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## GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

### PRIMARY CAREGIVER QUESTIONNAIRE

GROUP  HHOLD  RESPONDENT

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

Time Section Started  (24 hour clock) DATE: \_\_dd\_\_mm\_\_yy

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

The Department of Children and Youth Affairs is funding the study in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

### Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at time 2> still resident in the household?

Yes .....  <sub>1</sub> No.....  <sub>2</sub> → Go to A7a

A1b. Do you have a spouse/partner who lives here with you in the household?

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

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 2] lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

**A2. \*\*\*The name, sex, date of birth, and relationship of each person to the <primary respondent at time 2> and <child> will be checked and edited where necessary and their residency in the household at time 3 confirmed.\*\*\***

No.	First name	Sex M F	Date of Birth	If DOB not available	Still resident? Y N	Relationship of each member to mother and child.		(E) Show Card A2F								
						<b>R'SHIP TO:</b> CARD A2E1 Mother	<b>R'SHIP TO:</b> CARD A2E2 Study Child	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other		
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	////										
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	////										
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___ ___ ___		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7		

Interviewer: Mother or lone father should be on line 1.

Study Child should be on line 2. Father / Partner on line 3 (if relevant).

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3: 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 TIME 2 - ADD THEM TO THE NEW GRID BELOW]

**A3a. Has anyone else joined the household since we last spoke and is currently living with you?**

Yes ..... 1

No ..... 2 Go to A4

**A3b. How many people have joined the household since we last spoke?**

No	First Name	Sex M F	Date of Birth	If DOB not available	Relationship of each member to mother and child		Since when have they been living with you		Resident Y/N	Show Card A2F						
					Mother (Card A2E1)	Child (Card A2E2)	Month	Year		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7
22		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7
23		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7
24		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7
25		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<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	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID AT A3 ABOVE INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]**

**A4. So that's a total of \_\_\_\_\_ people who live here in the household at present. Is that correct?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub> → [INT: Check Household Grid]

**[ASK ONLY IF <TIME 2 PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT TIME 3.]**

**A5. When we last spoke in [MM/YY], we interviewed you as the primary caregiver of <child>. We would like you to complete the primary carer questionnaire with us on this occasion as well. Can I just check, are you still the primary caregiver of <child>?**

Yes ..... <sub>1</sub> Go to A9a No ..... <sub>2</sub>

**A6a. Why is that?** \_\_\_\_\_  
 \_\_\_\_\_

**IF PRIMARY CAREGIVER FROM TIME 2 HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:**  
**A6b. You mentioned that <spouse/partner> [identified at A1b above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub> [Int: please establish who is the Primary Caregiver of <child> at this time]

**Go to A9a**

**IF PRIMARY CAREGIVER AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK A7a – A9.**

**A7a. Are you the legal parent / guardian of <child> who usually provides the most care to him/her?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub> → [INT: Ask to speak to PCG]

**A7b. [Card A7b] Can you please tell me which of the following best describes your relationship to <child>?**  
 [Interviewer use codes only]

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

**A7c. Do you have a spouse/partner who lives here with you in the household?**

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

**A8a. How many people in total (including yourself and <child>) live here regularly as members of the household? \_\_\_\_\_ persons**

No.	First name/Initial	Sex M F	Date of Birth	If DOB not availa ble	Was this Person Resident at time 2?		Relationship of each member to mother and child.		(E) Show Card A2F						
					Y	N	<u>R'SHIP TO:</u>	<u>R'SHIP TO:</u>	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
							CARD A2E1	CARD A2E2							
							Mother	Study Child							
51		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	___		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		////		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
52		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	___		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>		////		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
53		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	___		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
54		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	___		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
55		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>	___		<input type="checkbox"/> <sub>1</sub> <input type="checkbox"/> <sub>2</sub>				<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**A8b. Was that person born into the household or did they join for another reason?**

Born into the household.....<sub>1</sub>

Joined for another reason (specify) \_\_\_\_\_ <sub>2</sub>

**A8c. Since when has this person being living here in the household? \_\_\_\_\_ month \_\_\_\_\_ year**

**Go to A9a**

**A9a. Does <child> have any full, half or step brother(s) or sister(s) who live outside the household?**

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

**A9b. How many full/half/step brother(s)/sister(s) does <child> have who live outside the household? \_\_\_\_\_ n**

**A9c. For each full/half/step brother/sister who lives outside the household, can you tell me:**

- 1) their gender
- 2) their Date of Birth (DOB)
- 3) their relationship to <child>

1. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to <child> *SHOW CARD A9c*

2. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to <child> *SHOW CARD A9c*

3. Male <sub>1</sub> Female <sub>2</sub> Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to <child> *SHOW CARD A9c*

**Section B - Child's Sleep and Relationships**

**I'd now like to ask you a few questions about <child's> habits and routines.**

**B1a. On a normal day, what time in the evening does <child> usually go to bed? \_\_\_\_\_ (24 hour clock)**

**B1b. On a normal day, what time does <child> wake up at in the morning? \_\_\_\_\_ (24 hour clock)**

**B2. On a normal day how many hours would the <child> sleep during the day \_\_\_\_\_ hours \_\_\_\_\_ mins**  
[INT: IF NONE THEN ENTER '0' FOR BOTH HOURS AND MINUTES]

**B3. How much is <child's> sleeping pattern or habits a problem for you? Would you say... [INT: READ OUT]**

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

**B4a. How often does <child> take comfort from a special blanket or toy during the daytime?**

Most of the time ..... <sub>1</sub> Sometimes ..... <sub>2</sub> Never..... <sub>3</sub>

**B4b. How often does <child> take comfort from a special blanket or toy during the nighttime?**

Most of the time ..... <sub>1</sub> Sometimes ..... <sub>2</sub> Never..... <sub>3</sub>

**B5a. How often does <child> suck a soother during the daytime?**

Most of the time ..... <sub>1</sub> Sometimes ..... <sub>2</sub> Never..... <sub>3</sub>

**B5b. How often does <child> suck a soother during the nighttime?**

Most of the time ..... <sub>1</sub> Sometimes ..... <sub>2</sub> Never..... <sub>3</sub>

**B6a. How often does <child> suck their thumb/finger(s) during the daytime?**

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>

**B6b. How often does <child> suck their thumb/finger(s) during the nighttime?**

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never ..... <sub>3</sub>

**B7. [CARD B7] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.**

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. My child values his/her relationship with me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. When I praise my child he/she beams with pride.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. My child spontaneously shares information about his/herself.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. My child easily becomes angry at me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. It is easy to be in tune with what my child is feeling.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. My child remains angry or is resistant after being disciplined.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. Dealing with my child drains my energy.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. When my child is in a bad mood I know we're in for a long and difficult day.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**B8. [CARD B8] How often do you do the following when <child> misbehaves?**

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b. Ignore him/her.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c. Smack him/her.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d. Shout or yell at him/her.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f. Take away treats.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
g. Tell him/her off.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
h. Bribe him/her.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**Section C - Child's physical health and development**

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

**C1. [CARD C1] In general, how would you describe <child's> current health?**

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

**C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?**

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

No ..... <sub>2</sub> → **Go to C5**

**C3. [CARD C3] What longstanding illness, condition or disability does <child> have?**  
 [INT – code for up to 3 illnesses]

- a. Asthma ..... <sub>1</sub>
- b. Cystic Fibrosis ..... <sub>2</sub>
- c. Heart abnormalities ..... <sub>3</sub>
- d. Eczema or any kind of skin allergy ..... <sub>4</sub>
- e. Any kind of respiratory allergy (including hayfever) ..... <sub>5</sub>
- f. Any kind of food or digestive allergy or food intolerance ..... <sub>6</sub>
- g. Problem with non-food allergies, such as to dust, animals or medicine ..... <sub>7</sub>
- h. Bone, joint or muscle problems ..... <sub>8</sub>
- i. A problem using his/her arms or legs ..... <sub>9</sub>
- j. A problem using his/her hands or fingers ..... <sub>10</sub>
- k. Hyperactivity/Problems with attention ADD / ADHD ..... <sub>11</sub>
- l. Severe behavioural problems ..... <sub>12</sub>
- m. Diabetes ..... <sub>13</sub>
- n. Kidney disease ..... <sub>14</sub>
- o. Migrainous headaches ..... <sub>15</sub>
- p. Epilepsy or seizures ..... <sub>16</sub>
- q. Down syndrome ..... <sub>16</sub>
- r. Spina bifida/hydrocephalis ..... <sub>16</sub>
- s. Cerebral palsy ..... <sub>16</sub>
- t. Autism Spectrum Disorder ..... <sub>17</sub>
- u. Other (please specify) \_\_\_\_\_ <sub>18</sub>

[INT – CODE FOR UP TO 3 ILLNESSES]

**C3\_1. Has this illness, condition or disability been diagnosed by a medical professional?**

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

**C3\_2. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ year**

**C3\_3. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ month**

**C4. Do any of these illnesses hamper <child> in his/her daily activities?**

Yes, severely ..... <sub>1</sub>              Yes, to some extent ..... <sub>2</sub>              No ..... <sub>3</sub>

**C3f\_4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance**

**Food 1:** \_\_\_\_\_ **Food 2:** \_\_\_\_\_ **Food 3:** \_\_\_\_\_

**C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?**

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

**C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? \_\_\_\_\_ N**

**C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?**

	Yes	No
a) An inhaler .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) Antibiotics .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) A nebuliser .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**C7. Can you tell me whether <child> has received the following vaccinations:**

**(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)**

Yes..... <sub>1</sub> No..... <sub>2</sub> Don't Know/Never heard of it..... <sub>3</sub>

**(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years**

Yes..... <sub>1</sub> No..... <sub>2</sub> Don't Know/Never heard of it..... <sub>3</sub>

**C8. [CARD C8] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]**

a. A general practitioner (GP) .....	_____ N
b. A paediatrician / consultant / hospital doctor .....	_____ N
c. A public health nurse .....	_____ N
d. A practice nurse (i.e. a nurse in a GP's surgery/clinic)...	_____ N
e. A psychiatrist/psychologist.....	_____ N
f. Accident and Emergency .....	_____ N
g. A social worker.....	_____ N
h. A speech therapist .....	_____ N
i. Other medical professional (please specify).....	_____ N

**C9a. Has <child> received a course of antibiotics in the past 12 months?**

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

**C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? \_\_\_\_\_ N**

**C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? \_\_\_\_\_ nights**

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

**C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?**

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

**C12. How many separate accidents has <child> ever had? \_\_\_\_\_ accidents**

**C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?**

- Loss of consciousness / knocked out ..... 1
- Bang on the head / injury to head without being knocked out ..... 2
- Broken bone or fracture ..... 3
- Near drowning ..... 4
- Swallowed household cleaner / other poison / pills ..... 5
- Swallowed object ..... 6
- Cut needing stitches or glue..... 7
- Injury to mouth or tooth ..... 8
- Burn or scald ..... 9
- Other (please specify) \_\_\_\_\_ 10

**C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?**

\_\_\_\_\_ Years      \_\_\_\_\_ Months

**C15a. Did <child> go to the hospital?      Yes ..... 1      No ..... 2**

**C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?**

- Casualty / Accident and Emergency only ..... 1
- Admitted to a Hospital Ward ..... 2

**C16. Where did this accident happen?**

- In your home ..... 1
- A friend's, neighbour's or relative's house ..... 2
- In childcare – childminder's house or creche/preschool ..... 3
- In school..... 4
- Outside in your local neighbourhood ..... 5
- Outside, somewhere else – not in your local neighbourhood..... 6
- Other (please specify) \_\_\_\_\_ 7

**C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that 'correction' includes being prescribed glasses]**

Yes, currently..... 1      Yes, in the past ..... 2      No ..... 3

**C18a. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?**

Yes, currently..... 1      Yes, in the past..... 2      No..... 3

**C18b. Has <child> ever had grommets inserted in his / her eardrums?**

Yes ..... 1      No..... 2

**C18c. When? Month \_\_\_\_\_ Year \_\_\_\_\_**

**C19. [CARD C19] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INT: READ OUT]**

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



**C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?**

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

**C20b. Please specify** \_\_\_\_\_

**C21. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?**

No..... <sub>1</sub> Yes, a little..... <sub>2</sub> Yes, a lot ..... <sub>3</sub> Don't know..... <sub>4</sub>

**C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?**

	Yes	No		Yes	No
a. Reluctant to speak.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	g. Voice sounds unusual.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Speech not clear to the family .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	h. Stutters, stammers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Speech not clear to others .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	i. Lisp or difficulty pronouncing certain letter combinations.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Speech is developing slowly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	j. Other (please specify).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Difficulty finding words .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			
f. Difficulty putting words together.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			

**C23. Has <child> received any treatment for his/her speech or language problem?**

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

**C24. Has <child> been to visit the dentist because of a problem with his/her teeth?**

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

**C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?**

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

**C25b. Was this because you could not afford it, or some other reason?**

Could not afford it..... <sub>1</sub> Other reason..... <sub>2</sub>

**C26. [CARD C26] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.**

	Never	Less than once a month	At least once a month	At least once a week	Most days	Once a day	2-3 per day	4-5 per day	6+ per day
a. Ready to eat breakfast cereals .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
b. Other breakfast cereals e.g. porridge .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
c. White bread and rolls .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
d. Wholemeal, brown bread and rolls .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
e. Other breads e.g. scones, croissants.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
f. Savoury breads, e.g. pizza .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
g. Rice, pasta, noodles .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
h. Cakes, pastries, buns .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
i. Biscuits - any .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
j. Chocolate or confectionery.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
k. Other sweets.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
l. Ice cream or ice lollies .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
m. Puddings & chilled desserts .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
n. Yoghurt (flavoured or plain but not fromage frais) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
o. Fromage frais (e.g. Petit Filous) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

p. Cheese or cheese spread ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

q. Milk (cow's) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

r. Eggs (include in home cooking) <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

s. Fruit squash (tropical fruit,  
lemon barley, etc) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

t. Fruit juice (not squash) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

u. Blackcurrant only drinks ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

v. Fizzy drinks (**not** mineral water,  
sugar-free or diet) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

w. Baked beans - canned ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

x. Peas, in any form ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

y. Leafy green vegetables  
e.g. spinach, cabbage ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

z. Other green vegetables  
e.g. green beans, broccoli ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

aa. Chips, fried potatoes  
(e.g. waffles etc) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ab. Other potatoes ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ac. Carrots ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ad. Other root vegetables apart from  
carrots and potatoes e.g.  
parsnips, turnips ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ae. Mushrooms ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

af. Apples or pears (fresh) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ag. Soft fruits (e.g. peaches,  
nectarines, grapes) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ah. Citrus fruits (e.g. orange,  
tangerines, satsumas) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ai. Bananas ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

aj. Cucumber ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ak. Fresh tomatoes ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

al. Salad (e.g. lettuce) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

am. Butter ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

an. Low fat spread ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ao. Other spreads ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ap. Oils (e.g. vegetable, olive  
sunflower) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

aq. Fish or shellfish including  
fish fingers ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ar. Sausage, frankfurters ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

as. Liver (but not liver products  
e.g. pâté) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

at. Beef, e.g. roast, steak, in stews ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

au. Beef, e.g. minced, burgers ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

av. Lamb, e.g. roast, steak,  
in stews ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

aw. Pork, e.g. as a roast or chops  
in stir fries etc ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ax. Bacon, rashers, ham ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ay. Chicken and poultry, e.g. as a  
roast, in casseroles ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

az. Chicken and poultry, e.g. as  
nuggets or breaded chicken ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

ba. Crisps or other packet snacks ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub> ..... <sub>7</sub> ..... <sub>8</sub> ..... <sub>9</sub>

**C27. [CARD C27] Which of these best describes <child's> weight?**

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

- Underweight..... 1
- Normal weight..... 2
- Somewhat overweight..... 3
- Very overweight..... 4

**C28. Is <child> right or left-handed?** Right-handed ..... 1 Left-handed..... 2 Don't know ..... 3

**C29. [CARD C29] How often would you say <child>.....**

	Never	Seldom	Often	Almost always
a. Expresses feelings when wronged.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Says nice things about herself/himself without bragging.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Asks for help from adults.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Says when there is a problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Stands up for others who are treated unfairly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Questions rules that may be unfair.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Stands up for herself/himself when treated unfairly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Takes care when using other people's things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Respects the property of others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Is well-behaved when unsupervised.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Takes responsibility for her/his own actions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Does what she/he promised.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Takes responsibility for her/his own mistakes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Tries to understand how you feel.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Tries to make others feel better.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Forgives others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Tries to understand how others feel.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Tries to comfort others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. Shows concern for others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Makes a compromise during a conflict.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
u. Stays calm when teased.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
v. Takes criticism without getting upset.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
w. Resolves disagreements with you calmly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
x. Stays calm when disagreeing with others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
y. Tolerates peers when they are annoying.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
z. Responds appropriately when pushed or hit.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Section D - Parental Health**

**Now I'd like to ask you a few questions about your own health.**

**D1. [CARD D1] In general, how would you say your current health is?**

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

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

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

**D3. What is the nature of this problem, illness or disability? Please describe as fully as possible.**

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

**D4. Since when have you had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_ (year)**

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

Yes, severely ..... <sub>1</sub> Yes, to some extent ..... <sub>2</sub> No ..... <sub>3</sub>

**D6. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?**

Yes, full card ..... <sub>1</sub> Yes, GP only ..... <sub>2</sub> Not covered ..... <sub>3</sub>

**D7. Is <child> covered by private medical insurance?**

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

**D8. Does that insurance include the cost of GP visits?**

Yes, in full ..... <sub>1</sub> Yes, partially ..... <sub>2</sub> No ..... <sub>3</sub>

**D9. Does anyone in your household CURRENTLY have any chronic illness, disability or special need which adversely affects the Study Child in any way or the care you are able to give <pronoun>?**

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

**D10. What is the relationship of that person/those people to the Study Child?**

	Yes	No
a. Parent.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Brother / Sister.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Other relative.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Non relative.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**D11. Thinking about your free-time, in general would you say you are...[INT:READ OUT]**

Very physically active ..... <sub>1</sub>  
Fairly physically active ..... <sub>2</sub>  
Not very physically active..... <sub>3</sub>  
Not at all physically active..... <sub>4</sub>

**D12. [CARD D12] Do you think that you are:**

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

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

**D13. [CARD D13] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]**

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

## Section E - Child's play, activities and temperament

The next section is about activities you may carry out with <child>.

**E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.**

	Almost Never	Not Often	Variable, usually does not	Variable, usually does	Frequently	Almost always
a. This child is shy with strange adults .....	<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. When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long 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. If this child wants a toy or sweet while shopping, he/she will easily accept something else instead .....	<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. This child is shy when first meeting new children .....	<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. This child likes to complete one task or activity before going onto the next.....	<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. When this child is angry about something, it is difficult to sidetrack him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. When in a park or visiting, this child will go up to strange children and join in their play .....	<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. This child stays with an activity (e.g. puzzle, construction kit, reading) for a long 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
i. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells .....	<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. When unknown adults visit our home, this child is immediately friendly and approaches them.....	<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. If this child is upset, it is hard to comfort him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. When a toy or game becomes difficult, this child quickly turns to another activity .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]**

Easier than average..... 1

About average..... 2

More difficult than average..... 3

**E3a. [CARD E3a] How often would you do any of the following with <child>?**

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> using toys or games / puzzles .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Play computer games with <child> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Visit the library.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d. Listen to <child> read.....	<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. Read to <child> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. Sport or physical activities .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h. Go on educational visits outside home such as museums, farms .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

**E3b. [CARD E3b] Does <child> do any of the following at home?**

	Never	Hardly ever	Occasionally	One or two times a week	Everyday
a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Plays "make believe" or pretend games .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Paints, draws or makes models .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoys dance, music, movement .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?**

	Yes	No
a. Gone to a movie .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Gone to a sporting event in which the child was not a player .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Gone to a concert, play, museum, art gallery, community or school event.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Attended a religious service, church, temple, synagogue or mosque .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Visited a library .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Swimming .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**E5. [CARD E5] Does <child> attend a sports club or sports group**

Never .....	<input type="checkbox"/> 1	Regularly, two hours per week .....	<input type="checkbox"/> 4
Twice a month .....	<input type="checkbox"/> 2	Regularly, more than two hours per week .....	<input type="checkbox"/> 5
Regularly, one hour per week .....	<input type="checkbox"/> 3	Don't know .....	<input type="checkbox"/> 6

**E6. Looking at Card E6, can you tell me how often <child>**

	Never	Less than once per week	1-2 times per week	3-6 times per week	Every day	Don't know
a) Climbs on trees, climbing frame, wall bars 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
b) Plays with a ball .....	<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) Plays chasing .....	<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) Rides a bike, tricycle or scooter .....	<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) Skates .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**E7. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate... [INT: READ OUT]**

None.....	<input type="checkbox"/> 1	21 to 30.....	<input type="checkbox"/> 4
Less than 10 .....	<input type="checkbox"/> 2	More than 30.....	<input type="checkbox"/> 5
10 to 20 .....	<input type="checkbox"/> 3		

**E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, Ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any 'screen' (computer or TV or game) in an average weekday. How much time would <child> spend on this type of 'screen time' on an average weekday?**

None ..... 1      1-less than 2 hours ..... 2      2- less than 3 hours ... 3      3 or more hours ..... 4

**E8b. What does <child> MOSTLY do on that 'screen time'? Is s/he usually:**

Playing educational games ..... 1  
 Playing other games..... 2  
 Watching movies, videos, other TV..... 3  
 Doing a mixture of all types of activities. 4

**E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?**

Yes..... 1      No..... 2

**E10. Is <child> supervised by you or another adult when he/she accesses the internet?**

Always..... 1      Sometimes ..... 2      Never ..... 3

## Section F - Child's Functioning and relationships

**Now I'd like to ask you some questions about <child's> emotional health and wellbeing.**

**F1. [CARD F1] Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.**

	Not True	Somewhat True	Certainly True
a. Considerate of other people's feelings .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Restless, overactive, cannot stay still for long .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Often complains of headaches, stomach-aches or sickness .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Shares readily with other children (treats, toys, pencils etc.) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Often has temper tantrums or hot tempers.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Rather solitary, tends to play alone .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Generally obedient, usually does what adults request .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Many worries, often seems worried .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Helpful if someone is hurt, upset or feeling ill .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Constantly fidgeting or squirming .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. Has at least one good friend.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. Often fights with other children or bullies them.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
m. Often unhappy, down-hearted or tearful.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
n. Generally liked by other children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
o. Easily distracted, concentration wanders .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
p. Nervous or clingy in new situations, easily loses confidence .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
q. Kind to younger children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
r. Often lies or cheats .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
s. Picked on or bullied by other children.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
t. Often volunteers to help others (parents, teachers, other children) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
u. Thinks things out before acting.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
v. Steals from home, school or elsewhere .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
w. Gets on better with adults than with other children.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
x. Many fears, easily scared .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
y. Sees tasks through to the end, good attention span .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?**

No	Yes, minor difficulties	Yes, definite difficulties	Yes, severe difficulties
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**F3. How long have these difficulties been present?**

Less than a month ..... <sub>1</sub>    1 -5 months ..... <sub>2</sub>    6-12 months ..... <sub>3</sub>    Over a year ..... <sub>4</sub>

**F4. Do the difficulties upset or distress your child?**

Not at all ..... <sub>1</sub>    Only a little ..... <sub>2</sub>    Quite a lot ..... <sub>3</sub>    A great deal ..... <sub>4</sub>

**F5. Do the difficulties interfere with your child's everyday life in the following areas?**

	Not at all	Only a little	Quite a lot	A great deal
a. Home life .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Friendships.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Classroom learning .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Leisure activities.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**F6. Do the difficulties put a burden on you or the family as a whole?**

Not at all ..... <sub>1</sub>    Only a little ..... <sub>2</sub>    Quite a lot ..... <sub>3</sub>    A great deal ..... <sub>4</sub>

F7. Does <child> have any brothers or sisters?

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

F8. [CARD F8] In general, how well does <child> get on with his/her siblings?

Gets on well with his/her siblings ..... <sub>1</sub>  
Mixed ..... <sub>2</sub>  
Does not get on well with his/her siblings ..... <sub>3</sub>  
Does not see them ..... <sub>4</sub>

## Section G – School / Childcare / Preschool

G1. Has <child> started Junior Infants in primary school?

Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

Yes ..... <sub>1</sub> GO TO SECTION G1, QUESTION G2  
No ..... <sub>2</sub> GO TO SECTION G2, QUESTION G35  
Child is homeschooled ..... <sub>2</sub> GO TO SECTION G1, QUESTION G20

### Section G1 – Child has started school

#### **Subsection A – School details, school choice and transition to school**

Now I'd like to ask you some questions on school details, school choice and transition to school

G2. When did he/she start Junior Infants in primary school? \_\_\_\_\_ month \_\_\_\_\_ year

G3. What school is <child> currently attending? Please give the full name and address as exactly as possible

Name of school: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

Address 4: \_\_\_\_\_

County: \_\_\_\_\_

G4. And (can I just check) is it a single sex or mixed school?

Single sex ..... <sub>1</sub> Mixed sex ..... <sub>2</sub> Mixed sex Juniors, Single sex Seniors ..... <sub>3</sub>

G5. What class (or year) is <child> currently in?

[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]

Junior Infants ..... <sub>1</sub>  
Senior Infants ..... <sub>2</sub>  
First class ..... <sub>3</sub>  
Other (please specify) \_\_\_\_\_ <sub>4</sub>

G6. When did you register or enroll Study Child with the school?

\_\_\_\_\_ month \_\_\_\_\_ year

G7a. Had you registered or enrolled <child> in other primary schools?

Yes ..... <sub>1</sub> G7b. How many? \_\_\_\_\_  
No ..... <sub>2</sub>

G8. Does <child> have any older brothers or sisters in the school they are attending?

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



The next few questions are about the time when you were deciding to enroll <child> at a primary school.

**G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. Primary school staff .....                             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Preschool staff (e.g. nursery or playgroup staff)..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Friends .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Other parents .....                                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Your siblings .....                                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. School website.....                                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. Other (please specify) _____                           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**G10. Did you have a choice about which school <child> would go to? Yes <sub>1</sub> No <sub>2</sub>**

**[CARD G10] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school**

- |   | Very important                        | Somewhat important                    | Not very important                    | Not at all important                  |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. It's the local school or nearest to home .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b. His/her friends go or were intending to go there.....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c. His/her brother/sister went/go there .....                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d. General good impression of school/good reputation.....         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e. The ethos of the school in terms of religion or beliefs .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| f. The gender mix of the school (co-educational/single sex) ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| g. Language of instruction used in the school .....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| h. Other reason (specify) .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. You attended an information meeting arranged by the school .....     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. You decided to visit the school before the Study Child started ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Sought advice from friends, neighbours and/or family .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Practised reading, writing or numbers .....                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Talked to the Study Child about school .....                         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Something else (Please specify) .....                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.**

- |  | Strongly agree                        | Agree                                 | Neither agree nor disagree            | Disagree                              | Strongly disagree                     |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I felt that <child> was able to mix with other children well enough to get along at primary school.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. I believe that <child> understood enough about taking turns and sharing to manage at primary school ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. <Child> could go to the toilet on his/her own before starting primary school.....                         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. I felt that <child> had the pre-reading and writing skills necessary to start school .....                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. I was worried that <child> would find being apart from me too difficult.....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. I was concerned that <child> would be reluctant to go to primary school.....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| g. I was worried that <child> was not independent enough to cope with primary school .....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**G13. How often would you or your spouse / partner usually speak in person to <child's> teacher?**

Daily .....<sub>1</sub>      Weekly .....<sub>2</sub>      Monthly .....<sub>3</sub>      Less often .....<sub>4</sub>

**G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...**

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about school? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. How often has <child> said good things about school? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. How often has <child> looked forward to going to school? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. How often has <child> been upset or reluctant to go to school?.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

The next few questions are about how you think <child> is getting on at school.

**G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...**

[INT: Read out]

Too fast for <child> .....<sub>1</sub>  
 Just right for <child> .....<sub>2</sub>  
 Too slow for <child> .....<sub>3</sub>

**G15b. And which of these statements best describes how <child>is finding his/her school work?**

[INT: Read out]

<Child>usually finds school work hard .....<sub>1</sub>  
 <Child>sometimes finds school work hard .....<sub>2</sub>  
 <Child>never finds school work hard.....<sub>3</sub>

**G16. How confident are you that you know what your child is learning or doing in school?**

Very confident .....<sub>1</sub>      Somewhat confident    <sub>2</sub>      Not very confident ...<sub>3</sub>      Not at all confident    <sub>4</sub>

**G17. [CARD G17] How is information communicated to you from the school?**

	Yes	No
a. Chatting informally with teacher .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Parent-teacher meeting / other formal meeting.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Newsletter.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Written report.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Phone call.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Text message.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. Letter or note with the child or in his / her journal.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. What child tells me.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. School's website or blog.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a.<Child> finds it hard to sit still and listen in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b.<Child's > teacher knows him/her well and gives him/her just the support he/she needs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c.<Child> was happier with the way he/she learned things in preschool/nursery .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d.<Child> has adjusted easily to the way they do things in school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**G19. Who usually minds <child> if he/she is too sick to attend school?**

[Interviewer: Read out answer categories]

Mother .....<sub>1</sub>      Father .....<sub>2</sub>      Parents take turns .....<sub>3</sub>      Grandparents.....<sub>4</sub>  
 Other relative .....<sub>5</sub>      Friend/ Neighbour .....<sub>6</sub>      Childminder .....<sub>7</sub>      Other (please specify) .....<sub>8</sub>

## Subsection B – Term-time out of school care for those who have started school

Now I'd like to ask you some questions about childcare arrangements for Study Child **after school** during the school term **G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?**

Yes ..... 1 No ..... 2 Go to G28

- G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?**  
**(b) number of days per week <child> spends in each type of childcare**  
**(c) number of hours per week <child> spends in each type of childcare**  
**(d) how much you pay for this childcare for <child> per week**  
**(e) whether this is your main type of childcare**

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home .....	<input type="checkbox"/> 1 Go to G22a	_____N	_____N	€ _____	<input type="checkbox"/>
b. A non-relative in your home .....	<input type="checkbox"/> 2 Go to G23a	_____N	_____N	€ _____	<input type="checkbox"/>
c. A relative in their home .....	<input type="checkbox"/> 3 Go to G22b	_____N	_____N	€ _____	<input type="checkbox"/>
d. A non-relative in their home .....	<input type="checkbox"/> 4 Go to G23b	_____N	_____N	€ _____	<input type="checkbox"/>
e. After School Service within School .....	<input type="checkbox"/> 5	_____N	_____N	€ _____	<input type="checkbox"/>
f. Other After School Service (e.g. in creche, community centre etc) .....	<input type="checkbox"/> 6	_____N	_____N	€ _____	<input type="checkbox"/>
g. Other (please specify) .....	<input type="checkbox"/> 7	_____N	_____N	€ _____	<input type="checkbox"/>

If more than one child in childcare arrangement, take the average cost per child

**G22a. [CARD G22] Please specify how this person is related to <child>**

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> ..... 3
4. Brother / Sister of <child> ..... 4
5. Non-resident Parent ..... 5
6. Cousin of <child>..... 6
7. Other relative ..... 7

**G22b. [CARD G22] Please specify how this person is related to <child>**

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> ..... 3
4. Brother / Sister of <child> ..... 4
5. Non-resident Parent ..... 5
6. Cousin of <child>..... 6
7. Other relative ..... 7

**G23a. [CARD G23a] Which of the following best describes that person?**

1. Au pair / Nanny (live in)..... 1
2. Friend / Neighbour ..... 2
3. Childminder ..... 3
4. Other ..... 4

**G23b. [CARD G23b] Which of the following best describes that person?**

1. Friend / Neighbour..... 1
2. Childminder ..... 2
3. Other..... 3

**G24. What age was <child> when you started to use the main childcare arrangement? \_\_\_\_\_ years \_\_\_\_\_ months**

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

**G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?**

\_\_\_\_\_ number of children

**G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?**

\_\_\_\_\_ number of adults

**G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for. How often do the following statements describe your experience?**

	Never	Rarely	Sometimes	Often	Always
a. There are lots of creative activities going on. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It's an interesting place for my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There are plenty of toys, books, pictures, and music for my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child has many natural learning experiences. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provides activities that are just right for my child ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child gets a lot of individual attention ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child likes the caregiver .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...**  
[INT:Read out]

Very easy .. 1    Easy ... 2    Neither easy nor difficult .. 3    Difficult .... 4    Or very difficult ..... 5    ... Don't pay .... 6

### Subsection C – Attendance at Preschool prior to starting school

Now I'd like to ask you some questions about attendance at preschool prior to starting school

Children aged between 3 years 3 months and 4 years 6 months on the 1<sup>st</sup> of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

**G28. Did you avail of the free preschool year for the Study Child?**

Yes ..... 1    No ..... 2    Never heard of it..... 3

**G28b. Why not?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?**

Yes, would have sent him/her anyway ..... 1    No, wouldn't have been able to send him / her ..... 2

**G29. How best would you describe the setting in which the free preschool year was made available:**

- Preschool ..... 1
- Naionra..... 2
- Montessori..... 3
- Creche..... 5
- Playgroup..... 5
- Other group care setting (please specify) \_\_\_\_\_ 6

**G30a. What age was <child> when he/she first attended Free Preschool Year? Age: \_\_\_\_\_ years \_\_\_\_\_ months**

**G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: \_\_\_\_\_ years \_\_\_\_\_ months**

**G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?**

Only 3 hours per day ..... 1 ..... Topped up with more hours ..... 2

**G31b. How many additional hours in this same preschool setting per week? \_\_\_\_\_ hours**

**G31c. How much did you pay per week in total for these additional hours? \_\_\_\_\_ euros**

**G32. [CARD G32] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.**

**How often did the following statements describe your experience**

	Never	Rarely	Sometimes	Often	Always
a. There were lots of creative activities going on. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It was an interesting place for my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There were plenty of toys, books, pictures, and music for my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child had many natural learning experiences. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provided activities that are just right for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child felt safe and secure in care .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. The caregiver was warm and affectionate toward my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It was a healthy place for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. My child was treated with respect.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child was safe with this caregiver .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. My child got a lot of individual attention.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. My caregiver and I shared information .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My caregiver was open to new information and learning .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My caregiver showed she (he) knew a lot about children and their needs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. The caregiver handled discipline matters easily without being harsh .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
p. My child liked the caregiver .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
q. My caregiver was supportive of me as a parent.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
r. My caregiver was happy to see my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G33. How confident were you that you knew what your child was learning or doing in preschool?**

Very confident .....1      Somewhat confident    2      Not very confident ...3      Not at all confident    4

**G34. Who usually minded <child> if he/she was too sick to attend preschool?**

**[Interviewer: Read out answer categories]**

Mother .....1      Father .....2      Parents take turns .....3      Grandparents .....4  
 Other relative .....5      Friend/ Neighbour .....6      Childminder .....7      Other (please specify) .....8

## Section G2 – Child has not started school

### Subsection A. Reasons for not starting school yet and preparations for starting school

**G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?**

	Very important	Somewhat important	Not very important	Not at all important
a. I thought <child> was too young.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I didn't think <child> was ready to start school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Not able to due to <child> health problem/disability.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. <Child> has problems with his/her speech or language development.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Preschool/School advised deferring entry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Someone else advised deferring entry(Please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Something else (Please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**G36. Have you decided yet which school <child> will attend?**

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

As you know, we would like to approach the schools being attended by the children in *Growing Up in Ireland* from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

**G37. Please record full name and address of the school <child> will attend.**

Name of school: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 Address 3: \_\_\_\_\_  
 Address 4: \_\_\_\_\_  
 County: \_\_\_\_\_

**G38. When will <child> start school? Which month and year?**

\_\_\_\_\_ month    \_\_\_\_\_ year    Haven't decided yet ... <sub>1</sub>

**G39. When did you register or enroll Study Child with the school?**

\_\_\_\_\_ month    \_\_\_\_\_ year

**G40. Does <child> have any older brothers or sisters in the school they will attend?**

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

**G41a. Have you registered or enrolled <child> in other primary schools?**

Yes ..... <sub>1</sub>    **G41b. How many?** \_\_\_\_\_  
 No ..... <sub>2</sub>

**The next few questions are about the time when you were deciding to enroll <child> at a primary school.**

**G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply**

- a. Primary school staff ..... <sub>1</sub>
- b. Preschool staff (e.g. nursery or playgroup staff)..... <sub>2</sub>
- c. Friends ..... <sub>3</sub>
- d. Other parents ..... <sub>4</sub>
- e. Your siblings ..... <sub>5</sub>
- f. School Website ..... <sub>7</sub>
- g. Other (specify) \_\_\_\_\_ <sub>8</sub>

**G43. Did you have a choice about which school <child> would go to? Yes ... <sub>1</sub>      No ..... <sub>2</sub>**

**G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school**

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. His/her brother/sister went/go there .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. General good impression of school/good reputation .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. The ethos of the school in terms of religion or beliefs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. The gender mix of the school (co-educational / single sex) ...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Language of instruction used in the school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Other reason (specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. Attend an information meeting arranged by the school ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Visit the school before the Study Child starts .....       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Seek advice from friends, neighbours and/or family .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Practice reading, writing or numbers .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Talk to the Study Child about school .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Something else (Please specify) .....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.**

- |   | Strongly agree                        | Agree                                 | Neither agree nor disagree            | Disagree                              | Strongly disagree                     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I feel that <child> will be able to mix with other children well enough to get along at primary school ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. I believe that <child> understands enough about taking turns and sharing to manage at primary school .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. <Child> can go to the toilet on his/her own before starting primary school.....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. I feel that <child> has the pre-reading and writing skills necessary to start school .....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. I am worried that <child> will find being apart from me too difficult.....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. I am concerned that <child> will be reluctant to go to primary school.....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| g. I am worried that <child> is not independent enough to cope with primary school .....                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**Subsection B Attendance at Preschool – Child NOT at school**

Children aged between 3 years 3 months and 4 years 6 months on the 1<sup>st</sup> of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

**G47a. Have you availed of the Free Preschool Year for the Study Child?**

- Yes ..... <sub>1</sub>      No ..... <sub>2</sub> GO TO G55      Never heard of it ..... <sub>3</sub> GO TO G55

**G47b. Why not?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?**

- Yes, would have sent him/her anyway ..... <sub>1</sub>      No, wouldn't have been able to send him / her ..... <sub>2</sub>

**G48. How best would you describe the setting in which the free preschool year was made available:**

- Preschool ..... <sub>1</sub>  
 Naionra..... <sub>2</sub>  
 Montessori..... <sub>3</sub>  
 Creche..... <sub>4</sub>  
 Playgroup..... <sub>5</sub>  
 Other group care setting (please specify) \_\_\_\_\_ <sub>6</sub>

**G49a. What age was <child> when he/she first attended Free Preschool Year? Age: \_\_\_\_\_ years \_\_\_\_\_ months**

**G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age: \_\_\_\_\_ years \_\_\_\_\_ months**

**G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?**

Only 3 hours per day ..... <sub>1</sub> ..... Topped up with more hours ..... <sub>2</sub>

**G50b. How many additional hours in this same preschool setting?** \_\_\_\_\_ hours

**G50c. How much did you pay per week in total for these additional hours?** \_\_\_\_\_ euros

**G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...**

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. How often has <child> said good things about preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. How often has <child> looked forward to going to preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. How often has <child> been upset or reluctant to go to preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**G52. [Card G52] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.**

**How often do/did the following statements describe your experience**

	Never	Rarely	Sometimes	Often	Always
a. There are/were lots of creative activities going on. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. It is/was an interesting place for my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. There are/were plenty of toys, books, pictures, and music for my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. In care, my child has/had many natural learning experiences. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. The caregiver provides/provided activities that are/were just right for my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. My child feels/felt safe and secure in care.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. The caregiver is/was warm and affectionate toward my child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. It is/was a healthy place for my child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. My child is/was treated with respect .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. My child is/was safe with this caregiver.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. My child gets/got a lot of individual attention .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. My caregiver and I share/shared information .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. My caregiver is/was open to new information and learning.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n. My caregiver shows/showed she (he) knows/knew a lot about children and their needs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o. The caregiver handles/handled discipline matters easily without being harsh .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
p. My child likes/liked the caregiver .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
q. My caregiver is/was supportive of me as a parent .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
r. My caregiver is/was happy to see my child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?**

Very confident ..... <sub>1</sub>      Somewhat confident    <sub>2</sub>      Not very confident ... <sub>3</sub>      Not at all confident    <sub>4</sub>

**G54. Who usually minds <child> if he/she is too sick to attend preschool?**

**[Interviewer: Read out answer categories]**

Mother ..... <sub>1</sub>      Father ..... <sub>2</sub>      Parents take turns ..... <sub>3</sub>      Grandparents ..... <sub>4</sub>  
 Other relative ..... <sub>5</sub>      Friend/ Neighbour ..... <sub>6</sub>      Childminder ..... <sub>7</sub>      Other (please specify) ..... <sub>8</sub>



**Subsection C. Term-time care arrangement:  
Additional care arrangements for children attending preschool  
Alternative care arrangement for children not attending preschool**

**Now I'd like to ask you some questions about term-time childcare arrangements.**

**G55. (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?**

Yes ..... 1 No ..... 2 If no go to g64

**G56. (a) [Card G56] Who minds <child> on a regular basis each week?  
(b) number of days per week <child> spends in each type of childcare  
(c) number of hours per week <child> spends in each type of childcare  
(d) how much you pay for this childcare for <child> per week  
(e) whether this is your main type of childcare**

If more than one child in childcare arrangement, take the average cost per child

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home .....	<input type="checkbox"/> 1 Go to G57a	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
b. A non-relative in your home .....	<input type="checkbox"/> 2 Go to G58a	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
c. A relative in their home .....	<input type="checkbox"/> 3 Go to G57b	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
d. A non-relative in their home .....	<input type="checkbox"/> 4 Go to G58b	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
e. Creche, Montessori, preschool, naíonra or other centre-based care setting, ...	<input type="checkbox"/> 5	_____ N	_____ N	€ _____	<input type="checkbox"/> 4
f. Other (please specify) .....	<input type="checkbox"/> 6	_____ N	_____ N	€ _____	<input type="checkbox"/> 4

**G57a. [Card G57] Please specify how this person is related to <child>**

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

**G58a. [Card G58a] Which of the following best describes that person?**

- a. Au pair / Nanny (live in) ..... 1
- b. Friend / Neighbour ..... 2
- c. Childminder ..... 3
- d. Other ..... 6

**G57b. [Card G57] Please specify how this person is related to <child>**

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

**G58b. [Card G58b] Which of the following best describes that person?**

- a. Friend / Neighbour ..... 1
- b. Childminder ..... 2
- c. Other ..... 3

**G59. What age was <child> when you started to use the main childcare arrangement? \_\_\_\_\_ years \_\_\_\_\_ months**

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

**G60a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?**

\_\_\_\_\_ number of children

**G60b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?**

\_\_\_\_\_ number of adults

**G61. [Card G61] What is the main reason the Study Child is using regular child care at present?**

- 1. Parent's work or study commitments ..... 1
- 2. Parent's sport, shopping, social or community activities ..... 2
- 3. Give parent a break or time alone ..... 3
- 4. Good for child's social development/to mix with other children ..... 4
- 5. Good for child's intellectual or language development ..... 5
- 6. Establish relationships with grandparents or non-resident parents ..... 6
- 7. Other ..... 7

**G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.**

Never    Rarely    Sometimes    Often    Always

**How often do the following statements describe your experience**

- |  |                          |   |       |                          |   |       |                          |   |       |                          |   |       |                          |   |
|--|--------------------------|---|-------|--------------------------|---|-------|--------------------------|---|-------|--------------------------|---|-------|--------------------------|---|
| a. There are lots of creative activities going on. ....                    | <input type="checkbox"/> | 1 | ..... | <input type="checkbox"/> | 2 | ..... | <input type="checkbox"/> | 3 | ..... | <input type="checkbox"/> | 4 | ..... | <input type="checkbox"/> | 5 |
| b. It's an interesting place for my child. ....                            | <input type="checkbox"/> | 1 | ..... | <input type="checkbox"/> | 2 | ..... | <input type="checkbox"/> | 3 | ..... | <input type="checkbox"/> | 4 | ..... | <input type="checkbox"/> | 5 |
| c. There are plenty of toys, books, pictures, and music for my child. .... | <input type="checkbox"/> | 1 | ..... | <input type="checkbox"/> | 2 | ..... | <input type="checkbox"/> | 3 | ..... | <input type="checkbox"/> | 4 | ..... | <input type="checkbox"/> | 5 |
| d. In care, my child has many natural learning experiences. ....           | <input type="checkbox"/> | 1 | ..... | <input type="checkbox"/> | 2 | ..... | <input type="checkbox"/> | 3 | ..... | <input type="checkbox"/> | 4 | ..... | <input type="checkbox"/> | 5 |
| e. The caregiver provides activities that are just right for my child .... | <input type="checkbox"/> | 1 | ..... | <input type="checkbox"/> | 2 | ..... | <input type="checkbox"/> | 3 | ..... | <input type="checkbox"/> | 4 | ..... | <input type="checkbox"/> | 5 |
| f. My child gets a lot of individual attention .....                       | <input type="checkbox"/> | 1 | ..... | <input type="checkbox"/> | 2 | ..... | <input type="checkbox"/> | 3 | ..... | <input type="checkbox"/> | 4 | ..... | <input type="checkbox"/> | 5 |
| g. My child likes the caregiver .....                                      | <input type="checkbox"/> | 1 | ..... | <input type="checkbox"/> | 2 | ..... | <input type="checkbox"/> | 3 | ..... | <input type="checkbox"/> | 4 | ..... | <input type="checkbox"/> | 5 |

**G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...**

Very easy .. 1    Easy ... 2    Neither easy nor difficult .... 3    Difficult .... 4    Or very difficult..... 5    Don't pay 6

### Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:

**G64. What is the main reason the Study Child does not have any regular child care arrangements at present?**

- Parent is available, other care not needed ..... 1
- Problems with getting child care places around here ..... 2
- Childcare not available around here ..... 3
- Transport problems to childcare ..... 4
- Can't afford it - cost too high ..... 5
- Concerned with quality of care ..... 6
- Child has disability or special needs ..... 7
- Didn't want child cared for by strangers..... 8
- Parent(s) is / are the best for the child at this age ..... 9
- Other (please specify) \_\_\_\_\_ 10

### Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:

**G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?**

Yes ..... 1    No ..... 2

**G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?**

\_\_\_\_\_ years \_\_\_\_\_ months

### Section H – Parenting and Family Context

**I'd now like to ask you some general questions about parenting.**

**H1. How many times in the past week has the family sat down to eat an evening meal together? \_\_\_\_ (range 0 – 7)**

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

**H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)**

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tell this child how happy he/she makes you .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have warm, close times together with this child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoy listening to this child and doing things with him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Feel close to this child both when he/she was happy and when he/she was upset .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Express affection by hugging, kissing and holding this child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H3. [Card H3] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)**

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often does this child get away with things that you feel should have been punished? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often are you angry when you punish this child? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often do you feel you are having problems managing this child in general? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. When you discipline this child, how often does he/she ignore the punishment? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. How often do you tell this child that he/she is bad or not as good as others? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. How often do you think that the level of punishment you give this child depends on your mood? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H4. [Card H4] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?**

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

**H5. [Card H5] Overall, how do you feel about the amount of support or help you get from family or friends living outside your household?**

I get enough help 1 ..... I don't get enough help 2 ..... I don't get any help at all 3 ..... I don't need any help 4

**H6. Are you in regular contact with <child's> grandparents?**

Yes..... 1 No..... 2 All grandparents are deceased ..... 3 All grandparents live abroad 4

**H7. How many of <child's> grandparents are still alive? \_\_\_\_\_ N**

**H8. With how many of his/her grandparents would you say <child> has a close or very close relationship? \_\_\_\_ N**

**H9. [Card H9] For the following items could you indicate whether or not the Study Child 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 the child have some new (not second hand) clothes? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Does the child eat fresh fruit and/or vegetables at least once a day? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Does the child eat three meals a day? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Does the child have books at home suitable for his/her age? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Does the child have indoor games (board games, computer games etc)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Does the child participate in a regular leisure activity (swimming, playing an instrument, youth organisations, etc.)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Does the child have celebrations on special occasions (birthdays, religious events)? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Does the child invite/have friends to your house to play and/or eat from time to time? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Does the child participate in school trips and school events that cost money? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Does the child have a suitable place to study or do homework? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:**

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW]

	Yes	No
A. Death of a parent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. Death of other close family member (please specify) ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. Death of close friend .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. Divorce/separation of parents .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. Moving house .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. Moving country .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
G. Stay in foster home/ residential care .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
H. Serious illness/injury .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
I. Serious illness/injury of a <u>family member</u> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
J. Drug taking/alcoholism in the immediate family .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
K. Mental disorder in immediate family .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
L. Conflict between parents .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
M. Parent in prison .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
N. Other disturbing event (please specify) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

## J: SOCIO-DEMOGRAPHICS

Time Section Started     (24 hour clock)

Now some questions about the circumstances of your household.

**J1. I would now like to ask you some questions about your accommodation: Is this accommodation a:**  
**[Interviewer: Read out answer categories]**

- House.....<sub>1</sub>
- Apartment / flat/ bedsit.....<sub>2</sub>
- Duplex.....<sub>3</sub>
- Other (specify).....<sub>4</sub>

**J2. Does your accommodation have access to a garden or common space (either private or shared) where you can let <child> out to play?**

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

**J3. Do you / someone else supervise <child> when <pronoun> is playing in this space?**

Always .....<sub>1</sub> Most of the time ....<sub>2</sub> Now and again.....<sub>3</sub> Never .....<sub>4</sub>

**J4a. [Card J4a] From this card, please tell me which best describes your (and your partner's) occupancy of the accommodation?**

**[Interviewer: Note that where the PCG lives with the Study Child's grandparent(s) in their house, occupancy should be recorded as 'living with parents' rather than owner occupier, i.e. the PCG's nature of occupancy rather than the grandparents]**

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

**J4b. How many bedrooms do you have in your home? \_\_\_\_\_ number of bedrooms**

**J5. Do you feel that your current accommodation (excluding location) is suitable for your family's needs?**

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

**J6. [CARD J6] Why is that?**

- |  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| a. Too small .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Not a child-friendly layout.....                            | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Too many steps.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Poor conditions in the home (damp, drafts, leaks etc) ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Problems with rats, mice, cockroaches etc.....              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Too noisy.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. Problems with neighbours .....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| h. Other (specify).....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**J7. [Card J7] 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 0]

- |   |                            |  |                             |
|---|----------------------------|--|-----------------------------|
| 0. Currently on maternity leave, but have 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 |

**J8. 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

**J9. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**

\_\_\_\_\_ minutes

[Int. if respondent works at home enter '0' for minutes]

**J10. [Card J10] 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**

[Interviewer: Ask J11 if code 0 or 1 at J7]

**J11. [CARD J11] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?**

	Provide?		Used last 12 months	
	Yes	No	Yes	No
a. Subsidised child care.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A crèche or nursery at work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Childcare vouchers.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Assistance with finding childcare.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Flexible working hours (i.e. changing times you start and finish).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Allow parents paid time off when a child is sick (in addition to normal holiday allowance).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Allow parents unpaid time off when a child is sick.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Allow parents unpaid time off during school holidays.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Allow employees to work from home some or all of the time.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Allow employees option to job-share.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other family friendly facilities (please specify).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**J12. In general, how would you rate your employer in terms of allowing 'family friendly' working?**

- Very good.....1  
 Fairly good.....2  
 Neither good nor poor.....3  
 Fairly poor.....4  
 Very poor.....5

[Interviewer: Ask J13 if code 0 or 1 at J7]

**J13a. Do you supervise or manage any personnel in your job?**

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

**J13b. How many?** \_\_\_\_\_

[Interviewer: Ask J14 if code 2 or 3 at J7]

**J14. How many employees (if any) do you have?** \_\_\_\_\_ employees N A .... \_99

[Interviewer: Ask J15 if code 3 at J7]

**J15. How many acres do you farm?** \_\_\_\_\_ acres \_\_\_\_\_ hectares

**Go to J28**

**J16. Apart from holiday or casual work, have you ever had a full-time job?** Yes ... \_1 No .. \_2 **Go to J21**

**J17. In what year did you last work in that full-time job?** \_\_\_\_\_ year

**J18. 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

**J19. [Card J19] 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**

**J20. [Ask only if Farmer at J18] How many acres did you farm?** \_\_\_\_\_ acres \_\_\_\_\_ hectares

**J21. Do you currently have a part-time job outside the home?** Yes ..... \_1 No ..... \_2 **Go to J24**

**J22. On average, how many hours per week do you work in that part-time job?** \_\_\_\_\_ hours

**J23. [Card J23] What is your occupation in your main job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

**If a farmer or a farm worker, write in the SIZE of the farm** \_\_\_\_\_ acres

**Go to J25**

**J24. [Card J24] 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 ( please specify)..... \_\_\_\_\_

**J25. [Card J25] What is the occupation of your spouse / partner?**

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

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

Do not use general terms such as:  
 MANAGER  
 TEACHER  
 ENGINEER

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

**Write in main OCCUPATION (If a farmer or a farm worker, please specify how many acres)**

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

**J26. [Card J26] Looking at the card, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income. [INT. Tick 'Yes' or 'No' for each in Col. A] [Card J29]**

**J27. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B]**

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

**J28. [Card J28] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI 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 J29. IF EXACT FIGURE GIVEN GO TO J31]**

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

**J29. [Card J29] I know that it is difficult to give an exact figure for household income but on Card J29 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax and PRSI, 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 these deductions have been applied.**

**[Int: Tick the letter of the group your household falls into]**



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

<b>Per Week</b>	<b>Per Month</b>	<b>Per Year</b>	<b>Category</b>
Under €230 .....	Under €1,000 .....	Under €12,000 .....	A <input type="checkbox"/> <sub>1</sub> → Section A, Card J28
€231 to under €350 .....	€1,001 to under €1,500 .....	€12,001 to under €18,000 ...	B <input type="checkbox"/> <sub>2</sub> → Section B, Card J28
€351 to under €460 .....	€1,501 to under €2,000 .....	€18,001 to under €24,000 ...	C <input type="checkbox"/> <sub>3</sub> → Section C, Card J28
€461 to under €575 .....	€2,001 to under €2,500 .....	€24,001 to under €30,000 ...	D <input type="checkbox"/> <sub>4</sub> → Section D, Card J28
€576 to under €800 .....	€2,501 to under €3,500 .....	€30,001 to under €42,000 ...	E <input type="checkbox"/> <sub>5</sub> → Section E, Card J28
€801 to under €925 .....	€3,501 to under €4,000 .....	€42,001 to under €48,000 ...	F <input type="checkbox"/> <sub>6</sub> → Section F, Card J28
€926 to under €1,150 .....	€4,001 to under €5,000 .....	€48,001 to under €60,000 ...	G <input type="checkbox"/> <sub>7</sub> → Section G, Card J28
€1,151 to under €1,500 .....	€5,001 to under €6,500 .....	€60,001 to under €78,000 ...	H <input type="checkbox"/> <sub>8</sub> → Section H, Card J28
€1,501 to under €1,850 .....	€6,501 to under €8,000 .....	€78,001 to under €96,000 ...	I <input type="checkbox"/> <sub>9</sub> → Section I, Card J28
€1,851 or more .....	€8,001 or more .....	€96,001 or more .....	J <input type="checkbox"/> <sub>10</sub> → Section J, Card J28
Refused .....	<input type="checkbox"/> <sub>77</sub> GO TO J31 .....	Don't Know .....	<input type="checkbox"/> <sub>88</sub> GO TO J30

**J30. [CARD J30] Would that be** [Int: Show Card and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

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

**J31. Does anyone in your household currently receive any Social Welfare payments?**

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

**J32. [Card J32] Now I'd like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card J32, 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]

<b>Social Welfare Payment</b>		<b>Social Welfare Payment</b>	
<b>UNEMPLOYMENT PAYMENTS</b>			
Jobseeker's Benefit	<input type="checkbox"/> 1	Jobseeker's Allowance or Unemployment Assistance	<input type="checkbox"/> 2
<b>EMPLOYMENT SUPPORTS</b>			
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
<b>ONE-PARENT FAMILY / WIDOW(ER) PAYMENTS</b>			
Widow's/Widower's or Surviving Civil Partner (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 or Surviving Civil Partner Grant	<input type="checkbox"/> 13	One-Parent Family Payment	<input type="checkbox"/> 17
Widow's/Widower's or Surviving Civil Partner (Non-Contrib) Pension	<input type="checkbox"/> 14		
<b>CHILD RELATED PAYMENTS</b>			
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
<b>DISABILITY AND CARING PAYMENTS</b>			
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		
<b>RETIREMENT PAYMENTS</b>			
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
<b>OTHER PAYMENTS</b>			
Fuel/Smokeless Fuel Allowance	<input type="checkbox"/> 43	Diet/heating supplements	<input type="checkbox"/> 45
Household Benefits Package (electricity/gas/phone)	<input type="checkbox"/> 44	Other (please specify) _____	<input type="checkbox"/> 46

J33a. Does anyone in your household currently receive rent or mortgage supplement? Yes 1 No... 2

J33b. How much does the household receive PER WEEK in rent or mortgage supplement? €-----

J34. Do you receive or have you received in the last 12 months, any of the following payments?

- 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

J35. Looking at Card J35 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?

[INTERVIEWER: Note that Child Benefit rates are €130 per month for 1st, 2nd and 3rd child and €140 for 4th and subsequent children]

- 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%
- 1      2      3      4      5      6      7

**J36. [Card J36] 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

**J37. [Card J37] 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? Would you say...**

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

**J38. 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

**J39a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?**

Yes ..... 1      No ..... 2

**J39b. [CARD J39b] 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

**J40a. Does your family have a car?**

Yes ..... 1      No ..... 2

**J40b. Would your family like to have a car but you cannot afford it?**

Yes ..... 1      No ..... 2

**J41. Since our last interview in [MM/YYYY] we have had major changes in the economy with the recession, cutbacks and unemployment. Would you say that the recession has had... ..[INT: READ OUT]**

A very significant effect on your family 1     
 A significant effect on your family 2     
 A small effect on your family 3     
 No effect at all on your family 4

**J42. [Card J42] How has it affected your family?**

	Yes	No
a. You were made redundant / lost your job .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Your spouse/partner was made redundant / lost their job .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Your or your spouse/partner's working hours were reduced .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Your or your spouse/partner's wages were reduced .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Your or your spouse/partner's social welfare benefits were reduced .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Your family can't afford luxuries (holidays, meals out etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Your family can't afford / had to cut back on basics (food, clothes etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. You are behind with rent / mortgage payments .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. You are behind with utility bills (e.g. electricity, gas bills etc) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Took out an extra loan or increased your debt .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

## Section K – About You

### Now some more questions about yourself

**K1a. [Card K1a] What is the highest level of education (full-time or part-time) which you have completed to date?**

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

**Second Level**

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

**Third Level**

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.. <sub>6</sub>  
 (Non Degree)  
 7. Primary Degree ..... <sub>7</sub>  
 (Third Level Bachelor Degree)  
 8. Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor)..... <sub>8</sub>  
 9. Both a Degree and a Professional qualification..... <sub>9</sub>  
 10. Postgraduate Certificate or Diploma..... <sub>10</sub>  
 11. Postgraduate Degree (Masters) ..... <sub>11</sub>  
 12. Doctorate (Ph.D)..... <sub>12</sub>

**[INTERVIEWER: ASK K1B ONLY IF K1A IS CODE 3 OR HIGHER]**

**K1b. In what year did you get this qualification? \_\_\_\_\_**

**[INTERVIEWER: ASK K1C ONLY IF K1A IS CODE 5 OR HIGHER]**

**K1c. What is the name of this qualification?**

**[INTERVIEWER: Please record as much detail as possible]**

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**[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]**

**K1d. Did you complete your Upper Secondary education (Leaving Certificate/'A'Levels or equivalent) before gaining this qualification?**

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

**K2. What is <child's> first language?**

- English ..... <sub>1</sub>      Irish..... <sub>2</sub>      Other (please specify) \_\_\_\_\_ <sub>3</sub>

**K3. What language is usually spoken to <child> in the home?**

- English ..... <sub>1</sub>      Irish ..... <sub>2</sub>      Other (please specify) \_\_\_\_\_ <sub>3</sub>

**[BLAISE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]**

**K4. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in your native language?**

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

**K5. Can I just check, can you read aloud to a child from a children's story book written in English?**

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

**K6. Can you usually read and fill out forms you might have to deal with in English?**

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

[BLAISE CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

**K7. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?**

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

**K8. Do you belong to any religion?**

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

**K9. [Card K9] Which religion?**

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

**K10. Are you a citizen of Ireland?**                      Yes..... <sub>1</sub>                      No ..... <sub>2</sub>

**K11. What citizenship do you hold?** \_\_\_\_\_

[ASK K12 – K14 IF NON RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]

**K12. Were you born in Ireland?**                      Yes..... <sub>1</sub>                      No ..... <sub>2</sub>

**K13. In which country were you born?** \_\_\_\_\_

**K14. How long ago did you first come to live in Ireland?**

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't know
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>

**K15. [Card K15] Looking at card K15, 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..... <sub>1</sub>
  - Irish Traveller ..... <sub>2</sub>
  - Any other White background ..... <sub>3</sub>
- 2. Black or Black Irish
  - African..... <sub>4</sub>
  - Any other Black background ..... <sub>5</sub>
- 3. Asian or Asian Irish
  - Chinese ..... <sub>6</sub>
  - Any other Asian background ..... <sub>7</sub>
- 4. Other, including mixed background..... <sub>8</sub>

## L. Neighbourhood / Community

Time Section Started                             (24 hour clock)

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

**L1. How long have you lived in your local area?** \_\_\_\_\_ years OR \_\_\_\_\_ months

**L2. [CARD L2] How strongly do you agree or disagree with these statements about your neighbourhood?**

	Strongly agree	Agree	Disagree	Strongly disagree
a. This is a safe neighbourhood .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are good parks, playgrounds and play spaces .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The state of the footpaths, roads and street lighting is good .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. There is access to close, affordable, regular public transport .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. There is access to basic shopping facilities .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. There is access to basic services such as banks, medical clinics, etc. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. There is heavy traffic on my street or road .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. It is safe for children to play outside during the day .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. People around here are willing to help their neighbours .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Most people in your neighbourhood can be trusted .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. If you need information about local services, you know where to find that information .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. You are well informed about local affairs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. You feel a strong sense of identity with your neighbourhood .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**L3. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?**

Yes.....1    No ..... 2

**L4. [CARD L4] 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

**L5. [CARD L5] How often do you and your neighbours do each of the following?**

	Never	Sometimes	Often
a. Do favours for each other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Share information on schools or children's activities .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Visit each other's houses .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**L6. How do you feel about your neighbourhood as a place for bringing up children?**

Excellent <input type="checkbox"/> 1	Good <input type="checkbox"/> 2	Average <input type="checkbox"/> 3	Poor <input type="checkbox"/> 4	Very poor <input type="checkbox"/> 5	Don't know <input type="checkbox"/> 6
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**L7. [CARD L7] Would you describe the place where the household is situated as being.....?**

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

## GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-YEAR QUESTIONNAIRE – Draft of 20/02/13

### PRIMARY CAREGIVER TWIN QUESTIONNAIRE

GROUP        HHOLD          RESPONDENT

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

Time Section Started     (24 hour clock)      DATE: \_\_dd\_\_mm\_\_yy

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

The Department of Children and Youth Affairs is funding the study in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study.

### Section A - Introduction

Child's Name: \_\_\_\_\_

[Interviewer: please record, height and weight of the Study Twin below:]

Height: \_\_\_\_\_ cms

Weight: \_\_\_\_\_ kgs

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

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

2a. Have you had any other **multiple** births, since the twins were born ? Yes ..... 1      No ..... 2

2b. \_\_\_\_\_ number of other children in multiple births

3. Compared to typical siblings of a similar age, would you say that the twins' relationship is?  
[INTERVIEWER: Read out answer categories]

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

## Section B - Child's Sleep and Relationships

I'd now like to ask you a few questions about <child's> habits and routines.

**B1a.** On a normal day, what time in the evening does <child> usually go to bed? \_\_\_\_\_ (24 hour clock)

**B1b.** On a normal day, what time does <child> wake up at in the morning? \_\_\_\_\_ (24 hour clock)

**B2.** On a normal day how many hours would the <child> sleep during the day \_\_\_\_\_ hours \_\_\_\_\_ mins  
[INT: IF NONE THEN ENTER '0' FOR BOTH HOURS AND MINUTES]

**B3.** How much is <child's> sleeping pattern or habits a problem for you? Would you say... [INT: READ OUT]

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

**B4a.** How often does <child> take comfort from a special blanket or toy during the daytime?

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never..... <sub>3</sub>

**B4b.** How often does <child> take comfort from a special blanket or toy during the nighttime?

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never..... <sub>3</sub>

**B5a.** How often does <child> suck a soother during the daytime?

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never..... <sub>3</sub>

**B5b.** How often does <child> suck a soother during the nighttime?

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never..... <sub>3</sub>

**B6a.** How often does <child> suck their thumb/finger(s) during the daytime?

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never..... <sub>3</sub>

**B6b.** How often does <child> suck their thumb/finger(s) during the nighttime?

Most of the time ..... <sub>1</sub>      Sometimes ..... <sub>2</sub>      Never..... <sub>3</sub>

**B7. [CARD B7]** I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
b. My child and I always seem to be struggling with each other .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
e. My child values his/her relationship with me .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
f. When I praise my child he/she beams with pride .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
g. My child spontaneously shares information about his/herself .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
h. My child easily becomes angry at me.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
i. It is easy to be in tune with what my child is feeling .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
j. My child remains angry or is resistant after being disciplined .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
k. Dealing with my child drains my energy .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
l. When my child is in a bad mood I know we're in for a long and difficult day .....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> <sub>1</sub> .....	<input type="checkbox"/> <sub>2</sub> .....	<input type="checkbox"/> <sub>3</sub> .....	<input type="checkbox"/> <sub>4</sub> .....	<input type="checkbox"/> <sub>5</sub>



**B8. [CARD B8] How often do you do the following when <child> misbehaves?**

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Ignore him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Smack him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Shout or yell at him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<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. Take away treats.....	<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. Tell him/her off.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Bribe him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**Section C - Child's physical health and development**

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

**C1. [CARD C1] In general, how would you describe <child's> current health?**

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

**C2. Does <child> have any longstanding illness, condition or disability? By longstanding I mean anything that has troubled him/her over a period of time or that is likely to affect him/her over a period of time?**

Yes ..... 1                      No..... 2 → **Go to C5**

**C3. [CARD C3] What longstanding illness, condition or disability does <child> have?**

[INT – code for up to 3 illnesses]

- a. Asthma ..... 1
- b. Cystic Fibrosis..... 2
- c. Heart abnormalities ..... 3
- d. Eczema or any kind of skin allergy ..... 4
- e. Any kind of respiratory allergy (including hayfever) ..... 5
- f. Any kind of food or digestive allergy or food intolerance ..... 6
- g. Problem with non-food allergies, such as to dust, animals or medicine..... 7
- h. Bone, joint or muscle problems ..... 8
- i. A problem using his/her arms or legs ..... 9
- j. A problem using his/her hands or fingers ..... 10
- k. Hyperactivity/Problems with attention ADD / ADHD ..... 11
- l. Severe behavioural problems ..... 12
- m. Diabetes ..... 13
- n. Kidney disease..... 14
- o. Migrainous headaches..... 15
- p. Epilepsy or seizures..... 16
- q. Down syndrome ..... 16
- r. Spina bifida/hydrocephalis..... 16
- s. Cerebral palsy ..... 16
- t. Autism Spectrum Disorder ..... 17
- u. Other (please specify) ..... 18

[INT – CODE FOR UP TO 3 ILLNESSES]

**C3\_1. Has this illness, condition or disability been diagnosed by a medical professional?**

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

**C3\_2. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ year**

C3\_3. Since when has <child> had this illness, condition or disability? \_\_\_\_\_ month

C4. Do any of these illnesses hamper <child> in his/her daily activities?

Yes, severely ..... <sub>1</sub>      Yes, to some extent..... <sub>2</sub>      No..... <sub>3</sub>

C3f\_4. To which food or foods. Please specify all types of food to which <child> has a food or digestive allergy or food intolerance

Food 1: \_\_\_\_\_ Food 2: \_\_\_\_\_ Food 3: \_\_\_\_\_

C5a. In the past 12 months has <child> had any periods when there was wheezing with whistling on his/her chest when he/she breathed?

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

C5b. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? \_\_\_\_\_ N

C6. In the past 12 months has your child been prescribed the following specifically for this wheezing with whistling on his/her chest?

	Yes	No
a) An inhaler .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b) Antibiotics.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c) A nebuliser .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

C7. Can you tell me whether <child> has received the following vaccinations:

(a) the '4-in-1' vaccination (diphtheria, tetanus, pertussis and polio)

Yes..... <sub>1</sub>      No..... <sub>2</sub>      Don't Know/Never heard of it..... <sub>3</sub>

(b) the 'MMR' vaccination (Measles/Mumps/Rubella) after he/she started school at 4-5 years

Yes..... <sub>1</sub>      No..... <sub>2</sub>      Don't Know/Never heard of it..... <sub>3</sub>

C8. [CARD C8] In the past 12 months, how many times have you seen or talked on the telephone with any of the following about <child's> physical or emotional health? [INT: IF NONE THEN ENTER 0 – DO NOT LEAVE BLANK]

- a. A general practitioner (GP) ..... \_\_\_\_\_ N
- b. A paediatrician / consultant / hospital doctor ..... \_\_\_\_\_ N
- c. A public health nurse ..... \_\_\_\_\_ N
- d. A practice nurse (i.e. a nurse in a GP's surgery/clinic)... \_\_\_\_\_ N
- e. A psychiatrist/psychologist..... \_\_\_\_\_ N
- f. Accident and Emergency..... \_\_\_\_\_ N
- g. A social worker..... \_\_\_\_\_ N
- h. A speech therapist..... \_\_\_\_\_ N
- i. Other medical professional (please specify)..... \_\_\_\_\_ N

C9a. Has <child> received a course of antibiotics in the past 12 months?

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

C9b. In total, how many courses of antibiotics has <child> received in the past 12 months? \_\_\_\_\_ N

C10. Since the time of the last interview in MM/YY, approximately how many nights has <child> spent in hospital? \_\_\_\_\_ nights

[INT: NOT HOSPITAL OUTPATIENT OR EMERGENCY DEPARTMENT VISITS – IF NONE THEN CODE AS '0']

**C11. Most children have accidents at some time. Has child ever had an accident or injury for which <pronoun> has been taken to the doctor, health centre or hospital?**

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

**C12. How many separate accidents has <child> ever had? \_\_\_\_\_ accidents**

**C13. [CARD C13] Thinking about the MOST RECENT (or only) accident or injury, what sort of accident or injury was it?**

- Loss of consciousness / knocked out ..... <sub>1</sub>
- Bang on the head / injury to head without being knocked out ..... <sub>2</sub>
- Broken bone or fracture ..... <sub>3</sub>
- Near drowning ..... <sub>4</sub>
- Swallowed household cleaner / other poison / pills ..... <sub>5</sub>
- Swallowed object ..... <sub>6</sub>
- Cut needing stitches or glue ..... <sub>7</sub>
- Injury to mouth or tooth ..... <sub>8</sub>
- Burn or scald ..... <sub>9</sub>
- Other (please specify) \_\_\_\_\_ <sub>10</sub>

**C14. What age was <child> when this MOST RECENT (or only) accident or injury happened?**

\_\_\_\_\_ Years \_\_\_\_\_ Months

**C15a. Did <child> go to the hospital? Yes ..... <sub>1</sub> No ..... <sub>2</sub>**

**C15b. Was this to Casualty / Accident and Emergency only or was he/she admitted to a hospital ward?**

- Casualty / Accident and Emergency only ..... <sub>1</sub>
- Admitted to a Hospital Ward ..... <sub>2</sub>

**C16. Where did this accident happen?**

- In your home ..... <sub>1</sub>
- A friend's, neighbour's or relative's house ..... <sub>2</sub>
- In childcare – childminder's house or creche/preschool ..... <sub>3</sub>
- In school ..... <sub>4</sub>
- Outside in your local neighbourhood ..... <sub>5</sub>
- Outside, somewhere else – not in your local neighbourhood ..... <sub>6</sub>
- Other (please specify) \_\_\_\_\_ <sub>7</sub>

**C17. Does <child> currently have, or at any time in the past had, any sort of sight problem requiring correction? [INTERVIEWER: Explain that 'correction' includes being prescribed glasses]**

Yes, currently ..... <sub>1</sub> Yes, in the past ..... <sub>2</sub> No ..... <sub>3</sub>

**C18a. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?**

Yes, currently ..... <sub>1</sub> Yes, in the past ..... <sub>2</sub> No ..... <sub>3</sub>

**C18b. Has <child> ever had grommets inserted in his / her eardrums?**

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

**C18c. When? Month \_\_\_\_\_ Year \_\_\_\_\_**

**C19. [CARD C19] Was there any time in the last 12 months when, in your opinion, <child> needed medical care or treatment for a health problem but he/she did not receive it because: [INT: READ OUT]**

- |  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| a. You couldn't afford to pay .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. The necessary medical care wasn't available or accessible to you .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. You could not take time off work to visit the doctor with <child> ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. You wanted to wait and see if the problem got better .....              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Child refused / fear of doctor .....                                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Child is still on the waiting list .....                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. Other (please specify) _____  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**C20a. Is <child> currently on a waiting list for any type of medical assessment or treatment?**

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

**C20b. Please specify** \_\_\_\_\_

**C21. Do you have any concerns about how <child> talks and makes speech sounds? Would you say no, yes a little or yes a lot?**

No..... <sub>1</sub> Yes, a little..... <sub>2</sub> Yes, a lot ..... <sub>3</sub> Don't know..... <sub>4</sub>

**C22. [CARD C22] In which areas does child have difficulties? What speech problems does <child> have?**

	Yes	No		Yes	No
a. Reluctant to speak.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	g. Voice sounds unusual.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Speech not clear to the family .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	h. Stutters, stammers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Speech not clear to others .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	i. Lisp or difficulty pronouncing certain letter combinations.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Speech is developing slowly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	j. Other (please specify).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Difficulty finding words .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			
f. Difficulty putting words together.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			

**C23. Has <child> received any treatment for his/her speech or language problem?**

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

**C24. Has <child> been to visit the dentist because of a problem with his/her teeth?**

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

**C25a. Was there any time during the past 12 months when <child> really needed to consult a dentist but did not?**

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

**C25b. Was this because you could not afford it, or some other reason?**

Could not afford it..... <sub>1</sub> Other reason..... <sub>2</sub>

**C26. [CARD C26] I would like you to tell me about your child's diet and the types of food <pronoun> does and doesn't eat. Looking at the card, please tell me how often, on average, your child eats these foods.**

	Never	Less than once a month	At least once a month	At least once a week	Most days	Once a day	2-3 per day	4-5 per day	6+ per day
a. Ready to eat breakfast cereals .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
b. Other breakfast cereals									
e.g. porridge .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
c. White bread and rolls .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
d. Wholemeal, brown bread and rolls .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
e. Other breads e.g. scones, croissants.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
f. Savoury breads, e.g. pizza.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
g. Rice, pasta, noodles .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
h. Cakes, pastries, buns.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
i. Biscuits - any .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
j. Chocolate or confectionery .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
k. Other sweets.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
l. Ice cream or ice lollies .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
m. Puddings & chilled desserts .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
n. Yoghurt (flavoured or plain but not fromage frais) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
o. Fromage frais (e.g. Petit Filous) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
p. Cheese or cheese spread .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
q. Milk (cow's) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

r.Eggs (include in home cooking)	<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"/>
s.Fruit squash (tropical fruit, lemon barley, etc)	<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"/>
t.Fruit juice (not squash)	<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"/>
u.Blackcurrant only drinks	<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"/>
v.Fizzy drinks ( <b>not</b> mineral water, sugar-free or diet)	<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"/>
w.Baked beans - canned	<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"/>
x.Peas, in any form	<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"/>
y.Leafy green vegetables e.g. spinach, cabbage	<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"/>
z.Other green vegetables e.g. green beans, broccoli	<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"/>
aa.Chips, fried potatoes (e.g. waffles etc)	<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"/>
ab.Other potatoes	<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"/>
ac.Carrots	<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"/>
ad.Other root vegetables apart from carrots and potatoes e.g. parsnips, turnips	<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"/>
ae.Mushrooms	<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"/>
af.Apples or pears (fresh)	<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"/>
ag.Soft fruits (e.g. peaches, nectarines, grapes)	<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"/>
ah.Citrus fruits (e.g. orange, tangerines, satsumas)	<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"/>
ai.Bananas	<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"/>
aj.Cucumber	<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"/>
ak.Fresh tomatoes	<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"/>
al.Salad (e.g. lettuce)	<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"/>
am.Butter	<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"/>
an.Low fat spread	<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"/>
ao.Other spreads	<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"/>
ap.Oils (e.g. vegetable, olive sunflower)	<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"/>
aq.Fish or shellfish including fish fingers	<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"/>
ar.Sausage, frankfurters	<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"/>
as.Liver (but not liver products e.g. pâté)	<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"/>
at.Beef, e.g. roast, steak, in stews	<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"/>
au.Beef, e.g. minced, burgers	<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"/>
av.Lamb, e.g. roast, steak, in stews	<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"/>
aw.Pork, e.g. as a roast or chops in stir fries etc	<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"/>
ax.Bacon, rashers, ham	<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"/>
ay.Chicken and poultry, e.g. as a roast, in casseroles	<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"/>
az.Chicken and poultry, e.g. as nuggets or breaded chicken	<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"/>
ba.Crisps or other packet snacks	<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"/>

**C27. [CARD C27] Which of these best describes <child's> weight?**

**[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]**

Underweight	<input type="checkbox"/>
Normal weight	<input type="checkbox"/>
Somewhat overweight	<input type="checkbox"/>
Very overweight	<input type="checkbox"/>

C28. Is <child> right or left-handed? Right-handed .....<sub>1</sub> Left-handed.....<sub>2</sub> Don't know .....<sub>3</sub>

C29. [CARD C29] How often would you say <child>.....

	Never	Seldom	Often	Almost always
a. Expresses feelings when wronged.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Says nice things about herself/himself without bragging.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Asks for help from adults.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Says when there is a problem.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Stands up for others who are treated unfairly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Questions rules that may be unfair.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Stands up for herself/himself when treated unfairly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Takes care when using other people's things.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. Respects the property of others.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j. Is well-behaved when unsupervised.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k. Takes responsibility for her/his own actions.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l. Does what she/he promised.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
m. Takes responsibility for her/his own mistakes.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
n. Tries to understand how you feel.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
o. Tries to make others feel better.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
p. Forgives others.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
q. Tries to understand how others feel.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
r. Tries to comfort others.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
s. Shows concern for others.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
t. Makes a compromise during a conflict.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
u. Stays calm when teased.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
v. Takes criticism without getting upset.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
w. Resolves disagreements with you calmly.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
x. Stays calm when disagreeing with others.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
y. Tolerates peers when they are annoying.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
z. Responds appropriately when pushed or hit.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## Section E - Child's play, activities and temperament

The next section is about activities you may carry out with <child>.

E1. [CARD E1] Look at the card, for each statement, please indicate the answer that best describes the <child's> behaviour at the present time.

	Almost Never	Not Often	Variable, usually does not	Variable, usually does	Frequently	Almost always
a. This child is shy with strange adults.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b. When this child starts a project such as a puzzle or model, he/she works on it without stopping until it is completed, even if it takes a long time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c. If this child wants a toy or sweet while shopping, he/she will easily accept something else instead.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d. This child is shy when first meeting new children.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e. This child likes to complete one task or activity before going onto the next.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f. When this child is angry about something, it is difficult to sidetrack him/her.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
g. When in a park or visiting, this child will go up to strange children and join in their play.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
h. This child stays with an activity (e.g. puzzle, construction kit, reading) for a long time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

- i. When shopping together, if I do not buy what this child wants (e.g. sweets, clothing), he/she cries and yells ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- j. When unknown adults visit our home, this child is immediately friendly and approaches them ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- k. If this child is upset, it is hard to comfort him/her ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6
- l. When a toy or game becomes difficult, this child quickly turns to another activity ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6

**E2. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]**

- Easier than average ..... 1
- About average ..... 2
- More difficult than average ..... 3

**E3a. [CARD E3a] How often would you do any of the following with <child>?**

- |   | Never                      | Hardly ever                | Occasionally               | One or two times a week    | Everyday                   | N/A                        |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Play with <child> using toys or games / puzzles .....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| b. Play computer games with <child> .....                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| c. Visit the library .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| d. Listen to <child> read.....  | <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. Read to <child> .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| f. Use computer with <child> in educational ways .....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| g. Sport or physical activities .....                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| h. Go on educational visits outside home such as museums, farms ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |
| i. Go shopping.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |                            |

**E3b. [CARD E3b] Does <child> do any of the following at home?**

- |   | Never                      | Hardly ever                | Occasionally               | One or two times a week    | Everyday                   |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Plays on computer, tablet device (eg iPad) or smartphone (e.g. iPhone) by themselves ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Plays "make believe" or pretend games .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Paints, draws or makes models .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Enjoys dance, music, movement.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**E4. [CARD E4] In the past month, has <child> done any of these things with you or another family member?**

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Gone to a movie .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Gone to a sporting event in which the child was not a player .....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Gone to a concert, play, museum, art gallery, community or school event..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Attended a religious service, church, temple, synagogue or mosque.....       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Visited a library .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Swimming .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**E5. [CARD E5] Does <child> attend a sports club or sports group**

- Never ..... 1
- Twice a month ..... 2
- Regularly, one hour per week ..... 3
- Regularly, two hours per week ..... 4
- Regularly, more than two hours per week ..... 5
- Don't know ..... 6

**E6. Looking at Card E6, can you tell me how often <child>**

- |  | Never                      | Less than once per week    | 1-2 times per week         | 3-6 times per week         | Every day                  | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) Climbs on trees, climbing frame, wall bars 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 |
| b) Plays with a ball .....                             | <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) Plays chasing .....                                 | <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) Rides a bike, tricycle or scooter .....             | <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) Skates .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**E7. About how many children's books does <child> have access to in your home now, including any library books? Would you estimate... [INT: READ OUT]**

- None.....1      21 to 30.....4  
 Less than 10 .....2      More than 30.....5  
 10 to 20 .....3

**E8a. I would like you to think about all the time <child> spends on an average weekday looking at the TV, videos, dvds, computer, Ipad, smart phones, electronic games system. We are talking here about the amount of time <child> spends in front of any 'screen' (computer or TV or game) in an average weekday. How much time would <child> spend on this type of 'screen time' on an average weekday?**

- None .....1      1-less than 2 hours.....2      2- less than 3 hours ...3      3 or more hours .....4

**E8b. What does <child> MOSTLY do on that 'screen time'? Is s/he usually:**

- Playing educational games .....1  
 Playing other games.....2  
 Watching movies, videos, other TV.....3  
 Doing a mixture of all types of activities.....4

**E9. Does your child ever access the internet using a computer, tablet, smartphone or game system (e.g. Xbox) at home?**

- Yes.....1      No.....2

**E10. Is <child> supervised by you or another adult when he/she accesses the internet?**

- Always.....1      Sometimes .....2      Never .....3

## Section F - Child's Functioning and relationships

**Now I'd like to ask you some questions about <child's> emotional health and wellbeing.**

**F1. [CARD F1] Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of the Study Child's behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like.**

- |  | Not True                   | Somewhat True              | Certainly True             |
|--|----------------------------|----------------------------|----------------------------|
|  | True                       | True                       | True                       |
| a. Considerate of other people's feelings .....                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Restless, overactive, cannot stay still for long .....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Often complains of headaches, stomach-aches or sickness .....             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Shares readily with other children (treats, toys, pencils etc.) .....     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Often has temper tantrums or hot tempers.....                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Rather solitary, tends to play alone .....                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Generally obedient, usually does what adults request .....                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h. Many worries, often seems worried.....                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. Helpful if someone is hurt, upset or feeling ill .....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| j. Constantly fidgeting or squirming .....                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| k. Has at least one good friend.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| l. Often fights with other children or bullies them.....                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| m. Often unhappy, down-hearted or tearful.....                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| n. Generally liked by other children .....                                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| o. Easily distracted, concentration wanders .....                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| p. Nervous or clingy in new situations, easily loses confidence .....        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| q. Kind to younger children .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| r. Often lies or cheats.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| s. Picked on or bullied by other children.....                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| t. Often volunteers to help others (parents, teachers, other children) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| u. Thinks things out before acting.....                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| v. Steals from home, school or elsewhere .....                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| w. Gets on better with adults than with other children.....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| x. Many fears, easily scared .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| y. Sees tasks through to the end, good attention span .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |



**F2. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?**

No	Yes, minor difficulties	Yes, definite difficulties	Yes, severe difficulties
<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....

**F3. How long have these difficulties been present?**

Less than a month .....1    1 -5 months .....2    6-12 months .....3    Over a year .....4

**F4. Do the difficulties upset or distress your child?**

Not at all .....1    Only a little .....2    Quite a lot .....3    A great deal .....4

**F5. Do the difficulties interfere with your child's everyday life in the following areas?**

	Not at all	Only a little	Quite a lot	A great deal
a. Home life .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Friendships.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Classroom learning .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Leisure activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**F6. Do the difficulties put a burden on you or the family as a whole?**

Not at all .....1    Only a little .....2    Quite a lot .....3    A great deal .....4

**F7. Does <child> have any brothers or sisters?**

Yes .....1    No .....2

**F8. [CARD F8] In general, how well does <child> get on with his/her siblings?**

Gets on well with his/her siblings .....1  
 Mixed .....2  
 Does not get on well with his/her siblings .....3  
 Does not see them .....4

## Section G – School / Childcare / Preschool

**G1. Has <child> started Junior Infants in primary school?**

Note that the Early Start Programme is counted as preschool (not primary school). The Early Start Programme provides preschool places for 3 and 4 year olds in a small number of primary schools around the country.

Yes .....1 GO TO SECTION G1, QUESTION G2  
 No .....2 GO TO SECTION G2, QUESTION G35  
 Child is homeschooled .....2 GO TO SECTION G1, QUESTION G20

### Section G1 – Child has started school

#### **Subsection A – School details, school choice and transition to school**

Now I'd like to ask you some questions on school details, school choice and transition to school

**G2. When did he/she start Junior Infants in primary school? \_\_\_\_\_ month \_\_\_\_\_ year**

**G3. What school is <child> currently attending? Please give the full name and address as exactly as possible**

Name of school: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

Address 4: \_\_\_\_\_

County: \_\_\_\_\_

**G4. And (can I just check) is it a single sex or mixed school?**

Single sex .....<sub>1</sub>      Mixed sex .....<sub>2</sub>      Mixed sex Juniors, Single sex Seniors      <sub>3</sub>

**G5. What class (or year) is <child> currently in?**

[INTERVIEWER: If interview is in July / August please enter the class <child> has just completed]

Junior Infants .....<sub>1</sub>  
 Senior Infants .....<sub>2</sub>  
 First class .....<sub>3</sub>  
 Other (please specify) .....<sub>4</sub>

**G6. When did you register or enroll Study Child with the school?**

\_\_\_\_\_ month \_\_\_\_\_ year

**G7a. Had you registered or enrolled <child> in other primary schools?**

Yes .....<sub>1</sub>      **G7b. How many?** \_\_\_\_\_  
 No .....<sub>2</sub>

**G8. Does <child> have any older brothers or sisters in the school they are attending?**

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

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

**G9. [CARD G9] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources?**

	Yes	No
a. Primary school staff .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Preschool staff (e.g. nursery or playgroup staff).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Friends .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Other parents .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Your siblings .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. School website.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. Other (please specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**G10. Did you have a choice about which school <child> would go to? Yes <sub>1</sub> No <sub>2</sub>**

**[CARD G10] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school**

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. His/her brother/sister went/go there .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. General good impression of school/good reputation .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. The ethos of the school in terms of religion or beliefs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. The gender mix of the school (co-educational/single sex) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Language of instruction used in the school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Other reason (specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**G11. [CARD G11] Did you do any of the things on this card to get <child> ready for starting school?**

	Yes	No
a. You attended an information meeting arranged by the school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. You decided to visit the school before the Study Child started .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Sought advice from friends, neighbours and/or family .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Practised reading, writing or numbers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Talked to the Study Child about school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Something else (Please specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**G12. [CARD G12] I am going to read out a series of statements about how you felt about Study Child starting school, please tell me how much you agree or disagree with each statement.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I felt that <child> was able to mix with other children well enough to get along at primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I believe that <child> understood enough about taking turns and sharing to manage at primary school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. <Child> could go to the toilet on his/her own before starting primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I felt that <child> had the pre-reading and writing skills necessary to start school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I was worried that <child> would find being apart from me too difficult.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I was concerned that <child> would be reluctant to go to primary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. I was worried that <child> was not independent enough to cope with primary school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G13. How often would you or your spouse / partner usually speak in person to <child's> teacher?**

Daily .....1      Weekly .....2      Monthly .....3      Less often .....4

**G14. [CARD G14] Children sometimes have problems adjusting to primary school. On average, since <child> has started primary school...**

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about school? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. How often has <child> said good things about school? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. How often has <child> looked forward to going to school? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. How often has <child> been upset or reluctant to go to school?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**The next few questions are about how you think <child> is getting on at school.**

**G15a. How do you feel about the pace of learning at school for Study Child? Do you feel it is...**

[INT: Read out]

Too fast for <child> .....1  
 Just right for <child>.....2  
 Too slow for <child>.....3

**G15b. And which of these statements best describes how <child>is finding his/her school work?**

[INT: Read out]

<Child>usually finds school work hard .....1  
 <Child>sometimes finds school work hard .....2  
 <Child>never finds school work hard.....3

**G16. How confident are you that you know what your child is learning or doing in school?**

Very confident .....1      Somewhat confident 2      Not very confident ...3      Not at all confident 4

**G17. [CARD G17] How is information communicated to you from the school?**

	Yes	No
a. Chatting informally with teacher .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Parent-teacher meeting / other formal meeting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Newsletter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Written report.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Phone call.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Text message .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Letter or note with the child or in his / her journal.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. What child tells me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. School's website or blog.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**G18. [CARD G18] Can you tell me how much you agree or disagree with these statements?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
a.<Child> finds it hard to sit still and listen in class .....	<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.<Child's > teacher knows him/her well and gives him/her just the support he/she needs .....	<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.<Child> was happier with the way he/she learned things in preschool/nursery .....	<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.<Child> has adjusted easily to the way they do things in 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

**G19. Who usually minds <child> if he/she is too sick to attend school?**

[Interviewer: Read out answer categories]

Mother .....	<input type="checkbox"/> 1	Father .....	<input type="checkbox"/> 2	Parents take turns ...	<input type="checkbox"/> 3	Grandparents .....	<input type="checkbox"/> 4
Other relative .....	<input type="checkbox"/> 5	Friend/ Neighbour .....	<input type="checkbox"/> 6	Childminder .....	<input type="checkbox"/> 7	Other (please specify)	<input type="checkbox"/> 8

**Subsection B – Term-time out of school care for those who have started school**

Now I'd like to ask you some questions about childcare arrangements for Study Child after school during the school term

**G20. Is <child> minded by someone other than you or your resident spouse / partner on a regular basis after school, during the school year (between September and June)?**

Yes ..... 1      No ..... 2      Go to G28

**G21. (a) [Card G21] Who minds <child> on a regular basis each week after school?**

- (b) number of days per week <child> spends in each type of childcare  
 (c) number of hours per week <child> spends in each type of childcare  
 (d) how much you pay for this childcare for <child> per week  
 (e) whether this is your main type of childcare

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home .....	<input type="checkbox"/> 1 Go to G22a	_____ N	_____ N	€ _____	<input type="checkbox"/>
b. A non-relative in your home.....	<input type="checkbox"/> 2 Go to G23a	_____ N	_____ N	€ _____	<input type="checkbox"/>
c. A relative in their home.....	<input type="checkbox"/> 3 Go to G22b	_____ N	_____ N	€ _____	<input type="checkbox"/>
d. A non-relative in their home.....	<input type="checkbox"/> 4 Go to G23b	_____ N	_____ N	€ _____	<input type="checkbox"/>
e. After School Service within School .....	<input type="checkbox"/> 5	_____ N	_____ N	€ _____	<input type="checkbox"/>
f. Other After School Service (e.g. in creche, community centre etc) .....	<input type="checkbox"/> 6	_____ N	_____ N	€ _____	<input type="checkbox"/>
g. Other (please specify) .....	<input type="checkbox"/> 7	_____ N	_____ N	€ _____	<input type="checkbox"/>

If more than one child in childcare arrangement, take the average cost per child

**G22a. [CARD G22] Please specify how this person is related to <child>**

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> ..... 3
4. Brother / Sister of <child>..... 4
5. Non-resident Parent .....
6. Cousin of <child>..... 6
7. Other relative .....

**G22b. [CARD G22] Please specify how this person is related to <child>**

1. Grandmother of <child>..... 1
2. Grandfather of <child>..... 2
3. Aunt /Uncle of <child> ..... 3
4. Brother / Sister of <child>..... 4
5. Non-resident Parent .....
6. Cousin of <child>..... 6
7. Other relative .....

**G23a. [CARD G23a] Which of the following best describes that person?**

1. Au pair / Nanny (live in)..... 1
2. Friend / Neighbour .....
3. Childminder .....
4. Other .....

**G23b. [CARD G23b] Which of the following best describes that person?**

1. Friend / Neighbour..... 1
2. Childminder .....
3. Other..... 3

**G24. What age was <child> when you started to use the main childcare arrangement? \_\_\_\_\_ years \_\_\_\_\_ months**

[INT: IF ANSWER AT G21 IS (A) OR (B) PLEASE GO TO G26]

**G25a. Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?**

\_\_\_\_\_ number of children

**G25b. Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?**

\_\_\_\_\_ number of adults

**G26. [CARD G26] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.**

**How often do the following statements describe your experience?**

	Never	Rarely	Sometimes	Often	Always
a. There are lots of creative activities going on. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. It's an interesting place for my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. There are plenty of toys, books, pictures, and music for my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. In care, my child has many natural learning experiences. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The caregiver provides activities that are just right for my child ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. My child gets a lot of individual attention ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child likes the caregiver ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G27. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...**

[INT:Read out]

Very easy .. 1    Easy ... 2    Neither easy nor difficult ..... 3    Difficult .... 4    Or very difficult... 5    Don't pay 6

### Subsection C – Attendance at Preschool prior to starting school

**Now I'd like to ask you some questions about attendance at preschool prior to starting school**

**Children aged between 3 years 3 months and 4 years 6 months on the 1<sup>st</sup> of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.**

**G28. Did you avail of the free preschool year for the Study Child?**

Yes ..... 1    No ..... 2    Never heard of it..... 3

**G28b. Why not?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**G28c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?**

Yes, would have sent him/her anyway ..... 1    No, wouldn't have been able to send him / her ..... 2

**G29. How best would you describe the setting in which the free preschool year was made available:**

- Preschool ..... 1
- Naionra..... 2
- Montessori..... 3
- Creche..... 5
- Playgroup..... 5
- Other group care setting (please specify) \_\_\_\_\_ 6

G30a. What age was <child> when he/she first attended Free Preschool Year? Age: \_\_\_\_\_ years \_\_\_\_\_ months

G30b. What age was <child> when he/she finished attending this Free Preschool Year? Age: \_\_\_\_\_ years \_\_\_\_\_ months

G31a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?

Only 3 hours per day ..... <sub>1</sub> ..... Topped up with more hours ..... <sub>2</sub>

G31b. How many additional hours in this same preschool setting per week? \_\_\_\_\_ hours

G31c. How much did you pay per week in total for these additional hours? \_\_\_\_\_ euros

G32. [CARD G32] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement was of the preschool.

How often did the following statements describe your experience

	Never	Rarely	Sometimes	Often	Always
a. There were lots of creative activities going on. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. It was an interesting place for my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. There were plenty of toys, books, pictures, and music for my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. In care, my child had many natural learning experiences. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. The caregiver provided activities that are just right for my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. My child felt safe and secure in care .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. The caregiver was warm and affectionate toward my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. It was a healthy place for my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. My child was treated with respect.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. My child was safe with this caregiver .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. My child got a lot of individual attention.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. My caregiver and I shared information .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. My caregiver was open to new information and learning .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n. My caregiver showed she (he) knew a lot about children and their needs.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o. The caregiver handled discipline matters easily without being harsh .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
p. My child liked the caregiver .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
q. My caregiver was supportive of me as a parent.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
r. My caregiver was happy to see my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

G33. How confident were you that you knew what your child was learning or doing in preschool?

Very confident ..... <sub>1</sub>      Somewhat confident    <sub>2</sub>      Not very confident ..... <sub>3</sub>      Not at all confident    <sub>4</sub>

G34. Who usually minded <child> if he/she was too sick to attend preschool?

[Interviewer: Read out answer categories]

Mother ..... <sub>1</sub>      Father ..... <sub>2</sub>      Parents take turns ..... <sub>3</sub>      Grandparents ..... <sub>4</sub>  
 Other relative ..... <sub>5</sub>      Friend/ Neighbour ..... <sub>6</sub>      Childminder ..... <sub>7</sub> ..... Other (please specify) ..... <sub>8</sub>

## Section G2 – Child has not started school

### Subsection A. Reasons for not starting school yet and preparations for starting school

G35. [CARD 35] When thinking about why you chose not to send <child> to primary school yet, how important were each of the following factors?

	Very important	Somewhat important	Not very important	Not at all important
a. I thought <child> was too young.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. I didn't think <child> was ready to start school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Not able to due to <child> health problem/disability.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. <Child> has problems with his/her speech or language development	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Preschool/School advised deferring entry .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Someone else advised deferring entry(Please specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Something else (Please specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

G36. Have you decided yet which school <child> will attend?

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

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

As you know, we would like to approach the schools being attended by the children in *Growing Up in Ireland* from next September so someone from Head Office will be in touch with you in August when things should be clearer for you in terms of which school <child> will be attending.

G37. Please record full name and address of the school <child> will attend.

Name of school: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Address 3: \_\_\_\_\_

Address 4: \_\_\_\_\_

County: \_\_\_\_\_

G38. When will <child> start school? Which month and year?

\_\_\_\_\_ month \_\_\_\_\_ year Haven't decided yet .. <sub>1</sub>

G39. When did you register or enroll Study Child with the school?

\_\_\_\_\_ month \_\_\_\_\_ year

G40. Does <child> have any older brothers or sisters in the school they will attend?

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

G41a. Have you registered or enrolled <child> in other primary schools?

Yes ..... <sub>1</sub> G41b. How many? \_\_\_\_\_  
No ..... <sub>2</sub>

The next few questions are about the time when you were deciding to enroll <child> at a primary school.

G42. [CARD G42] Before enrolling <child> at a primary school, did you look for advice or information about starting primary school from any of the following sources? Please tick all that apply

- a. Primary school staff ..... <sub>1</sub>
- b. Preschool staff (e.g. nursery or playgroup staff) ..... <sub>2</sub>
- c. Friends ..... <sub>3</sub>
- d. Other parents ..... <sub>4</sub>
- e. Your siblings ..... <sub>5</sub>
- f. School Website ..... <sub>7</sub>
- g. Other (specify) \_\_\_\_\_ <sub>8</sub>

G43. Did you have a choice about which school <child> would go to? Yes <sub>1</sub> No <sub>2</sub>

G44. [CARD G44] When thinking about schools that <child> might go to, how important were the following factors? If <child> was already attending a preschool class at this school, please give the reason you chose to send him/her to the preschool class at this school

	Very important	Somewhat important	Not very important	Not at all important
a. It's the local school or nearest to home .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. His/her friends go or were intending to go there.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. His/her brother/sister went/go there .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. General good impression of school/good reputation .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. The ethos of the school in terms of religion or beliefs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. The gender mix of the school (co-educational / single sex) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Language of instruction used in the school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Other reason (specify) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**G45. [CARD G45] Are you doing or do you plan to do any of the things on this card to get <child> ready for starting school?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. Attend an information meeting arranged by the school ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Visit the school before the Study Child starts .....       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Seek advice from friends, neighbours and/or family .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Practice reading, writing or numbers .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Talk to the Study Child about school .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Something else (Please specify) .....                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

**G46. [CARD G46] I am going to read out a series of statements about how you feel about Study Child starting school, please tell me how much you agree or disagree with each statement.**

- |   | Strongly agree                        | Agree                                 | Neither agree nor disagree            | Disagree                              | Strongly disagree                     |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. I feel that <child> will be able to mix with other children well enough to get along at primary school ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b. I believe that <child> understands enough about taking turns and sharing to manage at primary school .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c. <Child> can go to the toilet on his/her own before starting primary school.....                              | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| d. I feel that <child> has the pre-reading and writing skills necessary to start school .....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| e. I am worried that <child> will find being apart from me too difficult.....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| f. I am concerned that <child> will be reluctant to go to primary school.....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| g. I am worried that <child> is not independent enough to cope with primary school .....                        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

### Subsection B Attendance at Preschool – Child NOT at school

Children aged between 3 years 3 months and 4 years 6 months on the 1<sup>st</sup> of September each year are entitled to free part-time preschool places funded by the Government. For these questions, I would like you to think about only those preschool places funded by the free preschool year.

**G47a. Have you availed of the Free Preschool Year for the Study Child?**

- Yes ..... <sub>1</sub>      No ..... <sub>2</sub> GO TO G55      Never heard of it .... <sub>3</sub> GO TO G55

**G47b. Why not?**

\_\_\_\_\_

\_\_\_\_\_

**G47c. Would you have been able to send <child> to preschool had it not been for the free preschool year scheme?**

- Yes, would have sent him/her anyway ..... <sub>1</sub>      No, wouldn't have been able to send him / her ..... <sub>2</sub>

**G48. How best would you describe the setting in which the free preschool year was made available:**

- Preschool ..... <sub>1</sub>  
 Naionra..... <sub>2</sub>  
 Montessori..... <sub>3</sub>  
 Creche..... <sub>4</sub>  
 Playgroup ..... <sub>5</sub>  
 Other group care setting (please specify) \_\_\_\_\_ <sub>6</sub>

**G49a. What age was <child> when he/she first attended Free Preschool Year? Age:** \_\_\_\_\_ years \_\_\_\_\_ months

**G49b. What age was <child> when he/she finished attending this Free Preschool Year OR What age will <child> be when he/she finishes, if he/she has not yet finished? Age:** \_\_\_\_\_ years \_\_\_\_\_ months



**G50a. Did they attend only for the free 3 hours per day or did you top this up with more hours in the same preschool setting?**

Only 3 hours per day ..... <sub>1</sub>..... Topped up with more hours ..... <sub>2</sub>

**G50b. How many additional hours in this same preschool setting?** \_\_\_\_\_ hours

**G50c. How much did you pay per week in total for these additional hours?** \_\_\_\_\_ euros

**G51. [CARD 51] Children sometimes have problems adjusting to preschool. On average, since child has started preschool...**

	More than once a week	Once a week or less	Not at all
a. How often has <child> complained about preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. How often has <child> said good things about preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. How often has <child> looked forward to going to preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. How often has <child> been upset or reluctant to go to preschool? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**G52. [Card G52] The next questions are about <child>'s preschool. Please read each statement and indicate how characteristic each statement is/was of the preschool.**

**How often do/did the following statements describe your experience**

	Never	Rarely	Sometimes	Often	Always
a. There are/were lots of creative activities going on. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. It is/was an interesting place for my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. There are/were plenty of toys, books, pictures, and music for my child. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. In care, my child has/had many natural learning experiences. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. The caregiver provides/provided activities that are/were just right for my child.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. My child feels/felt safe and secure in care.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. The caregiver is/was warm and affectionate toward my child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. It is/was a healthy place for my child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. My child is/was treated with respect .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. My child is/was safe with this caregiver.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. My child gets/got a lot of individual attention .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
l. My caregiver and I share/shared information .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
m. My caregiver is/was open to new information and learning.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
n. My caregiver shows/showed she (he) knows/knew a lot about children and their needs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
o. The caregiver handles/handled discipline matters easily without being harsh .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
p. My child likes/liked the caregiver .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
q. My caregiver is/was supportive of me as a parent .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
r. My caregiver is/was happy to see my child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**G53. How confident are/were you that you know/knew what your child was learning or doing in preschool?**

Very confident .....<sub>1</sub>      Somewhat confident    <sub>2</sub>      Not very confident ...<sub>3</sub>      Not at all confident    <sub>4</sub>

**G54. Who usually minds <child> if he/she is too sick to attend preschool?**

**[Interviewer: Read out answer categories]**

Mother .....<sub>1</sub>      Father .....<sub>2</sub>      Parents take turns .....<sub>3</sub>      Grandparents .....<sub>4</sub>  
 Other relative .....<sub>5</sub>      Friend/ Neighbour .....<sub>6</sub>      Childminder .....<sub>7</sub>      Other (please specify) .....<sub>8</sub>

**Subsection C. Term-time care arrangement:  
Additional care arrangements for children attending preschool  
Alternative care arrangement for children not attending preschool**

Now I'd like to ask you some questions about term-time childcare arrangements.

**G55.** (Thinking of any care arrangements in addition to those provided by the Free PreSchool Year or additional hours availed of in this preschool setting) Thinking of the school year Sept 2012 to June 2013, was <child> minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

Yes ..... \_1 No ..... \_2 If no go to g64

**G56. (a)** [Card G56] Who minds <child> on a regular basis each week?  
**(b)** number of days per week <child> spends in each type of childcare  
**(c)** number of hours per week <child> spends in each type of childcare  
**(d)** how much you pay for this childcare for <child> per week  
**(e)** whether this is your main type of childcare

If more than one child in childcare arrangement, take the average cost per child

	[Tick all that apply]	Number of days	Number of hours	Cost per week	Main type of care
a. A relative in your home .....	<input type="checkbox"/> _1 Go to G57a	_____N	_____N	€ _____	<input type="checkbox"/> _4
b. A non-relative in your home .....	<input type="checkbox"/> _2 Go to G58a	_____N	_____N	€ _____	<input type="checkbox"/> _4
c. A relative in their home .....	<input type="checkbox"/> _3 Go to G57b	_____N	_____N	€ _____	<input type="checkbox"/> _4
d. A non-relative in their home .....	<input type="checkbox"/> _4 Go to G58b	_____N	_____N	€ _____	<input type="checkbox"/> _4
e. Creche, Montessori, preschool, naíonra or other centre-based care setting, .....	<input type="checkbox"/> _5	_____N	_____N	€ _____	<input type="checkbox"/> _4
f. Other (please specify) .....	<input type="checkbox"/> _6	_____N	_____N	€ _____	<input type="checkbox"/> _4

**G57a. [Card G57]** Please specify how this person is related to <child>

- a. Grandmother of <child>..... \_1
- b. Grandfather of <child>..... \_2
- c. Aunt /Uncle of <child> ..... \_3
- d. Brother / Sister of <child>..... \_4
- e. Non-resident Parent ..... \_5
- f. Cousin of <child>..... \_6
- g. Other relative ..... \_7

**G57b. [Card G57]** Please specify how this person is related to <child>

- a. Grandmother of <child>..... \_1
- b. Grandfather of <child>..... \_2
- c. Aunt /Uncle of <child>..... \_3
- d. Brother / Sister of <child>..... \_4
- e. Non-resident Parent ..... \_5
- f. Cousin of <child>..... \_6
- g. Other relative ..... \_7

**G58a. [Card G58a]** Which of the following best describes that person?

- a. Au pair / Nanny (live in)..... \_1
- b. Friend / Neighbour ..... \_2
- c. Childminder ..... \_3
- d. Other ..... \_6

**G58b. [Card G58b]** Which of the following best describes that person?

- a. Friend / Neighbour..... \_1
- b. Childminder ..... \_2
- c. Other..... \_3

**G59.** What age was <child> when you started to use the main childcare arrangement? \_\_\_\_\_ years \_\_\_\_\_ months

[INT: IF ANSWER AT G56 IS (A) OR (B) PLEASE GO TO G61]

**G60a.** Thinking now of the main type of childcare, in total, how many children (including <child>) are looked after in the room where <child> is cared for?

\_\_\_\_\_ number of children

**G60b.** Thinking now of the main type of childcare, in total, how many adults supervise the children in the room where <child> is cared for?

\_\_\_\_\_ number of adults

**G61. [Card G61]** What is the main reason the Study Child is using regular child care at present?

- 1. Parent's work or study commitments..... \_1
- 2. Parent's sport, shopping, social or community activities ..... \_2
- 3. Give parent a break or time alone..... \_3
- 4. Good for child's social development/to mix with other children ..... \_4
- 5. Good for child's intellectual or language development ..... \_5
- 6. Establish relationships with grandparents or non-resident parents ..... \_6
- 7. Other..... \_7

**G62. [Card G62] The next questions are about the place where <child> is cared for. Please read each statement and indicate how characteristic each statement is of the MAIN place where <child> is cared for.**

Never   Rarely   Sometimes   Often   Always

**How often do the following statements describe your experience**

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. There are lots of creative activities going on. ....                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. It's an interesting place for my child. ....                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. There are plenty of toys, books, pictures, and music for my child. .... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. In care, my child has many natural learning experiences. ....           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. The caregiver provides activities that are just right for my child .... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. My child gets a lot of individual attention ....                        | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g. My child likes the caregiver .....                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

**G63. Given your family income, how easy or difficult do you find it to pay for the childcare you use? Is it...**

Very easy .. 1   Easy ... 2   Neither easy nor difficult .. 3   Difficult .... 4   Or very difficult..... 5   Don't pay 6

**Section G3 – NOT IN SCHOOL AND NOT IN CHILDCARE:**

**G64. What is the main reason the Study Child does not have any regular child care arrangements at present?**

- Parent is available, other care not needed ..... 1
- Problems with getting child care places around here ..... 2
- Childcare not available around here ..... 3
- Transport problems to childcare ..... 4
- Can't afford it - cost too high ..... 5
- Concerned with quality of care ..... 6
- Child has disability or special needs ..... 7
- Didn't want child cared for by strangers..... 8
- Parent(s) is / are the best for the child at this age ..... 9
- Other (please specify) \_\_\_\_\_ 10

**Section G4 – CHILDCARE ARRANGEMENT WHEN CHILD TURNED 3 YEARS OF AGE:**

**G65. Thinking back to when <child> turned 3 years of age, before he/she started the free preschool year (if relevant), was he/she minded on a regular basis by anyone other than you or your resident spouse/partner for 8 or more hours per week?**

Yes ..... 1   No ..... 2

**G66. What age was <child> when you started to use that childcare arrangement. (If more than one type of childcare was used when <child> turned 3 years of age please answer in respect of the main type of care used)?**

\_\_\_\_\_ years \_\_\_\_\_ months

## Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

**H2. [Card H2] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)**

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Tell this child how happy he/she makes you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Have warm, close times together with this child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Enjoy listening to this child and doing things with him/her .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Feel close to this child both when he/she was happy and when he/she was upset .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. Express affection by hugging, kissing and holding this child .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**H3. [Card H3] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)**

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. How often does this child get away with things that you feel should have been punished? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. How often are you angry when you punish this child? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. How often do you feel you are having problems managing this child in general? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
i. When you discipline this child, how often does he/she ignore the punishment? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
j. How often do you tell this child that he/she is bad or not as good as others? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
k. How often do you think that the level of punishment you give this child depends on your mood? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**H9. [Card H9] For the following items could you indicate whether or not the Study Child 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 the child have some new (not second hand) clothes? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Does the child have two pairs of properly fitting shoes, including a pair of all-weather shoes? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Does the child eat fresh fruit and/or vegetables at least once a day? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Does the child eat three meals a day? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Does the child eat a meal with meat, chicken or fish (or vegetarian equivalent) at least once a day? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Does the child have books at home suitable for his/her age? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

- g. Does the child have outdoor leisure equipment (bicycle, roller skates, etc.)? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- h. Does the child have indoor games (board games, computer games etc)? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- i. Does the child participate in a regular leisure activity  
(swimming, playing an instrument, youth organisations, etc.)? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- j. Does the child have celebrations on special occasions  
(birthdays, religious events)? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- k. Does the child invite/have friends to your house to play and/or eat  
from time to time? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- l. Does the child participate in school trips and school events that cost money? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- m. Does the child have a suitable place to study or do homework? ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

**H10. [Card H10] Looking at Card H10, has the Study Child ever experienced any of the following:**

[Int – CODES ONLY IF CHILD IS PRESENT AT TIME OF INTERVIEW)

- C. Death of close friend ..... <sub>1</sub> ..... <sub>2</sub>
  - E. Moving house ..... <sub>1</sub> ..... <sub>2</sub>
  - F. Moving country ..... <sub>1</sub> ..... <sub>2</sub>
  - G. Stay in foster home/ residential care..... <sub>1</sub> ..... <sub>2</sub>
  - H. Serious illness/injury..... <sub>1</sub> ..... <sub>2</sub>
  - N. Other disturbing event (please specify) ..... <sub>1</sub> ..... <sub>2</sub>
-



# GROWING UP IN IRELAND

## STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

### Primary Caregiver – Sensitive Questionnaire

GROUP

HHOLD

RESPONDENT

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 the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE**. If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

X1. Are you male or female?

Male..... <sub>1</sub> Female ..... <sub>2</sub>

X2. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YYYY

**[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK AS1 – AS3]:**

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.

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

AS2. When did <Person from Wave 2> stop living with you: Since what month? \_\_\_\_\_ mth

AS3. When did <Person from Wave 2> stop living with you: Since what year? [YYYY]

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

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

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

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

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

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

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

S4. Was this a within family adoption?

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

S5. From which country?

\_\_\_\_\_

S6. What age was <child> when you adopted him/ her? \_\_\_\_\_ months

**NOW PLEASE GO TO S12**

S7. Are you the foster parent of <child>?

Yes..... 1

No..... 2 → Go to S12

S8. How many months has <child> been with your family? \_\_\_\_\_ 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 <child> been in? \_\_\_\_\_ previous placements DK... 99

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family ..... 1

Own family..... 2

Institutional care ..... 3

NOW PLEASE GO TO S12

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

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

Married and living with husband / wife ..... 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 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)

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

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

Yes..... 1

No ..... 2 Go to S21

S16. Since when have you and your spouse or partner been living together? \_\_\_\_\_ (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?

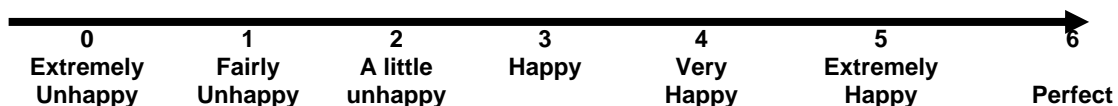
All the time      Most of the time      More often than not      Occasionally      Rarely      Never

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 spouse/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.



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

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. I am happy in my role as a parent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Caring for my child sometimes takes more time and energy than I have to give .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I enjoy spending time with my child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The major source of stress in my life is my child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having a child leaves little time and flexibility in my life..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Having a child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It is difficult to balance different responsibilities because of my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I am satisfied as a parent. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...**

Not very good at being a parent .....	<input type="checkbox"/> 1
A person who has some trouble being a parent .....	<input type="checkbox"/> 2
An average parent .....	<input type="checkbox"/> 3
A better than average parent .....	<input type="checkbox"/> 4
A very good parent.....	<input type="checkbox"/> 5

**[BLAISE CONDITION: ASK S23 ONLY OF FEMALE RESPONDENTS]**

**S23. Are you currently pregnant?** Yes.....1 No.....2

**S24. Which of the following best describes how often you usually drink alcohol?**

1. Never.....	<input type="checkbox"/> 1	<b>Go to S27</b>
2. Less than once a month.....	<input type="checkbox"/> 2	
3. 1-2 times a month .....	<input type="checkbox"/> 3	
4. 1-2 times a week.....	<input type="checkbox"/> 4	
5. 3-4 times a week.....	<input type="checkbox"/> 5	
6. 5-6 times a week.....	<input type="checkbox"/> 6	
7. Every day .....	<input type="checkbox"/> 7	

*If currently drink alcohol between everyday and 1-2 times a week ask:*  
**S25. 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**

**[BLAISE CONDITION: ASK S26a ONLY OF FEMALE RESPONDENTS]**

**S26a. 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

**[BLAISE CONDITION: ASK S26b ONLY OF MALE RESPONDENTS]**

**S26b. 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



**S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

Never <sub>1</sub>      Less than monthly <sub>2</sub>      Monthly <sub>3</sub>      Weekly <sub>4</sub>      Daily or almost daily <sub>5</sub>

**S26d. How often during the last year have you failed to do what was expected of you because of drinking?**

Never <sub>1</sub>      Less than monthly <sub>2</sub>      Monthly <sub>3</sub>      Weekly <sub>4</sub>      Daily or almost daily <sub>5</sub>

**S26e. 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.....<sub>1</sub>      Yes, on one occasion.....<sub>2</sub>      Yes on more than one occasion.....<sub>3</sub>

**S27. Do you currently smoke daily, occasionally or not at all?**

Daily .....<sub>1</sub>      Occasionally .....<sub>2</sub>      Not at all .....<sub>3</sub>

**S28. About how many cigarettes or cigars do you smoke on average each day**

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

**S29. Including yourself, how many members of the household smoke? \_\_\_\_N**

**S30. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?**

Yes, regularly ..... <sub>1</sub>      Yes, occasionally ....<sub>2</sub>      No, not at all.....<sub>3</sub>

**S31. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?**

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

**S32. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?**

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

**S33. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. I felt depressed .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. I thought my life had been a failure .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. I felt fearful .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. My sleep was restless.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. I felt lonely .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. I had crying spells .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. I felt sad.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....<sub>1</sub>      No.....<sub>2</sub> → Go to S36

**S35. Have you ever been to prison?      Yes .....<sub>1</sub>      No..... <sub>2</sub>**

[BLAISE CONDITION: ASK S36 ONLY IF RESIDENT SPOUSE/PARTNER]

**S36. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?**

- I do much less than my fair share ..... <sub>1</sub>      I do more than my fair share ..... <sub>4</sub>  
I do less than my fair share ..... <sub>2</sub>      I do much more than my fair share ..... <sub>5</sub>  
I do my fair share ..... <sub>3</sub>

[BLAISE CONDITION: ASK S37 ONLY IF RESIDENT SPOUSE/PARTNER]

**S37. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?**

- I do much less than my fair share ..... <sub>1</sub>      I do more than my fair share ..... <sub>4</sub>  
I do less than my fair share ..... <sub>2</sub>      I do much more than my fair share ..... <sub>5</sub>  
I do my fair share ..... <sub>3</sub>

**S38. Can we check, does <child's> biological father/ mother live here with you or elsewhere?**

- Lives here ..... <sub>1</sub> → **Go to S60**  
Deceased ..... <sub>2</sub> → **Go to S60**  
Temporarily lives elsewhere ..... <sub>3</sub> → **Go to S60**  
Lives elsewhere ..... <sub>4</sub> → **Go to S39**

**S39. Were you ever married to or did you ever live with <child's> biological father / mother?**

Yes, married to... <sub>1</sub>      Yes, lived with... <sub>2</sub>      No <sub>3</sub> **Go to S41**      Adoptive / Foster parent <sub>4</sub> **Go to S60**

**S40. What age was the Study Child when you split or separated from their biological father / mother?**

Child's age \_\_\_\_\_ years

**S41. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?**

Formal..... <sub>1</sub>      Informal..... <sub>2</sub>      No parenting arrangement ... <sub>3</sub>

**S42. Briefly describe that arrangement**

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---

**S43. How did you arrive at that arrangement?**

- Court imposed arrangements ..... <sub>1</sub>  
Formal negotiated arrangements other than legal (e.g. counsellor)..... <sub>2</sub>  
Mutual agreement with no third party negotiator ..... <sub>3</sub>

**S44. Is this written or verbal?** Written ..... <sub>1</sub>      Verbal ..... <sub>2</sub>

**S45. How far does <child's> biological father / mother live from here?**

- Within ½ hour's drive from here ..... <sub>1</sub>      More than 1 hour's drive from here ..... <sub>3</sub>  
Between ½ and 1 hour's drive from here.. <sub>2</sub>      Outside the country..... <sub>4</sub>

**S46a. How often does <child> have face-to-face contact with his / her biological father / mother?**

- Daily ..... <sub>1</sub>      Monthly ..... <sub>5</sub>  
More than once a week..... <sub>2</sub>      Less than once a month ..... <sub>6</sub>  
Weekly ..... <sub>3</sub>      No contact..... <sub>7</sub>  
Every second week / weekend ..... <sub>4</sub>

**S46b. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?**

- Daily ..... <sub>1</sub>      Monthly ..... <sub>5</sub>  
More than once a week..... <sub>2</sub>      Less than once a month ..... <sub>6</sub>  
Weekly ..... <sub>3</sub>      No contact..... <sub>7</sub>  
Every second week / weekend ..... <sub>4</sub>

**S47. On average, how often does <child> stay over or spend the night with his / her biological father / mother?**

- 4 or more nights per week .....1      Monthly .....5  
1 – 3 nights per week.....2      Less than once a month .....6  
Fortnightly .....3      Never .....7

**S48. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.**

- Over-excited and hard to settle for a long period (more than a few hours) .....1  
Over-excited and hard to settle for a short period .....2  
Relaxed and comfortable .....3  
Withdrawn, sad or restless for a short period .....4  
Withdrawn, sad or restless for a long period (more than a few hours) .....5

**S49. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?**

- Yes - a little ..1    Yes – somewhat.....2    Yes – very.....3    No.....4    Don't know .....5

**S50. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

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

**S51. How often do you talk to <child's> biological father/ mother about <child>?**

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

**S52. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?**

- Never/Almost never .....1      Often .....4  
Rarely .....2      Always/Almost always .....5  
Sometimes .....3      Don't discuss .....6

**S53. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?**

- Never/Almost never .....1      Often .....4  
Rarely .....2      Always/Almost always .....5  
Sometimes .....3      Don't discuss .....6

**S54. How involved do you think <child's> biological father/ mother should be in <child's> life?**

- A lot more involved .....1      A little less involved.....4  
A little more involved.....2      Much less involved.....5  
Level of involvement is about right .....3

**S55. How often does <child's> biological father/ mother do any of these additional things:**

- |  | Often                      | Sometimes                  | Rarely                     | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Buy clothes, toys or presents for child .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Pay for child's medical or dental bills, health insurance or medicines.....                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Give you extra money to help out, like pay the rent, household bills or car repairs .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Look after child when you need to do other things such as working, studying or attending appointments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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

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

**S57. Does <child's> biological father / mother have any other children living with him/her at the moment?**

Yes ..... 1      No ..... 2

**S58. How many of these are:**

	<b>N</b>
Full brothers / sisters of the Study Child	_____
Half brothers / sisters of the Study Child	_____
Other children (not related to Study Child)	_____

**S59. We would like to send a short questionnaire to <child'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 <child'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

**S60. THANK YOU VERY MUCH FOR TAKING PART IN THE *GROWING UP IN IRELAND* STUDY.**



## ***Growing Up in Ireland – Survey of 5-Year-Olds***

**STRICTLY CONFIDENTIAL**

### **PRINCIPAL'S QUESTIONNAIRE**

***Growing Up in Ireland (GUI)*** is a major government study of children. Its purpose 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 will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Children & Youth Affairs is funding the study in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin is carrying out the study.

**All information provided will be treated in the strictest confidence.**

An information leaflet outlining in more detail the objectives of the study accompanies this questionnaire.

**School ID** (from blue sheet with list of pupils' names)

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**Date:** \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

1. Are you male or female? Male ..... <sub>1</sub> Female ..... <sub>2</sub>

2. To which age group do you belong?

20 - 29 yrs ..... <sub>1</sub> 30 - 39 yrs ..... <sub>2</sub> 40 - 49 yrs ..... <sub>3</sub> 50 - 59 yrs ..... <sub>4</sub> 60 yrs or older ..... <sub>5</sub>

3. For how many years have you been a Principal:

(a) in this school? \_\_\_\_\_ years (b) in other Primary School(s)? \_\_\_\_\_ years

4a. What is the school's DEIS status?

DEIS – Urban Band 1 ..... <sub>1</sub>  
DEIS – Urban Band 2 ..... <sub>2</sub>  
DEIS – Rural ..... <sub>3</sub>  
Non-disadvantaged ..... <sub>4</sub>

4b. Is this a private fee-paying school? Yes ..... <sub>1</sub> No ..... <sub>2</sub>

5. How many boys and how many girls were enrolled in the school on 30<sup>th</sup> September 2013?

Boys \_\_\_\_\_ Girls \_\_\_\_\_ Total Pupils \_\_\_\_\_

6. In addition to your duties as Principal, do you have a teaching class assigned to you?

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

7a. How many *full-time* and *part-time* teachers work in this school? Please indicate how many are male and how many are female. (Please include the Principal among the teaching staff.)

<i>Teachers</i>	<i>Full-time</i>	<i>Part-time</i>
Male		
Female		
Total		

7b. Excluding yourself, how many *full-time* and *part-time* administrative staff work in your school? (Please include the Principal among the teaching staff.)

Full-time admin. staff \_\_\_\_\_ Part-time admin. staff \_\_\_\_\_ [If none, please write none. Do not leave blank]

8. Approximately how many staff does your school currently have in the following capacities? Please indicate the number employed on a full-time and part-time basis.

	<b>Full-time</b>	<b>Part-time</b>
Learning support/resource teachers		
Language support teachers		
Special needs assistants		
Other teaching assistants		

9. How many rooms (including prefabs, etc) are used as classrooms in the school? \_\_\_\_\_ classrooms

10. Of these, how many portable classrooms (prefabs) are there in the school? \_\_\_\_\_ portable classrooms

11. How many classes (across all year-groups) are there in the school? \_\_\_\_\_ classes

12. Approximately how many children is the school designed for? \_\_\_\_\_ children

13a. In what year was the school built? Year \_\_\_\_\_

13b. In what year was the school most recently refurbished? Year \_\_\_\_\_ Never <sub>99</sub>

**14. How would you rate the school's resources in each of the following areas?**

	Poor	Fair	Good	Excellent
(a) Number of teachers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) Number of classrooms .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) Books and worksheets .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) Computing facilities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) Arts and crafts facilities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(f) Sports facilities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(g) Music facilities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(h) Playground .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(i) Mathematics resources/facilities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(j) Library/media centre .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(k) Staff room .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(l) Toilet facilities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(m) Learning support provision .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(n) After-school facilities (e.g. homework clubs) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(o) Administrative support .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(p) Condition of the school building, classrooms etc .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(q) Facilities for children with disabilities .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(r) Provision of Special Needs Assistants .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**15. Does the school have a Home-School Community Liaison Co-ordinator?** Yes.....<sub>1</sub> No .... <sub>2</sub>

**16a. Does the school provide a 'breakfast club'?**

Yes, every day..... <input type="checkbox"/> <sub>1</sub>	Yes, some days..... <input type="checkbox"/> <sub>2</sub>	No .... <input type="checkbox"/> <sub>3</sub>
<b>16b. Is this provided under DEIS?</b> Yes..... <input type="checkbox"/> <sub>1</sub> No..... <input type="checkbox"/> <sub>2</sub>		

**17a. Does the school provide free school meals at lunchtime?**

Yes, every day..... <input type="checkbox"/> <sub>1</sub>	Yes, some days..... <input type="checkbox"/> <sub>2</sub>	No .... <input type="checkbox"/> <sub>3</sub>
<b>17b. Is this provided under DEIS?</b> Yes..... <input type="checkbox"/> <sub>1</sub> No..... <input type="checkbox"/> <sub>2</sub>		

**18. Does the school have the following facilities or services?**

	Yes	No
(a) An active parents' association/council .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(b) A parents' room within the school .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(c) Parenting courses .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(d) Other courses for parents (e.g. literacy, art/craft) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(e) Access to health or social service professionals on the school premises .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**19. Approximately how many computers in total does the school have?** \_\_\_\_\_ computers

**20. Of these, how many can be used by the pupils, i.e. excluding those used solely by administrative or teaching staff?**

\_\_\_\_\_ used by the pupils

**21. Does the school have a dedicated computer room for pupils?** Yes.....<sub>1</sub> No.....<sub>2</sub>

**22. Are the school buildings and other facilities (playing fields, etc if relevant) open to the local community?**

(a) in the evenings during the week	Yes..... <input type="checkbox"/> <sub>1</sub>	No..... <input type="checkbox"/> <sub>2</sub>
(b) at weekends	Yes..... <input type="checkbox"/> <sub>1</sub>	No..... <input type="checkbox"/> <sub>2</sub>
(c) out of term time	Yes..... <input type="checkbox"/> <sub>1</sub>	No..... <input type="checkbox"/> <sub>2</sub>

23. For each of the following extracurricular activities, (a) are they provided in your school for pupils, either at lunchtime or after school hours, and (b) are they provided under either DEIS or the School Completion Programme (SCP)?

	(a) <i>Provided in school</i>			(b) <i>If yes, Provided under:</i>		
	No..... <input type="checkbox"/>	Yes ... <input type="checkbox"/>	→	<i>DEIS</i>	<i>SCP</i>	<i>Neither</i>
(a) Team sports (e.g. football)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Individual sports (e.g. judo, running)	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Music/dance	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Drama	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Arts/crafts	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Computers/technology	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Homework club	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Other activities/clubs	<input type="checkbox"/>	<input type="checkbox"/>	→	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. We are interested in the importance your school places on various educational goals. From the following nine goals, which do you consider the most important, the second most important, and the third most important? Please mark '1' in the box beside the goal you consider the most important, '2' in the box beside the second most important and '3' in the box beside the third most important.

Educational goals:	Rank
i. Basic literacy and numeracy skills (reading, math, writing, speaking)	
ii. Encouraging the child to achieve his/her best	
iii. Promoting good work habits and self-discipline	
iv. Promoting personal growth (self-esteem, self-knowledge, self-confidence, self awareness, etc)	
v. Promoting social skills	
vi. Promoting specific moral values	
vii. Promoting inclusive multicultural awareness or understanding	
viii. Fostering religious or spiritual development	
ix. Promoting school attendance	
x. Developing critical thinking skills and understanding	

25. Approximately how many of each of the following groups of pupils do you have in your school? If none, please write 'NONE' – do not leave blank. The same child can be recorded more than once.

Foreign-national pupils..... (Number) \_\_\_\_\_

Pupils of families from the Travelling Community..... (Number) \_\_\_\_\_

Pupils whose native language is other than English / Irish..... (Number) \_\_\_\_\_

Pupils with physical / sensory disabilities ..... (Number) \_\_\_\_\_

Pupils with learning / intellectual disabilities. .... (Number) \_\_\_\_\_

26. Approximately, what was the **Average Daily Attendance** for your school in the academic year 2012 / 2013?

\_\_\_\_\_ % Average Daily Attendance OR \_\_\_\_\_ Average number attending daily

27. What percentage of pupils missed 20 days or more in the in the academic year 2012 / 2013 (as per the figures the school returned to the NEWB)?

\_\_\_\_\_ %



28. Approximately what percentage of the pupils in your school would you say come from the immediate area, that is, live within about 20 minutes' walking distance of the school?

\_\_\_\_\_ %

29. Please indicate which of the following get involved in supporting children with emotional / behavioural problems in your school. (Please tick all that apply).

- Principal ..... <sub>1</sub>
- Classroom teacher ..... <sub>2</sub>
- Learning support / resource teacher ..... <sub>3</sub>
- Other staff member..... <sub>4</sub>
- External assistance (please specify) \_\_\_\_\_ <sub>5</sub>

30. In your assessment, approximately what proportion of pupils in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely affect their educational development? Please tick one box on each line to indicate approximate percentage.

*Approximate percentage of children with each problem*

- |  | None                                  | less than 10%                         | 10-25%                                | 26-40%                                | More than 40%                         |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a) Literacy problems .....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| b) Numeracy problems.....                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| c) Emotional / Behavioural problems..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

31. Over the past five years, has the number of pupils coming to this school ....

- Increased..... <sub>1</sub>
- Decreased ..... <sub>2</sub>
- Remained fairly stable ..... <sub>3</sub>

32. Are there any other local schools to which pupils in your school might go? Yes ..... <sub>1</sub> No ..... <sub>2</sub>

33a. In general, do more pupils apply to come to this school than there are places available?

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

33b. If Yes, what criteria are used to admit pupils? (Please tick all that apply)

- Designated catchment area ..... <sub>1</sub>
- Other siblings in the school..... <sub>2</sub>
- Parents attended the school ..... <sub>3</sub>
- Language(s) spoken by child ..... <sub>4</sub>
- Date of application ..... <sub>5</sub>
- Religion ..... <sub>6</sub>
- Other (please specify) ..... <sub>7</sub>

34. If there is more than 1 class in any year-group, on what basis are pupils in the school allocated to classes?

- Randomly/alphabetically ..... <sub>1</sub>
- Performance on standardised tests ..... <sub>2</sub>
- Performance on other tests ..... <sub>3</sub>
- Special educational need/disability ..... <sub>4</sub>
- Other (please specify) ..... <sub>5</sub>
- Only 1 class per year-group..... <sub>6</sub>

35a. Does the school hold formal parent-teacher meetings at least once per year? Yes.... <sub>1</sub> No .... <sub>2</sub>

35b. Approximately what percentage of parents attend parent-teacher meetings? \_\_\_\_\_ per cent

36. To what extent are parents actively encouraged to get involved in the life of the school in:

- A lot                      A little                      Not at all
- (a) Curricular activities e.g. participation in reading / maths groups, support for specific area of curriculum (e.g. SPHE) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>
- (b) Extra-curricular activities ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

37. Below we have a list of statements. Thinking about *all* pupils in the school, please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

Pupils, in general	Nearly all	More than half	Less than half	Only a few
(a) Enjoy being at school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) Are well-behaved in class	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) Show respect for their teachers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) Show respect for their peers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) Are rewarding to work with	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(f) Are well behaved in the playground/school yard	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(g) Settle into junior infants quickly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(h) Feel they are an important part of the school community/school life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

38a. Does the school have a written Code of Behaviour (discipline policy)?

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

38b. To what extent were the following involved in developing this policy?

- |                            | To a great extent                     | To some extent                        | Not at all                            |
|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Teachers .....         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (b) Parents .....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (c) Pupils .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| (d) Board of Management .. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

39. In addressing inappropriate behaviour in your school, to what extent are the following forms of discipline used in your school?

- |   | Often                                 | Occasionally                          | Rarely                                | Never                                 |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| (a) Extra classwork .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (b) Extra homework .....                                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (c) Writing of 'lines' .....                                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (d) Detention .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (e) Exclusion from sports or other popular activities ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (f) Verbal (phone or otherwise) report to parents .....     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (g) Written report to parents .....                         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (h) Cancellation of popular lesson e.g. art .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (i) Warning card system .....                               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (j) Suspension .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (k) Expulsion / permanent exclusion .....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| (l) Other (specify) .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

40. To what extent is bullying a problem in your school?

A major problem ..... <sub>1</sub>                      A minor problem ..... <sub>2</sub>                      No problem at all ..... <sub>3</sub>

41. Please indicate the extent to which you believe each of the following to be true of teachers, in general, in your school.

	True of nearly all	True for more than half	True for less than half	True of only a few
(a) Teachers are positive about the school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) Teachers get a lot of help and support from colleagues	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) Teachers are open to new developments and challenges	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) Teachers are eager to take part in professional development	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

42. Compared with other Primary Schools of your size, would you say that the scale of day-to-day problems in running the school are: (please tick one box only)

Much greater than in other schools	Slightly greater than in other schools	About the same as in other schools	Slightly less than in other schools	Much less than in other schools
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

43. What makes you say that? (Please describe as fully as possible)

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44. Compared with other Primary Schools of your size, would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers?

	Happier	As happy	Less happy
(a) Pupils .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) Teachers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

45. In general terms:

	Very	Fairly	Not very	Not at all
(a) How <b>stressed</b> do you feel by your job? .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) How <b>satisfied</b> do you feel with your job? .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**Thank you very much for having completed this part of *Growing Up in Ireland*.**

**Please collect the sealed envelopes containing their completed questionnaires from the teachers involved in this Study and return all questionnaires to the Economic and Social Research Institute (ESRI), using the enclosed freepost plastic envelope.**

**Again, many thanks to you and your staff for your help in this very important study of children.**



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



An Roinn Leanaí agus Gnóthaí Óige  
Department of Children and Youth Affairs

University of Dublin  
Trinity College  
College Green  
Dublin 2



TRINITY COLLEGE DUBLIN

## GROWING UP IN IRELAND STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

### SECONDARY CAREGIVER QUESTIONNAIRE

GROUP  HHOLD  RESPONDENT

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

Time Section Started  (24 hour clock) DATE: \_\_dd\_\_mm\_\_yy

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

The Department of Children and Youth Affairs is funding the study in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

INT: IS RESPONDENT MALE OR FEMALE? Male ..... 1 Female..... 2

X1. What is your date of birth? \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  
DD MM YYYY

### Section A - Introduction

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>?  
[Interviewer use codes only]

- |  |  |
|--|--|
| 1. Biological mother/ father ..... <input type="checkbox"/> 1                          | 5. Grandparent ..... <input type="checkbox"/> 5            |
| 2. Adoptive mother/ father ..... <input type="checkbox"/> 2                            | 6. Aunt/uncle ..... <input type="checkbox"/> 6             |
| 3. Step-mother / Step-father / Partner of child's parent .. <input type="checkbox"/> 3 | 7. Other relative/ in law ..... <input type="checkbox"/> 7 |
| 4. Foster mother / father . ..... <input type="checkbox"/> 4                           | 8. Unrelated guardian ..... <input type="checkbox"/> 8     |

## Section B - Parent-Child Relationships

**B1. [CARD B1]** I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. My child values his/her relationship with me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. When I praise my child he/she beams with pride .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. My child easily becomes angry at me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. My child remains angry or is resistant after being disciplined .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. Dealing with my child drains my energy .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B2. [CARD B2]** How often do you do the following when <child> misbehaves?

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Ignore him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Smack him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Shout or yell at him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<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. Take away treats .....	<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. Tell him/her off .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Bribe him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

## Section C - Child's physical health and development

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

**C1. [CARD C1]** Which of these best describes <child's> weight?

**[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]**

Underweight..... 1

Normal weight..... 2

Somewhat overweight..... 3

Very overweight..... 4

## Section D - Parental Health

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

**D1. [CARD D1] In general, how would you say your current health is?**

Excellent..... <sub>1</sub>      Very good ..... <sub>2</sub>      Good..... <sub>3</sub>      Fair..... <sub>4</sub>      Poor ..... <sub>5</sub>

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

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

**D3. What is the nature of this problem, illness or disability? Please describe as fully as possible.**

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

**D4. Since when have you had this problem, illness or disability? \_\_\_\_\_(mth) \_\_\_\_\_(year)**

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

Yes, severely..... <sub>1</sub>      Yes, to some extent..... <sub>2</sub>      No ..... <sub>3</sub>

**D6. Thinking about your free-time, in general would you say you are...[INT:READ OUT]**

Very physically active..... <sub>1</sub>  
Fairly physically active ..... <sub>2</sub>  
Not very physically active..... <sub>3</sub>  
Not at all physically active..... <sub>4</sub>

**D7. [CARD D7] Do you think that you are:**

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

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

**D8. [CARD D8] How often do you try to lose weight through dieting? Would you say...[INT:READ OUT]**

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

## Section E - Child's play and activities

**E1. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]**

Easier than average..... <sub>1</sub>  
About average..... <sub>2</sub>  
More difficult than average..... <sub>3</sub>

**E2a. [CARD E2a] How often would you do any of the following with <child>?**

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> using toys or games / puzzles .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Play computer games with <child> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Visit the library.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d. Listen to <child> read.....	<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. Read to <child> .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. Sport or physical activities .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h. Go on educational visits outside home such as museums, farms .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

**Section H – Parenting and Family Context**

**I'd now like to ask you some general questions about parenting.**

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

**H1. [Card H1] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)**

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tell this child how happy he/she makes you .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have warm, close times together with this child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoy listening to this child and doing things with him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Feel close to this child both when he/she was happy and when he/she was upset .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Express affection by hugging, kissing and holding this child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H2. [Card H2] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)**

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval?.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often does this child get away with things that you feel should have been punished? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often are you angry when you punish this child? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often do you feel you are having problems managing this child in general? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. When you discipline this child, how often does he/she ignore the punishment? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. How often do you tell this child that he/she is bad or not as good as others? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. How often do you think that the level of punishment you give this child depends on your mood? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H3. [Card H3] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?**

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

**Because of your work responsibilities:**

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

**Because of your family responsibilities:**

- c. You have to turn down work activities or opportunities that you would prefer to take on..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>..... <sub>6</sub>
- d. The time you spend working is less enjoyable and more pressured ..... <sub>1</sub>..... <sub>2</sub>..... <sub>3</sub>..... <sub>4</sub>..... <sub>5</sub>..... <sub>6</sub>

## J: SOCIO-DEMOGRAPHICS

**Now some questions about yourself**

**J1. [Card J1] 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 0]

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

**J2. 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

**J3. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**  
 \_\_\_\_\_ minutes [Int. if respondent works at home enter '0' for minutes]

**J4. [Card J4] 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: | Do not use general terms such as: |
| RETAIL STORE MANAGER       | MANAGER                           |
| SECONDARY TEACHER          | TEACHER                           |
| ELECTRICAL ENGINEER        | ENGINEER                          |

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

**Write in your main OCCUPATION**

\_\_\_\_\_



[Interviewer: Ask J5 if code 0 or 1 at J1]

**J5. [CARD J5] Does your employer (a) provide any of the following types of family friendly facilities and (b) if they are provided, have you used them in the last 12 months?**

	Provide?		Used last 12 months	
	Yes	No	Yes	No
a. Subsidised child care .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. A crèche or nursery at work .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Childcare vouchers .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Assistance with finding childcare .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Flexible working hours (i.e. changing times you start and finish) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Allow parents paid time off when a child is sick (in addition to normal holiday allowance) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Allow parents unpaid time off when a child is sick.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Allow parents unpaid time off during school holidays.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Allow employees to work from home some or all of the time ..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Allow employees option to job-share .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
k. Other family friendly facilities (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**J6. In general, how would you rate your employer in terms of allowing 'family friendly' working?**

- Very good..... 1
- Fairly good .....
- Neither good nor poor .....
- Fairly poor .....
- Very poor.....

[Interviewer: Ask J7 if code 0 or 1 at J1]

**J7. Do you supervise or manage any personnel in your job?**

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

**J8. How many?** \_\_\_\_\_

[Interviewer: Ask J9 if code 2 or 3 at J1]

**J9. How many employees (if any) do you have? \_\_\_\_\_ employees N A .... 99**

[Interviewer: Ask J10 if code 3 at J1]

**J10. How many acres do you farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares**

**Go to Section K**

**J11. Apart from holiday or casual work, have you ever had a full-time job? Yes ... 1 No .. 2 **Go to J16****

**J12. In what year did you last work in that full-time job? \_\_\_\_\_ year**

**J13. 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

**J14. [Card J14] 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**

---

**J15. [Ask only if Farmer at J13] How many acres did you farm? \_\_\_\_\_ acres \_\_\_\_\_ hectares**

**J16. Do you currently have a part-time job outside the home?** Yes ..... <sub>1</sub> No..... <sub>2</sub> **Go to J19**

**J17. On average, how many hours per week do you work in that part-time job? \_\_\_\_\_ hours**

**J18. [Card J18] What is your occupation in your main job?**

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

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

Do not use general terms such as:  
MANAGER  
TEACHER  
ENGINEER

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

**Write in your main OCCUPATION**

---

**If a farmer or a farm worker, write in the SIZE of the farm \_\_\_\_\_ acres**

**J19. [Card J19] 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 ( please specify)..... \_\_\_\_\_

## Section K – About You

### Now some more questions about yourself

**K1a. [Card K1a] What is the highest level of education (full-time or part-time) which you have completed to date?**

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

#### **Second Level**

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

#### **Third Level**

6. National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.. <sub>6</sub>  
(Non Degree)  
7. Primary Degree ..... <sub>7</sub>  
(Third Level Bachelor Degree)  
8. Professional qualification of Degree status at least (e.g. Chartered Accountant/Surveyor)..... <sub>8</sub>  
9. Both a Degree and a Professional qualification ..... <sub>9</sub>  
10. Postgraduate Certificate or Diploma..... <sub>10</sub>  
11. Postgraduate Degree (Masters) ..... <sub>11</sub>  
12. Doctorate (Ph.D) ..... <sub>12</sub>

**[INTERVIEWER: ASK K1B ONLY IF K1A IS CODE 3 OR HIGHER]**

**K1b. In what year did you get this qualification? \_\_\_\_\_**

**[INTERVIEWER: ASK K1C ONLY IF K1A IS CODE 5 OR HIGHER]**

**K1c. What is the name of this qualification?**

**[INTERVIEWER: Please record as much detail as possible]**

**[INTERVIEWER: ASK K1D ONLY IF K1A IS CODE 5]**

**K1d. Did you complete your Upper Secondary education (Leaving Certificate/'A' Levels or equivalent) before gaining this qualification?**

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

**[BLAISE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]**

**K2. Many people have problems with reading. Can I just check, can you read aloud to a child from a children's story book written in your native language?**

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

**K3. Can I just check, can you read aloud to a child from a children's story book written in English?**

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

**K4. Can you usually read and fill out forms you might have to deal with in English?**

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

**[BLAISE CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 2, NON-RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]**

**K5. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?**

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

**K6. Do you belong to any religion?**

Yes ..... 1

No ..... 2

**K7. [Card K7] Which religion?**

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

**K8. Are you a citizen of Ireland?**

Yes..... 1

No ..... 2

**K9. What citizenship do you hold?** \_\_\_\_\_

**[BLAISE CONDITION: ASK K10 – K12 IF NON RESPONDENT AT TIME 2 OR NEW RESPONDENT AT TIME 3]**

**K10. Were you born in Ireland?**

Yes..... 1

No ..... 2

**K11. In which country were you born?** \_\_\_\_\_

**K12. How long ago did you first come to live in Ireland?**

- |                            |                            |                            |                            |                            |                             |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Within the last<br>year    | 1-5 years<br>ago           | 6-10 years<br>ago          | 11-20 years<br>ago         | More than 20<br>years ago  | Don't<br>Know               |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 88 |

**K13. [Card K13] Looking at card K13, 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

**L. Neighbourhood / Community**

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

**L1. Do you participate in any ongoing community service activity? (e.g. volunteering at a school, coaching a sports team or working with a church or neighbourhood association)?**

Yes..... 1    No ..... 2

**L2. How do you feel about your neighbourhood as a place for bringing up children?**

- |                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Excellent                  | Good                       | Average                    | Poor                       | Very Poor                  | Don't Know                 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

# GROWING UP IN IRELAND

## STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

### SECONDARY CAREGIVER TWIN QUESTIONNAIRE

GROUP  HHOLD  RESPONDENT

INTERVIEWER NAME \_\_\_\_\_ INTERVIEWER NO:

Time Section Started  (24 hour clock) DATE: \_\_dd\_\_mm\_\_yy

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

The Department of Children and Youth Affairs is funding the study in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Skills is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

INT: IS RESPONDENT MALE OR FEMALE? Male ..... 1 Female..... 2

X1. What is your date of birth? \_\_\_ / \_\_\_ / \_\_\_\_\_  
DD MM YYYY

### Section B - Parent-Child Relationships

B1. [CARD B1] I am going to read out some statements about the relationship between you and <child>. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Does not really apply	Neutral not sure	Applies somewhat	Definitely applies
a. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
b. My child and I always seem to be struggling with each other .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
c. If upset, my child will seek comfort from me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
d. My child is uncomfortable with physical affection or touch from me....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
e. My child values his/her relationship with me .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
f. When I praise my child he/she beams with pride .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
g. My child spontaneously shares information about his/herself .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
h. My child easily becomes angry at me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
i. It is easy to be in tune with what my child is feeling .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
j. My child remains angry or is resistant after being disciplined .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
k. Dealing with my child drains my energy .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
l. When my child is in a bad mood I know we're in for a long and difficult day .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
m. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
n. My child is sneaky or manipulative with me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5
o. My child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3.....	<input type="checkbox"/> 4.....	<input type="checkbox"/> 5

**B2. [CARD B2] How often do you do the following when <child> misbehaves?**

	Never	Rarely	Now and again	Regularly	Always	Can't say
a. Discuss/Explain why behaviour was wrong...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Ignore him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Smack him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Shout or yell at him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Send him/her out of the room or to his/her bedroom or naughty step.....	<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. Take away treats.....	<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. Tell him/her off.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Bribe him/her.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**Section C - Child's physical health and development**

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

**C1. [CARD C1] Which of these best describes <child's> weight?**

[INTERVIEWER: Ask the respondent to use codes 1-4 as on the card if child is present at time of interview]

Underweight..... 1

Normal weight..... 2

Somewhat overweight..... 3

Very overweight..... 4

**Section E - Child's play and activities**

**E1. Overall, compared to other children of the same age, do you think <child> is... [INT: READ OUT]**

Easier than average..... 1

About average..... 2

More difficult than average..... 3

**E2a. [CARD E2a] How often would you do any of the following with <child>?**

	Never	Hardly ever	Occasionally	One or two times a week	Everyday	N/A
a. Play with <child> using toys or games / puzzles.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Play computer games with <child>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Visit the library.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
d. Listen to <child> read.....	<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. Read to <child>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Use computer with <child> in educational ways.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
g. Sport or physical activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
h. Go on educational visits outside home such as museums, farms.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
i. Go shopping.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

## Section H – Parenting and Family Context

I'd now like to ask you some general questions about parenting.

The next questions are about being a parent. There are no right or wrong answers, we are just asking about what happens in your family.

**H1. [Card H1] Thinking about <child> over the last six months, how often did you...? (Tick one box per row only)**

	Never / almost never	Rarely	Sometimes	Often	Always / almost always
a. Hug or hold this child for no particular reason .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tell this child how happy he/she makes you .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Have warm, close times together with this child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Enjoy listening to this child and doing things with him/her .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Feel close to this child both when he/she was happy and when he/she was upset .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Express affection by hugging, kissing and holding this child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**H2. [Card H2] When parents spend time with their children, sometimes things go well and sometimes they don't. How often does the following happen...? (Tick one box per row only)**

	Never / almost never	Less than half the time	About half the time	More than half the time	All the time
a. Of all the times you talk to this child about his/her behaviour, how often is this praise? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Of all the times you talk to this child about his/her behaviour, how often is this disapproval? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. When you give this child an instruction or request to do something, how often do you make sure that he/she does it? ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. If you tell this child he/she will get punished if he/she doesn't stop doing something, but he/she keeps doing it, how often will you punish him/her? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. How often does this child get away with things that you feel should have been punished? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. How often are you angry when you punish this child? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. How often do you feel you are having problems managing this child in general? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. How often is this child able to get out of punishment when he/she really sets his/her mind to it? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. When you discipline this child, how often does he/she ignore the punishment? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. How often do you tell this child that he/she is bad or not as good as others? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. How often do you think that the level of punishment you give this child depends on your mood? .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

# GROWING UP IN IRELAND

## STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

### Secondary Caregiver – Sensitive Questionnaire

GROUP   HHOLD     RESPONDENT

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 the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.** If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

X1. Are you male or female?

Male..... <sub>1</sub> Female ..... <sub>2</sub>

X2. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YYYY

**[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK AS1 – AS3]:**

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.

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

AS2. When did <Person from Wave 2> stop living with you: Since what month? \_\_\_\_\_ mth

AS3. When did <Person from Wave 2> stop living with you: Since what year? [YYYY]

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

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

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

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

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

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

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

S4. Was this a within family adoption?

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

S5. From which country?

\_\_\_\_\_

S6. What age was <child> when you adopted him/ her? \_\_\_\_\_ months

**NOW PLEASE GO TO S12**



**S7. Are you the foster parent of <child>?**

Yes.....\_1 No.....\_2 → **Go to S12**

**S8. How many months has <child> been with your family? \_\_\_\_\_ 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 <child> been in?** \_\_\_\_\_previous placements DK...\_99

**S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?**

Another foster family .....\_1 Own family.....\_2 Institutional care .....\_3

**NOW PLEASE GO TO S12**

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

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

Married and living with husband / wife .....\_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 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)**

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

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

Yes.....\_1 No.....\_2 **Go to S21**

**S16. Since when have you and your spouse or partner been living together? \_\_\_\_\_ (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?**

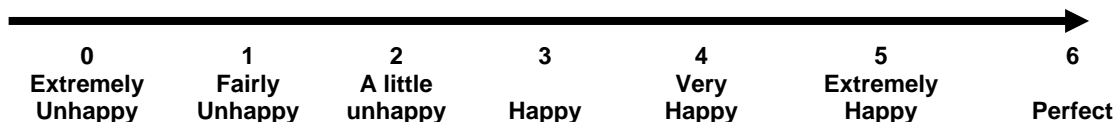
All the time      Most of the time      More often than not      Occasionally      Rarely      Never

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 spouse/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.**



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

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. I am happy in my role as a parent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Caring for my child sometimes takes more time and energy than I have to give .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I enjoy spending time with my child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The major source of stress in my life is my child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having a child leaves little time and flexibility in my life..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Having a child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It is difficult to balance different responsibilities because of my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I am satisfied as a parent. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...**

Not very good at being a parent ..... 1

A person who has some trouble being a parent ..... 2

An average parent ..... 3

A better than average parent ..... 4

A very good parent..... 5

**[BLAISE CONDITION: ASK S23 ONLY OF FEMALE RESPONDENTS]**

**S23. Are you currently pregnant?** Yes.....1 No.....2

**S24. Which of the following best describes how often you usually drink alcohol?**

1. Never..... 1 **Go to S27**

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:*  
**S25. 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 = 1/2 pint of beer or 1 glass of wine or 1 single spirits**

**[BLAISE CONDITION: ASK S26a ONLY OF FEMALE RESPONDENTS]**

**S26a. 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

**[BLAISE CONDITION: ASK S26b ONLY OF MALE RESPONDENTS]**

**S26b. 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

**S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

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

**S26d. How often during the last year have you failed to do what was expected of you because of drinking?**

Never <sub>1</sub>      Less than monthly <sub>2</sub>      Monthly <sub>3</sub>      Weekly <sub>4</sub>      Daily or almost daily <sub>5</sub>

**S26e. 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.....<sub>1</sub>      Yes, on one occasion.....<sub>2</sub>      Yes on more than one occasion.....<sub>3</sub>

**S27. Do you currently smoke daily, occasionally or not at all?**

Daily .....<sub>1</sub>      Occasionally .....<sub>2</sub>      Not at all .....<sub>3</sub>

**S28. About how many cigarettes or cigars do you smoke on average each day**

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

**S29. Including yourself, how many members of the household smoke? \_\_\_\_N**

**S30. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?**

Yes, regularly ..... <sub>1</sub>      Yes, occasionally....<sub>2</sub>      No, not at all.....<sub>3</sub>

**S31. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?**

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

**S32. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?**

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

**S33. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. I felt depressed .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. I thought my life had been a failure.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. I felt fearful .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. My sleep was restless.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. I felt lonely .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. I had crying spells .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. I felt sad.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....<sub>1</sub>      No.....<sub>2</sub> → Go to S36

**S35. Have you ever been to prison?      Yes .....<sub>1</sub>      No..... <sub>2</sub>**

**[BLAISE CONDITION: ASK S36 ONLY IF RESIDENT SPOUSE/PARTNER]**

**S36. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?**

I do much less than my fair share.....<sub>1</sub>      I do more than my fair share .....<sub>4</sub>  
I do less than my fair share.....<sub>2</sub>      I do much more than my fair share .....<sub>5</sub>  
I do my fair share .....<sub>3</sub>

**[BLAISE CONDITION: ASK S37 ONLY IF RESIDENT SPOUSE/PARTNER]**

**S37. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?**

- I do much less than my fair share ..... <sub>1</sub>      I do more than my fair share ..... <sub>4</sub>  
I do less than my fair share ..... <sub>2</sub>      I do much more than my fair share ..... <sub>5</sub>  
I do my fair share ..... <sub>3</sub>

**S38. Can we check, does <child's> biological father/ mother live here with you or elsewhere?**

- Lives here..... <sub>1</sub> → **Go to S60**  
Deceased..... <sub>2</sub> → **Go to S60**  
Temporarily lives elsewhere ..... <sub>3</sub> → **Go to S60**  
Lives elsewhere ..... <sub>4</sub> → **Go to S39**

**S39. Were you ever married to or did you ever live with <child's> biological father / mother?**

- Yes, married to... <sub>1</sub>      Yes, lived with... <sub>2</sub>      No <sub>3</sub> **Go to S41**      Adoptive / Foster parent <sub>4</sub> **Go to S60**

**S40. What age was the Study Child when you split or separated from their biological father / mother?**

Child's age \_\_\_\_\_ years

**S41. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?**

- Formal..... <sub>1</sub>      Informal..... <sub>2</sub>      No parenting arrangement ... <sub>3</sub>

**S42. Briefly describe that arrangement**

---

---

**S43. How did you arrive at that arrangement?**

- Court imposed arrangements ..... <sub>1</sub>  
Formal negotiated arrangements other than legal (e.g. counsellor)..... <sub>2</sub>  
Mutual agreement with no third party negotiator ..... <sub>3</sub>

**S44. Is this written or verbal?** Written ..... <sub>1</sub>      Verbal ..... <sub>2</sub>

**S45. How far does <child's> biological father / mother live from here?**

- Within ½ hour's drive from here ..... <sub>1</sub>      More than 1 hour's drive from here ..... <sub>3</sub>  
Between ½ and 1 hour's drive from here.. <sub>2</sub>      Outside the country..... <sub>4</sub>

**S46a. How often does <child> have face-to-face contact with his / her biological father / mother?**

- Daily ..... <sub>1</sub>      Monthly ..... <sub>5</sub>  
More than once a week..... <sub>2</sub>      Less than once a month ..... <sub>6</sub>  
Weekly ..... <sub>3</sub>      No contact..... <sub>7</sub>  
Every second week / weekend ..... <sub>4</sub>

**S46b. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?**

- Daily ..... <sub>1</sub>      Monthly ..... <sub>5</sub>  
More than once a week..... <sub>2</sub>      Less than once a month ..... <sub>6</sub>  
Weekly ..... <sub>3</sub>      No contact..... <sub>7</sub>  
Every second week / weekend ..... <sub>4</sub>

**S47. On average, how often does <child> stay over or spend the night with his / her biological father / mother?**

- 4 or more nights per week ..... <sub>1</sub>      Monthly ..... <sub>5</sub>  
1 – 3 nights per week..... <sub>2</sub>      Less than once a month ..... <sub>6</sub>  
Fortnightly ..... <sub>3</sub>      Never ..... <sub>7</sub>

**S48. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.**

- Over-excited and hard to settle for a long period (more than a few hours) ..... 1
- Over-excited and hard to settle for a short period ..... 2
- Relaxed and comfortable ..... 3
- Withdrawn, sad or restless for a short period ..... 4
- Withdrawn, sad or restless for a long period (more than a few hours) ..... 5

**S49. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?**

- Yes - a little .. 1    Yes – somewhat..... 2    Yes – very..... 3    No..... 4    Don't know ..... 5

**S50. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

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

**S51. How often do you talk to <child's> biological father/ mother about <child>?**

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

**S52. How often do you disagree with <child's> biological father / mother about basic child-rearing issues?**

- |   |   |
|---|---|
| Never/Almost never ..... <input type="checkbox"/> 1 | Often ..... <input type="checkbox"/> 4                |
| Rarely..... <input type="checkbox"/> 2              | Always/Almost always ..... <input type="checkbox"/> 5 |
| Sometimes ..... <input type="checkbox"/> 3          | Don't discuss ..... <input type="checkbox"/> 6        |

**S53. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father / mother for his/her views?**

- |   |   |
|---|---|
| Never/Almost never ..... <input type="checkbox"/> 1 | Often ..... <input type="checkbox"/> 4                |
| Rarely..... <input type="checkbox"/> 2              | Always/Almost always ..... <input type="checkbox"/> 5 |
| Sometimes ..... <input type="checkbox"/> 3          | Don't discuss ..... <input type="checkbox"/> 6        |

**S54. How involved do you think <child's> biological father / mother should be in <child's> life?**

- |  |  |
|--|--|
| A lot more involved ..... <input type="checkbox"/> 1                 | A little less involved..... <input type="checkbox"/> 4 |
| A little more involved..... <input type="checkbox"/> 2               | Much less involved..... <input type="checkbox"/> 5     |
| Level of involvement is about right ..... <input type="checkbox"/> 3 |  |

**S55. How often does <child's> biological father / mother do any of these additional things:**

- |  | Often                      | Sometimes                  | Rarely                     | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Buy clothes, toys or presents for child .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Pay for child's medical or dental bills, health insurance or medicines.....                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Give you extra money to help out, like pay the rent, household bills or car repairs .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Look after child when you need to do other things such as working, studying or attending appointments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

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

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

**S57. Does <child's> biological father / mother have any other children living with him/her at the moment?**

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

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

**S58. How many of these are:**

**N**

Full brothers / sisters of the Study Child \_\_\_\_\_

Half brothers / sisters of the Study Child \_\_\_\_\_

Other children (not related to Study Child)

**S59. We would like to send a short questionnaire to <child'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 <child's> biological father/ mother?**

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

No, I do not wish other parent to be contacted ..... <sub>2</sub>

No, I do not have contact details for other parent ..... <sub>3</sub>



Please give contact details

**S60. THANK YOU VERY MUCH FOR TAKING PART IN THE *GROWING UP IN IRELAND* STUDY.**



# Growing Up in Ireland – Survey of 5-Year-Olds

**STRICTLY CONFIDENTIAL**

## ‘TEACHER-ON-PUPIL’ QUESTIONNAIRE

**Growing Up in Ireland (GUI)** is a major government study of children. Its purpose is to improve our understanding of all aspects of children and their development. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

**This questionnaire should be completed by the child’s class teacher.** Please complete one of these questionnaires in respect of **each** child who is listed on the blue sheet sent to the Principal.

The parents/guardians of each of the children listed have already filled out questionnaires in their home. They have also signed a consent form which gives permission to have this questionnaire completed about their child. **All information provided will be treated in the strictest confidence. This information will not be seen by the child or by his/her parents/guardians.**

An information leaflet outlining in more detail the objectives of the **GUI** study accompanies this questionnaire.

**School ID** (from blue sheet with list of pupils’ names)

--	--	--	--

**Pupil ID** (from blue sheet with list of pupils’ names)

--	--

**Pupil’s DoB** (from blue sheet with list of pupils’ names)

Day		Month		Year	

**Teacher’s name** (block capitals please) \_\_\_\_\_

1. Date of completion \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

2. Study Child's initials Initial of first name:  Initial of surname:

3. Study Child's gender Male .....\_1 Female .....\_2

4. What class is the Study Child in? Junior Infants.....\_1 Senior Infants ....\_2 Other (specify) \_\_\_\_\_

5. For how many school years and months have you taught the Study Child?

\_\_\_\_\_ school year(s) \_\_\_\_\_ months

6. Since the beginning of the academic year, in your opinion how often has the Study Child arrived for school:

	Never	Rarely	Sometimes	Often	Always
(a) inadequately dressed for the weather conditions .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
(b) too tired to participate as he/she should in class.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
(c) without a lunch/snack.....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
(d) hungry .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
(e) with a general lack of cleanliness .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
(f) late .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5
(g) unwell/suffering a minor ailment (cold, cough, etc) .....	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

7. (a) In the Study Child's class, is there within-class ability grouping for reading/literacy?

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

Which group is the Study Child in?

Highest .....\_1 Middle.....\_2 Lowest .....\_3

7. (b) In the Study Child's class, is there within-class ability grouping for maths?

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

Which group is the Study Child in?

Highest .....\_1 Middle.....\_2 Lowest .....\_3



8. Listed below is a series of statements regarding what the Study Child can currently do or how s/he currently behaves. You are asked to say whether or not the Study Child has achieved this competency.

While a child's behaviour may vary somewhat from day to day and from context to context, the assessment you give should be the best description of the Study Child's achievement overall.

Please read each question carefully, and tick 'Yes' if the Study Child has achieved the competency and 'No' if not.

**A. Study Child's attitudes** **Yes** **No**

**The Study Child:**

- (a) Shows an interest in classroom activities through observations or participation..... <sub>1</sub>..... <sub>2</sub>
- (b) Dresses, undresses, and manages own personal hygiene with adult support ..... <sub>1</sub>..... <sub>2</sub>
- (c) Displays high levels of involvement in self-chosen activities ..... <sub>1</sub>..... <sub>2</sub>
- (d) Dresses and undresses independently and manages own personal hygiene ..... <sub>1</sub>..... <sub>2</sub>
- (e) Selects and uses activities and resources independently ..... <sub>1</sub>..... <sub>2</sub>
- (f) Continues to be interested, motivated, and excited to learn ..... <sub>1</sub>..... <sub>2</sub>
- (g) Is confident to try new activities, initiate ideas, and to speak in a familiar group ..... <sub>1</sub>..... <sub>2</sub>
- (h) Maintains attention and concentrates ..... <sub>1</sub>..... <sub>2</sub>
- (i) Sustains involvement and perseveres, particularly when trying to solve a problem or reach a satisfactory conclusion..... <sub>1</sub>..... <sub>2</sub>

**B. Language for communication and thinking** **Yes** **No**

**The Study Child:**

- (a) Listens and responds..... <sub>1</sub>..... <sub>2</sub>
- (b) Initiates communication with others, displaying greater confidence in more informal contexts ... <sub>1</sub>..... <sub>2</sub>
- (c) Talks activities through, reflecting on and modifying actions ..... <sub>1</sub>..... <sub>2</sub>
- (d) Listens with enjoyment to stories, songs, rhymes and poems; sustains attentive listening and responds with relevant comments, questions, or actions ..... <sub>1</sub>..... <sub>2</sub>
- (e) Uses language to imagine and to recreate roles and experiences ..... <sub>1</sub>..... <sub>2</sub>
- (f) Interacts with others in a variety of contexts; negotiates plans and activities; takes turns in conversation..... <sub>1</sub>..... <sub>2</sub>
- (g) Uses talk to organise, sequence and clarify thinking, ideas, feelings, and events; explores the meanings and sounds of new words..... <sub>1</sub>..... <sub>2</sub>
- (h) Speaks clearly with confidence and control; shows awareness of the listener ..... <sub>1</sub>..... <sub>2</sub>
- (i) Talks and listens confidently and with control, consistently showing awareness of the listener by including relevant detail. Uses language to work out and clarify ideas, showing control of a range of appropriate vocabulary ..... <sub>1</sub>..... <sub>2</sub>

**C. Linking sounds and letters** **Yes** **No**

**The Study Child:**

- (a) Joins in rhyming and rhythmic activities ..... <sub>1</sub>..... <sub>2</sub>
- (b) Shows an awareness of rhyme and alliteration ..... <sub>1</sub>..... <sub>2</sub>
- (c) Links some sounds to letters ..... <sub>1</sub>..... <sub>2</sub>
- (d) Links sounds to letters, naming and sounding letters of the alphabet..... <sub>1</sub>..... <sub>2</sub>
- (e) Hears and says initial and final sounds in words ..... <sub>1</sub>..... <sub>2</sub>
- (f) Hears and says vowel sounds within words ..... <sub>1</sub>..... <sub>2</sub>
- (g) Uses phonic knowledge to read simple and regular words ..... <sub>1</sub>..... <sub>2</sub>
- (h) Attempts to read more complex words, using phonic knowledge ..... <sub>1</sub>..... <sub>2</sub>
- (i) Uses knowledge of letters, sounds and words when reading and writing independently..... <sub>1</sub>..... <sub>2</sub>

**D. Reading**

**Yes No**

**The Study Child:**

- (a) Is developing an interest in books ..... <sub>1</sub> ..... <sub>2</sub>
- (b) Knows that print conveys meaning ..... <sub>1</sub> ..... <sub>2</sub>
- (c) Recognises a few familiar words ..... <sub>1</sub> ..... <sub>2</sub>
- (d) Knows that, in English or Irish, print is read from left to right and top to bottom ..... <sub>1</sub> ..... <sub>2</sub>
- (e) Shows an understanding of the elements of stories, such as main character, sequence of events, and openings ..... <sub>1</sub> ..... <sub>2</sub>
- (f) Reads a range of familiar and common words and simple sentences independently ..... <sub>1</sub> ..... <sub>2</sub>
- (g) Retells narratives in the correct sequence, drawing on language patterns of stories ..... <sub>1</sub> ..... <sub>2</sub>
- (h) Shows an understanding of how information can be found in non-fiction texts to answer questions about where, who, why, and how ..... <sub>1</sub> ..... <sub>2</sub>
- (i) Reads books of own choice with some fluency and accuracy ..... <sub>1</sub> ..... <sub>2</sub>

**E. Numbers**

**Yes No**

**The Study Child:**

- (a) Says some number names in familiar contexts, such as in nursery rhymes ..... <sub>1</sub> ..... <sub>2</sub>
- (b) Counts reliably up to three everyday objects ..... <sub>1</sub> ..... <sub>2</sub>
- (c) Counts reliably up to six everyday objects ..... <sub>1</sub> ..... <sub>2</sub>
- (d) Says number names in order ..... <sub>1</sub> ..... <sub>2</sub>
- (e) Recognises numerals 1 to 9 ..... <sub>1</sub> ..... <sub>2</sub>
- (f) Counts reliably up to 10 everyday objects ..... <sub>1</sub> ..... <sub>2</sub>
- (g) Orders numbers up to 10 ..... <sub>1</sub> ..... <sub>2</sub>
- (h) Uses developing mathematical ideas and methods to solve practical problems ..... <sub>1</sub> ..... <sub>2</sub>
- (i) Recognises, counts, orders, writes, and uses numbers up to 20 ..... <sub>1</sub> ..... <sub>2</sub>

**9. In so far as your professional experience allows, please rate the Study Child in relation to all children of this age (not just in their present class or, even, school).**

**Well above Average    Above average    Average    Below average    Well below average    NA**

- (a) Speaking and listening in English ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (b) Speaking and listening in Irish ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (c) Reading in English ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (d) Reading in Irish ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (e) Writing in English ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (f) Writing in Irish ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (g) Science ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (h) Maths and numeracy ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (i) Physical Education (PE) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (j) Arts (e.g. art/design, music, drama) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>

**10a. With regard to the Study Child's education, how interested do the Study Child's parents/guardians appear to be?**

**Very Interested    Moderately interested    Very little interest    Uninterested    Cannot say    N/A**

- Mother appears to be ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- Father appears to be ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>

**10b. How often do the following happen?**

**Daily    At least once at week    At least twice a month    Monthly    Less often    Never**

- (a) You meet informally with the child's mother/father ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (b) The child's mother/father talks to you about the child's behaviour ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (c) The child's mother/father talks to you about the child's schoolwork ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (d) You ask the child's mother/father to come to the school to discuss the child ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>
- (e) The child's mother/father encourages the child's learning at home (e.g. reading with them) ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub> ..... <sub>6</sub>

11. Listed below is a set of statements which could be used to describe the Study Child's behaviour. For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behaviour over the last six months or this school year.

	Not True	Somewhat True	Certainly True
(a) Considerate of other people's feelings .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(b) Restless, overactive, cannot stay still for long .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(c) Often complains of headaches, stomach-aches or sickness .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Shares readily with other children (treats, toys, pencils, etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(e) Often has temper tantrums or hot tempers .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(f) Rather solitary, tends to play alone.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(g) Generally obedient, usually does what adults request.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(h) Many worries, often seems worried .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(i) Helpful if someone is hurt, upset or feeling ill .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(j) Constantly fidgeting or squirming.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(k) Has at least one good friend .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(l) Often fights with other children or bullies them .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(m) Often unhappy, down-hearted or tearful .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(n) Generally liked by other children.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(o) Easily distracted, concentration wanders.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(p) Nervous or clingy in new situations, easily loses confidence .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(q) Kind to younger children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(r) Often lies or cheats .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(s) Picked on or bullied by other children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(t) Often volunteers to help others (parents, teachers, other children)...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(u) Thinks things out before acting .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(v) Steals from home, school or elsewhere .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(w) Gets on better with adults than with other children .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(x) Many fears, easily scared .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(y) Sees tasks through to the end, good attention span.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

12. Please reflect on the degree to which each of the following statements currently applies to your relationship with the Study Child. Using the scale below, tick the appropriate box for each item.

	Definitely does not apply	Does not really apply	Neutral, not sure	Applies somewhat	Definitely applies
(a) I share an affectionate, warm relationship with this child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(b) This child and I always seem to be struggling with each other....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(c) If upset, this child will seek comfort from me. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(d) This child is uncomfortable with physical affection or touch from me. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(e) This child values his/her relationship with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(f) When I praise this child, he/she beams with pride.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(g) This child spontaneously shares information about him/herself.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(h) This child easily becomes angry with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(i) It is easy to be in tune with what this child is feeling.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(j) This child remains angry or is resistant after being disciplined....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(k) Dealing with this child drains my energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(l) When this child is in a bad mood, I know we're in for a long and difficult day. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(m) This child's feelings toward me can be unpredictable or can change suddenly. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(n) This child is sneaky or manipulative with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
(o) This child openly shares his/her feelings and experiences with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**13. Do any of the following limit the kind or amount of activity the Study Child can do at school?**

(Please tick 'Yes' or 'No' for each)

	Yes	No
(a) Physical disability or visual or hearing impairment .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(b) Speech impairment .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(c) Autism spectrum disorders.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(d) General learning disability: mild .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(e) General learning disability: moderate/severe/profound .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(f) Specific learning difficulties (e.g. dyslexia) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(g) Emotional or behavioural problem (e.g. Attention Deficit (Hyperactivity) Disorder – ADD, ADHD).....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(h) Home environment / problems at home.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(i) Has limited knowledge of the main language of instruction.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(j) Discipline problems .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(k) Poor attendance.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
(l) Other ( <i>please specify</i> ) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**14. If you answered 'yes' to any of the questions at Q.13 above: Does the Study Child receive special help or resources in the school because of this (these) limitation(s)?**

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

**15. If yes, what extra services has the Study Child received that are specifically provided through school to support his/her learning? (Please tick all that apply)**

- |  |                                       |  |                                       |
|--|---------------------------------------|--|---------------------------------------|
| Speech therapy .....                   | <input type="checkbox"/> <sub>1</sub> | Learning support / resource teaching ..... | <input type="checkbox"/> <sub>4</sub> |
| Psychological assessment.....          | <input type="checkbox"/> <sub>2</sub> | Special Needs Assistant .....              | <input type="checkbox"/> <sub>5</sub> |
| Behavioural management programmes..... | <input type="checkbox"/> <sub>3</sub> | Occupational therapy .....                 | <input type="checkbox"/> <sub>6</sub> |
|  |                                       | Other ( <i>please specify</i> ) .....      | <input type="checkbox"/> <sub>7</sub> |

**Thank you for completing this questionnaire about the Study Child.**

**When you have completed both your Teacher-on-Self and all the Teacher-on-Pupil questionnaires, please seal them in the enclosed envelope and give them to the Principal, for return to the Economic and Social Research Institute (ESRI).**



# ***Growing Up in Ireland – Survey of 5-Year-Olds***

**STRICTLY CONFIDENTIAL**

## **‘TEACHER-ON-SELF QUESTIONNAIRE’**

***Growing Up in Ireland (GUI)*** is a major government study of children. Its purpose is to improve our understanding of all aspects of children and their development. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

This questionnaire records information about the Study Child’s main class teacher. One of these questionnaires should be completed by each class teacher who has any of the Study Children listed on the blue sheet sent to the Principal.

An information leaflet outlining in more detail the objectives of the study accompanies this questionnaire.

**School ID** (*from blue sheet with list of pupils’ names*)

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**Teacher’s name** (*block capitals please*) \_\_\_\_\_

**Date:** \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year

1. Are you male or female? Male ..... <sub>1</sub> Female ..... <sub>2</sub>

2. To which age group do you belong?

- 20 - 29 yrs ..... <sub>1</sub>
- 30 - 39 yrs ..... <sub>2</sub>
- 40 - 49 yrs ..... <sub>3</sub>
- 50 - 59 yrs ..... <sub>4</sub>
- 60 yrs or older ..... <sub>5</sub>

3. How many years have you been teaching at primary school level? \_\_\_\_\_ years

4. How long have you been teaching in this school? \_\_\_\_\_ years

5. Which of the following qualifications do you hold? (Please tick all that apply)

- (a) A primary school teaching diploma or certificate, or other primary school qualification ..... <sub>1</sub>
- (b) A primary degree in education (BEd)..... <sub>2</sub>
- (c) A primary degree in another subject..... <sub>3</sub>
- (d) A postgraduate diploma in education ..... <sub>4</sub>
- (e) A qualification in learning support, special education or resource teaching..... <sub>5</sub>
- (f) A higher degree in education (PhD, Master's, etc)..... <sub>6</sub>
- (g) A higher degree in another subject (PhD, Master's, etc)..... <sub>7</sub>
- (h) No qualification ..... <sub>8</sub>
- (i) Other (please specify) \_\_\_\_\_ <sub>9</sub>

6. Which year group(s) do you teach? Please tick all that apply.

- Junior Infants ..... <sub>1</sub>      Third Class..... <sub>5</sub>
- Senior Infants..... <sub>2</sub>      Fourth Class..... <sub>6</sub>
- First Class ..... <sub>3</sub>      Fifth Class ..... <sub>7</sub>
- Second Class ..... <sub>4</sub>      Sixth Class ..... <sub>8</sub>

7. How many pupils are in your regular classroom?

Class	Junior Infants	Senior Infants	First Class	Second Class	Third Class	Fourth Class	Fifth Class	Sixth Class
Boys								
Girls								
<b>Total</b>								

8a. In this school, are children allocated to their class on the basis of their ability, achievement or special educational need?

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

8b. If yes, which class do you teach?

- Higher ability ..... <sub>1</sub>
- Middle/average ability ..... <sub>2</sub>
- Lower ability ..... <sub>3</sub>
- Special class ..... <sub>4</sub>

9a. Did you do any continuing professional development (in-service training or upskilling) in the last 12 months?

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

9b. How many days or hours of professional development did you do? \_\_\_\_\_ days \_\_\_\_\_ hours

9c. Please specify the areas in which you did the professional development:

\_\_\_\_\_

\_\_\_\_\_

10. In your opinion, how many children in your classroom (including the Study Child if relevant) experience any of the following long-term difficulties? (some children may belong to more than one category)

- a. A limited knowledge of the main language of instruction ..... \_\_\_\_\_ children
- b. An emotional or behavioural problem ..... \_\_\_\_\_ children
- c. A learning/intellectual disability ..... \_\_\_\_\_ children
- d. A physical/sensory disability ..... \_\_\_\_\_ children

11a. In a typical week, would you have any Special Needs Assistants working with you in the Study Child's classroom?

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

11b. If yes, for approximately how many hours per week? \_\_\_\_\_ hours per week

12a. Within normal school hours, approximately how many minutes PER WEEK does the Study Child's class spend on each of the following subjects? Your best estimate is fine. If the class does not receive instruction in a subject, please write 'none'.

Subject	No. of minutes per week	Subject	No. of minutes per week
English	mins/wk	Drama	mins/wk
Gaeilge	mins/wk	Visual Arts	mins/wk
Maths	mins/wk	Music	mins/wk
History	mins/wk	Religion/Ethical education	mins/wk
Geography	mins/wk	Other 1 (specify)	mins/wk
Science	mins/wk	Other 2 (specify)	mins/wk
Social Personal Health Education (SPHE)	mins/wk	Other 3 (specify)	mins/wk
Physical Education	mins/wk	Other 4 (specify)	mins/wk

12b. In an average week, about what percentage of your time in the classroom is based around play-based activity?

\_\_\_\_\_ per cent

**13. Below we have a number of statements about teaching. Please indicate how frequently the following things happen in the Study Child's class.**

	Never or almost never	Some days	Most days	Every day
(a) Pupils listen to you read stories where they can see the print.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) Pupils listen to you read stories where they don't see the print.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) Pupils interact in class by listening, discussing and taking turns in conversations.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) Pupils engage in creative play (e.g. painting, using play-dough, etc) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) Pupils work in pairs .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(f) Pupils work individually in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(g) Pupils engage in physical play (such as running, jumping, skipping etc) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(h) Pupils work in groups in class.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(i) You ask pupils questions in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(j) Pupils ask you questions in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(k) Pupils ask each other questions in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(l) Pupils work on phonics/word sounds.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(m) Pupils take part in pretend play (e.g. make-believe, dressing up, playing shop) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(n) Pupils suggest subjects or topics to be covered in class.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(o) Pupils are encouraged to find things out for themselves.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(p) You use video or audio recordings in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(q) Children play games with rules (e.g. board games) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(r) You use a computer/interactive whiteboard to show something to the pupils.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(s) Pupils themselves use computer facilities or other electronic equipment (e.g. iPads) in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(t) You provide differentiated activities, as appropriate, to pupils.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(u) Pupils get the opportunity to engage in hands-on activities.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(v) The pupil's experience and their environment is the starting point for learning .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(w) You address learning outcomes across a number of subjects at the same time.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(x) You teach pupils as a whole class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(y) Pupils count out loud.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(z) Pupils play games related to maths/numbers.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(aa) You discuss new or difficult vocabulary .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

**14a. How often do the children in the Study Child's class use a computer(s) or other electronic device (e.g. iPad) in the SCHOOL?**

Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Daily
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**14b. Is there an interactive whiteboard in your CLASSROOM?**

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

**14c. Do the children in the Study Child's class use a computer (or other electronic device) to access the Internet?**

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



**15a. How often would you assess your pupils' progress by using:**

Weekly    Twice a month    Monthly    Every term    Never/Almost never

- (a) Teacher observations ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (b) Teacher-designed tasks and tests ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (c) Teacher's questions ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

**15b. To what extent do you use the results of this assessment in the planning of your teaching?**

A lot ..... <sub>1</sub>      A little ..... <sub>2</sub>      Not at all ..... <sub>3</sub>

**16. How much control do you feel you have in your school over the following areas:**

No control      Slight control      Some control      Moderate control      A great deal of control

- (a) Deciding how much time to spend on different subject areas ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (b) Deciding about the content of subjects to be taught ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (c) Deciding about teaching techniques ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (d) Choosing textbooks and other learning materials ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (e) Disciplining children ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (f) Selecting the year group you teach ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

**17. How important do you believe the following characteristics are for a child to be ready for primary school?**

Tick one box on each line.

Not important      Not very important      Somewhat important      Very important      Essential

- (a) Can count to 20 or more ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (b) Takes turns and shares ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (c) Is able to use pencils and paintbrushes ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (d) Is not disruptive of the class ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (e) Is sensitive to other children's feelings ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (f) Sits still and pays attention ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (g) Knows most of the letters of the alphabet ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (h) Identifies primary colours and shapes ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (i) Communicates needs, wants, and thoughts verbally in English/Gaeilge.. ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (j) Can manage personal care ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

**18. Please indicate the extent to which you agree with each of the following statements on children's preparation for school. Tick one box on each line.**

Strongly disagree      Disagree      Neither agree nor disagree      Agree      Strongly agree

- (a) Attending pre-school (for example, Montessori or Early Start) is very important for success in primary school..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (b) Children who begin formal reading and maths instruction in pre-school will do better in primary school ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (c) Parents should make sure their children know the alphabet before they start primary school ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (d) Parents need help in learning how to encourage their child's reading ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (e) Parents should set aside time every day for their children to practise schoolwork ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>
- (f) Parents should read to their children and play counting games at home regularly..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub> ..... <sub>4</sub> ..... <sub>5</sub>

19. Below we have list of statements about pupils. Please indicate if you feel each is true of nearly all, more than half, less than half, or only a few pupils in the school.

Pupils, in general:

	Nearly all	More than half	Less than half	Only a few
(a) Are well-behaved in class .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) Show respect for their teachers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(c) Show respect for their peers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(d) Settle into the school quickly .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(e) Are rewarding to work with .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(f) Feel they are an important part of the school community / school life	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

20. Please tick on each line to indicate: (a) whether or not you usually receive information in each of the five areas below about the children in your class and (b) if you receive the information, how satisfied you are with it.

Information on:	(a) Receive information?		(b) If information is received, how satisfied are you with it?				
	Yes	No	Very Satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very Dissatisfied
i. Whether they have attended pre-school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
ii. What skills they developed at pre-school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
iii. Family circumstances	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
iv. Whether they have special needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
v. Individual child's strengths, interests and challenges	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

21. In general, what proportion of parents from the children in your class attend:

	Nearly all	More than half	Less than half	Only a few	Not applicable
a. Parent-teacher meetings	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Other meetings organised by the school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

22. What proportion of parents would approach you informally to discuss their child's progress?

Nearly all..... <sub>1</sub>    More than half..... <sub>2</sub>    Less than half ..... <sub>3</sub>    Only a few..... <sub>4</sub>

23. Compared with other Primary Schools of similar size, would you say that, in general, the environment in your school is happier, as happy or less happy for (a) pupils and (b) teachers?

	Happier	As happy	Less happy
(a) Pupils .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
(b) Teachers .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

24. In general terms:

	Very	Fairly	Not very	Not at all
(a) How <b>stressed</b> do you feel by your job.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
(b) How <b>satisfied</b> do you feel with your job .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Thank you very much for completing this part of the *Growing Up In Ireland* survey.

Please ensure that you complete a green questionnaire in respect of each pupil whom you teach and who is listed on the blue sheet as being involved in *Growing Up in Ireland*.

When you have finished all your questionnaires, please seal them in the enclosed envelope and return the sealed envelope to the Principal, for return of all questionnaires in the school to the Economic and Social Research Institute (ESRI).