yourself?

Yes ₁ No ₂

F5d. Have any members of your family suffered with an eating disorder?

Yes ₁ No ₂

F5e. Do you currently suffer with or have you ever suffered in the past with an eating disorder?

Yes ₁ No ₂

Section G: This section contains questions on **HOW YOU FEEL ABOUT YOURSELF, YOUR SELF-ESTEEM** and so on. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

G1. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. On the whole, I am satisfied with myself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. At times, I think I am no good at all.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I am able to do things as well as most other people.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I certainly feel useless at times.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. I take a positive attitude towards myself.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G2. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you think each statement is like you.

	Not at all like me	A little like me	Some- what like me	Mostly like me	Very much like me
a. I have a hard time breaking bad habits.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. I get distracted easily	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. I say inappropriate things.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. I refuse things that are bad for me, even if they are fun	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. I'm good at resisting temptation.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. People would say that I have very strong self-discipline	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. Pleasure and fun sometimes keep me from getting work done	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. I do things that feel good in the moment but regret later on	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
i. Sometimes I can't stop myself from doing something, even if I know it is wrong	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
j. I often act without thinking through all the alternatives.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

G3. Please indicate how much you agree with each of the following statements.

a.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. <input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G4. Please indicate how much you agree with each of the following statements.

a.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4
b.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4
c.										
d.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4
e.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4
f.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4

G5. Have you ever experienced any of the following since we last saw you when you were 13 [TICK ALL THAT APPLY]:

a.	Death of a parent	<input type="checkbox"/>	1
b.	Death of a close family member (other than a parent)	<input type="checkbox"/>	2
c.	Death of close friend	<input type="checkbox"/>	3
d.	Divorce/separation of parents	<input type="checkbox"/>	4
e.	Stay in foster home/ residential care	<input type="checkbox"/>	5
f.	Drug taking/alcoholism in the immediate family	<input type="checkbox"/>	6
g.	Mental disorder in immediate family	<input type="checkbox"/>	7
h.	Conflict between parents	<input type="checkbox"/>	8
i.	Parent in prison	<input type="checkbox"/>	9
j.	Sibling in prison	<input type="checkbox"/>	10
k.	Violence (not involving a family member)	<input type="checkbox"/>	11
l.	Violence (family)	<input type="checkbox"/>	12
m.	New parental figure	<input type="checkbox"/>	13
n.	Been suspended from school	<input type="checkbox"/>	14
o.	Been expelled from school	<input type="checkbox"/>	15
p.	Lost best friend through move	<input type="checkbox"/>	16
q.	Breakup with best friend	<input type="checkbox"/>	17
r.	Breakup with girl/boyfriend	<input type="checkbox"/>	18
s.	Parental arrest	<input type="checkbox"/>	19
t.	Reduced standard of living	<input type="checkbox"/>	20
u.	None of the above.....	<input type="checkbox"/>	21

G6. If you were to describe how satisfied you are with your own life in general how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.

0	1	2	3	4	5	6	7	8	9	10.
Extremely unsatisfied										Extremely satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section H: This section contains questions on YOUR FAMILY AND HOW YOU GET ON WITH THEM. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

H1. Are you in regular contact with your mother (or mother figure)?

Yes 1 No..... 2 Mother deceased 3 Prefer not to say 4

H2. If yes, please answer the following questions about how often the following things happen with your mother (or mother figure):

a.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
b.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
c.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
d.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
e.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
f.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
g.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5
h.	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5

H3. And how well do the following statements describe your relationship with her?

- a. 1 2 3 4 5
 b. 1 2 3 4 5
 c. 1 2 3 4 5

H4. Which of the following best describes your relationship with the person you have just answered in regard to your mother (or mother figure)?

- Biological or adoptive mother who lives here 1
 Biological or adoptive mother who lives elsewhere 2
 Stepmother 3
 Foster mother 4
 Grandmother 5
 Someone else 6

H5. Are you in regular contact with your father (or father figure)?

- Yes 1 No 2 Father deceased 3 Prefer not to say 4

H6. If yes, please answer the following questions about how often the following things happen with your father (or father figure):

- a. 1 2 3 4 5
 b. 1 2 3 4 5
 c. 1 2 3 4 5
 d. 1 2 3 4 5
 e. 1 2 3 4 5
 f. 1 2 3 4 5
 g. 1 2 3 4 5
 h. 1 2 3 4 5

H7. And how well do the following statements describe your relationship with him?

- a. 1 2 3 4 5
 b. 1 2 3 4 5
 c. 1 2 3 4 5

H8. Which of the following best describes your relationship with the person you have just answered in regard to your father (or father figure)?

- Biological or adoptive father who lives here 1
 Biological or adoptive father who lives elsewhere 2
 Step father 3
 Foster father 4
 Grandfather 5
 Someone else 6

H9. Is there an adult (or adults) in your life you can usually turn to for help and advice?

- Yes 1 No 2

H10a. Do you have a sister? Yes 1 No 2

H10b. Do you have a brother? Yes 1 No 2

H10c. Overall, how often do you get on well with your brothers and sisters? [TICK ONE BOX ONLY]

- Always 1
 Usually 2
 Sometimes 3
 Never 4

H11. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.

1 2 3 4 5 6 7 8 9 10.
 We don't get on at all We get on very well
1 2 3 4 5 6 7 8 9 10

H12. The following questions refer to the rules and limits your parents may place on your activities. [TICK ONE BOX ONLY]

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	Not applicable / don't do it
a. Do you need your parents' permission before going out on week nights?	<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. If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. If you have been out very late one night, do your parents make you explain why and tell them who you were with?	<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. Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Do your parents make you tell them how you spend your money?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

H13. Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home

Yes 1 No 2

H14. If yes, how is this person related to you?

	Care for them?		
	Yes	No	
a. Grandparent or other elderly relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	If yes, go to H8c
b. A parent or step-parent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
c. A younger sibling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
d. A sibling of the same age or older than you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
e. Someone else	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

H15. *If yes to 'younger sibling', also ask: Would you describe the care you provide to your younger sibling as 'baby-sitting' or something more than this (e.g. 'child care' in place of someone like a childminder or helping them with a medical condition)?

Baby-sitting 1 Additional care, not just baby-sitting 2

Section J: This section contains questions on HOW YOU FEEL EMOTIONALLY, YOUR MENTAL OR EMOTIONAL HEALTH. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

J1. The next set of questions are about how you have been feeling recently. For each question, please tick how much you have felt or acted this way in the past two weeks. If a sentence was true about you most of the time, tick TRUE. If it was only sometimes true, check SOMETIMES. If a sentence was not true about you, check NOT TRUE.

	True	Sometimes	Not true
a. I felt miserable or unhappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. I didn't enjoy anything at all	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. I felt so tired I just sat around and did nothing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. I was very restless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. I felt I was no good any more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. I cried a lot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. I found it hard to think properly or concentrate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. I hated myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. I was a bad person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. I felt lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. I thought nobody really loved me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. I thought I could never be as good as other kids	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. I did everything wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

J2. Please read each statement and tick the box which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of time	Applied to me very much, or most of the time
a. I was aware of dryness of my mouth	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I experienced trembling (eg, in the hands)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I was worried about situations in which I might panic and make a fool of myself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. I felt I was close to panic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. I felt scared without any good reason	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

J3. Can I ask:

	No, never	Maybe	Yes, definitely
a. Have you ever heard voices or sounds that no-one else can hear?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Have you ever seen things that other people could not see?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Have you ever thought that people are following you or spying on you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Some people believe that their thoughts can be read by another person. Have other people ever read your mind?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. Have you ever felt that you were under the control of some special power?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Have you ever felt that you have extra-special powers?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

J4. Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?

Yes ₁ No..... ₂

J5. What were you diagnosed with?

Depression ₁ Anxiety..... ₂ Depression and anxiety ₃

J6. Are you currently or have you ever received any treatment?

Currently..... ₁ In the past ₂ Never ₃

Section K: This section contains questions on SELF HARM. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

Life has many ups and downs. Sometimes people may feel very upset at times and may want to self-harm. We know this is a sensitive subject, but it is important to ask about it. By finding out about self-harm we may be able to find ways of helping people.

K1. Have you ever hurt yourself on purpose in any way?

Yes ₁ No..... ₂ Prefer not to say ₃

K2. How many times have you done this in the last year? Please tick one box only.

None ₀ Once ₁ 2-5 times ₂ 6-10 times ₃ More than 10 times ₄ Don't know ₅ Prefer not to say ₆

K3. What form did this self-harm take on the last time you hurt yourself on purpose [tick all that apply]?

a. Pills/poison ₁ d. Burning ₄
 b. Cutting ₂ e. Other ₅
 c. Banging/hitting/bruising ₃ f. Prefer not to say ₆

Section L: This section contains questions on BULLYING—BOTH AS A VICTIM AND A PERPETRATOR. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

L1. Did any of the following happen to you in the last 3 months? [TICK ALL THAT APPLY]

- | | | | |
|--|----------------------------|--|----------------------------|
| a. Physical bullying | <input type="checkbox"/> 1 | e. Taking / damaging personal possessions | <input type="checkbox"/> 5 |
| b. Verbal bullying (name-calling, hurtful slugging) | <input type="checkbox"/> 2 | f. Exclusion (being left out) | <input type="checkbox"/> 6 |
| c. Electronic bullying
(phone messaging, emails, Facebook, etc) | <input type="checkbox"/> 3 | g. Gossip, spreading rumours | <input type="checkbox"/> 7 |
| d. Graffiti / pinning up notes / passing notes in class | <input type="checkbox"/> 4 | h. Threatened / forced to do things you didn't want to do .. | <input type="checkbox"/> 8 |
| | | i. Other | <input type="checkbox"/> 9 |

L2. [If yes to any of K1]How often would this/these have occurred?

- | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|
| Daily | Weekly | Monthly | Rarely |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

L3. Over the last 3 months, have you ever done any of the following to anyone? [TICK ALL THAT APPLY]

- | | | | |
|--|----------------------------|--|----------------------------|
| a. Physical bullying | <input type="checkbox"/> 1 | e. Taking / damaging personal possessions | <input type="checkbox"/> 5 |
| b. Verbal bullying (name-calling, hurtful slugging) | <input type="checkbox"/> 2 | f. Exclusion (being left out) | <input type="checkbox"/> 6 |
| c. Electronic bullying
(phone messaging, emails, Facebook, etc) | <input type="checkbox"/> 3 | g. Gossip, spreading rumours | <input type="checkbox"/> 7 |
| d. Graffiti / pinning up notes / passing notes in class | <input type="checkbox"/> 4 | h. Threatened / forced to do things you didn't want to do .. | <input type="checkbox"/> 8 |
| | | i. Other | <input type="checkbox"/> 9 |

**L4. Please rate how often you do each of the following by ticking the box that is closest to how you feel
When I have difficulties or problems.....**

- | | | | | | | |
|----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. | <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. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. | <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. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| g. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| h. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| i. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| j. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| k. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| l. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| m. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| n. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| o. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

L5. When I have difficulties or problems I can usually talk about them to:

- | | | | |
|-----------------------|----------------------------|----------------------------|----------------------------|
| | Yes | No | Not Applicable |
| a. My mother | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. My father | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Another adult..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Section M: This section contains questions on ANTI-SOCIAL BEHAVIOUR (SOME OF WHICH MAY BE ILLEGAL) AND TROUBLE YOU MAY HAVE BEEN IN WITH THE GARDAI. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

M1. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE]

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Once | 2-5 times | 6 or more times |
| a. Taken something from a shop or store without paying for it..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. Not paid the correct fare on a bus or train | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| c. Behaved badly in public so that people complained and you got into trouble..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| d. Stolen or ridden in a stolen car or a van or on a stolen motorbike | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| e. Taken money or something else that did not belong to you from school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. Carried a knife or weapon with you in case it was needed in a fight..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- | | Never | Once | 2-5 times | 6 or more times |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| g. Deliberately damaged or destroyed property that did not belong to you (e.g., windows, cars, streetlights) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| h. Broken into a house or building to steal something | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| i. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| j. Used force, threats or a weapon to get money or something else from somebody | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| k. Taken money or something else that did not belong to you from your home without permission | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| l. Broken into a car or van to steal something from it | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| m. Deliberately set fire or tried to set fire to someone's property or a building (e.g. school or shed) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| n. Hit, kicked or punched someone on purpose in order to hurt or injure them | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| o. Been involved in a serious physical fight where someone got badly hurt or needed to see a doctor | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| p. Truanted from school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| q. Purposely hurt or injured a bird or an animal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

M2. Have you ever been in trouble with the Gardai (excluding minor traffic offences)?

Yes 1 No..... 2

M3. Have you ever been cautioned by the Gardai?

Yes 1 No..... 2

M4. Have you ever participated in a Garda Juvenile/ Youth Diversion Project?

Yes 1 No..... 2

M5a. Have you ever appeared in court (not as a witness)?

Yes 1 No..... 2

M5b. Have you ever been found guilty in court for something you did?

Yes 1 No..... 2

M6. How many of your regular friends do or have ever done the following:

- | | None | A few | Some | Most | All |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Smoked cigarettes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Got drunk | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Been in trouble with the police | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Used cannabis | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Section N: This section contains questions on YOUR LEISURE ACTIVITIES AND INTERNET USE. If you would like to talk with someone about any issues in this area you could use the phone numbers on the card given to you by the interviewer or just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you. Now we would like to ask you about how you like to spend your free time.

N1. How much time do you spend on each of the following activities on a typical day (where it is your main activity at the time)? For each, please answer separately for weekdays and weekend days.

- | | None | Less than hour | 1 up to 2 hours | 2 up to 3 hours | More than 3 hours | Difficult to say but at least some time everyday |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| a. Online [WEEKDAY] | <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. Online [WEEKEND DAY] | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| c. Watching television/films [WEEKDAY] | <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. Watching television/films [WEEKEND DAY] | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| e. Playing video/computer games [WEEKDAY] | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| f. Playing video/computer games [WEEKEND DAY] | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

N2. How often would you say you 'multi-screen'? That is, use or watch more than one device at a time such as using a smartphone while watching television. (TICK ONE ANSWER).

- | | | | | |
|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Several times a day | Once a day | Several times a week, but not every day | Once a week or less often | Never |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

[If at least some time spent on internet in M1]. We would like to ask you some more questions about how you use the internet.

N3. When you use the internet, what do you use it for? [TICK ALL THAT APPLY]

- a. Social Media (e.g. Facebook, Twitter, etc.) 1
- b. Downloading or listening to music 2
- c. Watching videos/television/films (e.g. Youtube, Netflix) 3
- d. Playing games, either on your own or with others 4
- e. Virtual casinos 5
- f. News updates (including entertainment or sports news) 6
- g. Messaging/calling friends or family (e.g. Whatsapp, Skype, email) 7
- h. Sharing photos or videos (e.g. Instagram, SnapChat, Vine) 8
- i. Dating apps 9
- j. Shopping online 10
- k. Selling stuff online or running your own web-based business 12
- l. Writing or following blogs 13
- m. For school or college work 14
- n. Advice on health, relationship or other issues you are concerned about 15
- o. Filling out online application forms for the CAO, jobs, etc 16
- p. Searching for information generally (e.g. 'Googling' something) 17
- q. Something else 18

N4. In the PAST 12 MONTHS how often have these things happened to you:

- | | Never or
almost never | Not very often
often | Very or fairly
often |
|--|----------------------------|----------------------------|----------------------------|
| a. Felt bothered when I cannot be on the internet | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Caught myself surfing when I am not really interested..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Spent less time than I should with family, friends or doing course-work
because of the internet..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Tried unsuccessfully to spend less time on the internet..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. I have been annoyed or reluctant when a parent or other adult has asked
me to stop using the internet or playing a digital game..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Gone without eating or sleeping because of the internet..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

N5. Please indicate how much you agree with each of the following statements.

- a. 1 2 3 4 5 6
- b. 1 2 3 4 5 6
- c. 1 2 3 4 5 6
- d. 1 2 3 4 5 6
- e. 1 2 3 4 5 6

The people responsible for *Growing Up in Ireland* would like to make it clear that a lot of the activities mentioned in this questionnaire are dangerous and undesirable and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on can cause damage, pain and injury for everyone involved. You may also have indicated that you are experiencing worries, anxiety or depression.

If you have answered yes to any of the activities or experiences we would ask you to reflect on the following:

- Could these activities cause you harm or put you at risk?**
- Does your participation in these activities ever make you worried or upset?**
- Have you ever spoken to anyone about being worried or upset about these activities?**
- If you have indicated that you are worried, anxious or depressed have you spoken to someone about this?**

If any of these issues apply to you it is important that you talk to someone. If you tell the interviewer at the end of the interview they will put you in touch with someone who can talk to you about the issues in question. Alternatively, you can phone one of the Helplines on the list which will be provided.

Principal Questionnaire



Growing Up in Ireland

STRICTLY CONFIDENTIAL

PRINCIPAL'S QUESTIONNAIRE - 17-year cohort

Growing Up in Ireland is a major government-funded study on children and young people. The purpose of the study is to improve our understanding of all aspects of children and their development. It examines how children develop over time and identifies 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 are being used by government to develop policies and interventions to support children and their families.

Growing Up in Ireland is funded by the Department of Children and Youth Affairs, in association with Department of Social Protection, the Central Statistics Office and the Department of Education & Skills. A part funding contribution has also been generously provided by The Atlantic Philanthropies, a limited life foundation. The Department of Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

The young people who are participating in the study were originally selected through their primary school when they were in 3rd or 4th class, at 9 years of age. We are now carrying out an in-depth follow-up interview with them to see how they have developed by the age of 17 years. In this questionnaire we would like to record some details on the school which they currently attend or most recently attended.

All information provided in the course of the study will be treated in the strictest confidence and would not be passed on to anyone or any body outside the **Growing Up in Ireland** Study Team in a way which could be associated with an identifiable child or young person, unless we record information which leads us to be concerned about their health or safety, as outlined in Children First guidelines for the protection and welfare of children.

A. INFORMATION ON PRINCIPAL

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. For how many years have you been Principal:

(i) in this school?..... _____ years (ii) in other Second Level Schools? _____ years

B. SCHOOL CHARACTERISTICS

4. How many boys and how many girls are enrolled in the school?

Boys _____ Girls _____ Total Pupils _____

5. How would you describe the religious ethos of your school?

Catholic	<input type="checkbox"/> ₁	Jewish	<input type="checkbox"/> ₆
Church of Ireland	<input type="checkbox"/> ₂	Multi-denominational.....	<input type="checkbox"/> ₇
Presbyterian	<input type="checkbox"/> ₃	Interdenominational	<input type="checkbox"/> ₈
Methodist.....	<input type="checkbox"/> ₄	Other (please specify)	<input type="checkbox"/> ₉
Muslim.....	<input type="checkbox"/> ₅		

6. What type of school is it?

Fee-paying secondary.....	<input type="checkbox"/> ₁	Community school	<input type="checkbox"/> ₅
Non-fee paying secondary	<input type="checkbox"/> ₂	Comprehensive school	<input type="checkbox"/> ₆
Vocational school	<input type="checkbox"/> ₃	Mainstream primary school	<input type="checkbox"/> ₇
Community college.....	<input type="checkbox"/> ₄	Special school.....	<input type="checkbox"/> ₈

7. Does your school take part in the DEIS Support Programme?

Yes, DEIS post-primary	<input type="checkbox"/> ₁	Yes, rural DEIS primary	<input type="checkbox"/> ₄
Yes, urban band 1 primary.....	<input type="checkbox"/> ₂	No	<input type="checkbox"/> ₅
Yes, urban band 2 primary.....	<input type="checkbox"/> ₃		

8. How many *full-time* and *part-time* teachers work in this school? Please indicate how many are male and how many are female.

Teachers	Full-time	Part-time
Male		
Female		
Total		

9. Does your school provide the following resources?

	Yes	No
1). Learning Support/Resource Teachers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
2). Language Support Teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3). Home-School Community Liaison Coordinator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
4). Special Needs Assistants	<input type="checkbox"/> 1	<input type="checkbox"/> 2
5). Other Teaching Assistants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

10a. Does the school have a Guidance Counsellor?

Yes.....1 No.....4

10b. If yes, how many hours a week does s/he spend on career guidance and counselling? ____ hours

11. Compared to other Second Level Schools in the country how adequate to the needs of the school and the students are the school's resources in each of the following areas?

	Poor	Fair	Good	Excellent
1). Number of teachers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2). Number of classrooms.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3). Computing facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4). Sports facilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5). Science labs/equipment.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6). Learning support provision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7). Language support provision	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8). Guidance counselling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

12. 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%
1). Literacy Problems.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2). Numeracy Problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3). Emotional / Behavioural problems.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13a. In what year was the school built? Year _____

13a2. In what year was the school most recently renovated/extended? Year _____

13b. Approximately how many pupils do you feel the school is designed for? _____ children

14. Schools take different approaches to providing personal and social support to their students. In column (a) below please tick the extent to which these staff members are involved in providing support to students. In column (b) please tick one box only to indicate the most important source of support in your school.

	(a) Staff involved in providing personal and social support to their students?				(b) Single Most Important Support (Tick one only)
	To a great extent	To some extent	Not to any great extent	Not at all	
1). You as principal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1
2). Guidance counsellor.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 2
3). Pastoral care team	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 3
4). Year heads	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5). Class tutors.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6). Student Mentors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 6
7). Other (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7

15. Does your school offer the following programmes?

	Yes	No
1). Transition Year (TY)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2). Junior Certificate Schools Programme (JCSP)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3). Leaving Certificate Applied (LCA)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4). Leaving Certificate Vocational Programme (LCVP)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5). Post-Leaving Certificate (PLC) courses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

16. What senior cycle subjects are taught in the school [Please tick all that apply]

SUBJECT	LEVEL					
1). Irish	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂	Foundation	<input type="checkbox"/> ₃
2). English	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
3). Mathematics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂	Foundation	<input type="checkbox"/> ₃
4). History	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
5). Geography	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
6). French	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
7). German	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
8). Spanish	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
9). Art	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
10). Latin	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
11). Ancient Greek	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
12). Classical Studies	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
13). Hebrew Studies	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
14). Applied Mathematics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
15). Physics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
16). Chemistry	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
17). Physics & Chemistry	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
18). Agricultural Science	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
19). Biology	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
20). Agricultural Economics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
21). Engineering	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
22). Construction Studies	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
23). Accounting	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
24). Business	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
25). Economics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
26). Technology	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
27). Music	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
28). Home Economics S&S	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
29). Project Maths	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
30). Religious Studies	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
31). Link Modules	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
32). Design & Communication Graphics	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
33). German language and literature	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
34). Other languages	Higher	<input type="checkbox"/> ₁	Ordinary	<input type="checkbox"/> ₂		
35). Other please specify		<input type="checkbox"/> ₁				

17. Does your school provide any of the following activities outside formal class time?

	Yes	No
1). Homework club/supervised study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2). Team sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3). Individual sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4). Choir	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5). Learning musical instruments	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6). Drama	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7). Dance	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8). Debating	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
9). Other (please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

18. If there is more than 1 class in any year-group, on what basis are pupils in the school allocated to their base classes at junior cycle?

- | | | | |
|-----------------------------------|---------------------------------------|------------------------------|---------------------------------------|
| Randomly / alphabetically | <input type="checkbox"/> ₁ | Performance on tests | <input type="checkbox"/> ₃ |
| Only 1 class per year-group | <input type="checkbox"/> ₂ | Other [please specify] | <input type="checkbox"/> ₄ |

19. In general, do more pupils apply to come to this school than there are places available?

Yes.....₁ No.....₂

20. If Yes, What criteria are used to admit pupils [Please tick all that apply]?

- 1). Proximity to the school₁
- 2). Other siblings in the school₂
- 3). Parents attended the school₃
- 4). Performance on tests₄
- 5). Date of application₅
- 6). Religion₆
- 7). Attended attached or feeder primary school₇
- 8). Other (Please specify below).....₈

21. Approximately, what is the *Average Daily Attendance* for your school this year (2014 / 2015)?

_____ % Average Daily Attendance OR _____ Average number attending daily

22. What percentage of pupils missed 20 days or more in the 2014 / 2015 academic year (as per the NEWB figures)

_____ %

23. 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.

Number

- 1). Foreign-national pupils _____
- 2). Pupils of families from the Travelling Community _____
- 3). Pupils with language difficulties (where native language is other than English / Irish) _____
- 4). Pupils with physical / sensory disabilities. _____
- 5). Pupils with learning / intellectual disabilities _____

24. Does the school hold formal parent-teacher meetings at least once per year? Yes.....₁ No.....₂

25. Approximately what percentage of parents attend parent-teacher meetings? _____ per cent

26. Do you use a formal anti-bullying programme in your school (such as the Cool School Programme)?

Yes.....₁ No₂

27. 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

- 1). Teachers are positive about the school₁.....₂.....₃.....₄
- 2). Teachers get a lot of help and support from colleagues₁.....₂.....₃.....₄
- 3). Teachers are open to new developments and challenges₁.....₂.....₃.....₄
- 4). Teachers are eager to take part in in-service training₁.....₂.....₃.....₄

28. 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.

Nearly all More than half Less than half Only a few

Pupils, in general:

- 1). Enjoy being at school.....₁.....₂.....₃.....₄
- 2). Are well-behaved in class₁.....₂.....₃.....₄
- 3). Show respect for their teachers₁.....₂.....₃.....₄
- 4). Are rewarding to work with₁.....₂.....₃.....₄
- 5). Are well behaved in the playground/school yard₁.....₂.....₃.....₄

29. What proportion of students in your school usually go on to higher education (university or institute of technology)? _____

30. 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

- 1). How **stressed** do you feel by your job₁.....₂.....₃.....₄
- 2). How **satisfied** do you feel with your job₁.....₂.....₃.....₄

Thank you very much for having completed this part of *Growing Up in Ireland*