QUESTONNAIRES AND OTHER DOCUMENTS RELATING TO FIELDWORK FOR WAVE 2 OF THE INFANT COHORT (AT 3 YEARS) OF GROWING UP IN IRELAND

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SECTION A: QUESTIONNAIRES USED IN THE INFANT COHORT (AT 3 YEARS)
PRIMARY CAREGIVER MAIN QUESTIONNAIRE
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 Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs (OMCYA), in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

Section A – Household Composition

A1a. [INTERVIEWER: Is <primary caregiver at time 1> still resident in the household?]

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

Go to A7a

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

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

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at time 1] 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 1> and <child> will be checked and edited where necessary and their residency in the household at time 2 confirmed.**

<table>
<thead>
<tr>
<th>No.</th>
<th>First name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Still resident?</th>
<th>Relationship of each member to mother and child.</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td>R'SHIP TO:</td>
<td>R'SHIP TO:</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>CARD A2E1</td>
<td>CARD A2E2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mother</td>
<td>Study Child</td>
</tr>
<tr>
<td>1</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>3</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>N</td>
<td>N</td>
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<td>4</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>N</td>
<td>N</td>
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<tr>
<td>5</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>N</td>
<td>N</td>
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<td>6</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>N</td>
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<td>7</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>N</td>
<td>N</td>
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<td>8</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

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

**[BLAISE CONDITION: IF ANY PERSON RESIDENT AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2: 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 1 - 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 .............................................. ☐  
No.............................................. ☐  
Go to A4

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

<table>
<thead>
<tr>
<th>No.</th>
<th>First Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Relationship of each member to mother and child</th>
<th>Since when have they been living with you</th>
<th>Resident</th>
<th>Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>21</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2 ☐ 3</td>
</tr>
<tr>
<td>22</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2 ☐ 3</td>
</tr>
<tr>
<td>23</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
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<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2 ☐ 3</td>
</tr>
<tr>
<td>24</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2 ☐ 3</td>
</tr>
<tr>
<td>25</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2</td>
<td>☐ 1 ☐ 2 ☐ 3</td>
</tr>
</tbody>
</table>

**[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 ..................□  No. ..................□ [INT: Check Household Grid]

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 ..................□  No ..................□

A6a. Why is that? ________________________________________________________________

______________________________________________________________________________

IF PRIMARY CAREGIVER FROM TIME 1 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 ..................□  No ..................□ [INT: please establish who is the Primary Caregiver of <child> at this time]

Go to A9a

IF PRIMARY CAREGIVER AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK A7a – A9.

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

Yes ..................□  No ..................□ [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 __________________________  Grand parent __________________________
Adoptive mother/ father __________________________  Aunt/uncle __________________________
Step-mother / Step-father / Partner of child’s parent  Other relative/ in law __________________
Foster mother / father __________________________  Unrelated guardian____________________

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

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

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

<table>
<thead>
<tr>
<th>No.</th>
<th>First name/Initial</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>If DOB not available</th>
<th>Was this Person Resident at time 1?</th>
<th>Relationship of each member to mother and child</th>
<th>(E) Show Card A2F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>51</td>
<td></td>
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<td>52</td>
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<td>53</td>
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<td>54</td>
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<td></td>
<td></td>
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<tr>
<td>55</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A8b. Was that person born into the household or did they join for another reason?

- Born into the household □
- Joined for another reason (specify) □

A8c. Since when has this person been living in the household? ____ month ____ year

Go to A9a

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

- Yes □
- No □

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>

- Male □
- Female □

Section B - Child’s Habits and Routines

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

B1. On a normal day, what time in the evening does <child> usually go to sleep? _______ (24 hour clock)

B2. On a normal day, what time does <child> wake up at in the morning? _______ (24 hour clock)

B3. On a normal day how many hours would the <child> sleep during the day _____ hours _____ mins

B4. 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 □

B5. [CARD B5] Does <child> wear nappies / training pants / pull-ups?

(a) during the day □

(b) at night □

B6. [CARD B6] How often does he/she suck a soother or his/her thumb or finger(s)?

(a) Soother □

(b) Thumb/finger(s) □
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.

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

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

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>Never</th>
<th>Rarely</th>
<th>Now and Again</th>
<th>Regularly</th>
<th>Always</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Discuss/Explain why behaviour was wrong</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
<tr>
<td>B. Ignore him/her</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
<tr>
<td>C. Smack him/her</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
<tr>
<td>D. Shout or yell at him/her</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
<tr>
<td>E. Send him/her out of the room or to his/her bedroom or Naughty step</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
<tr>
<td>F. Take away treats</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
<tr>
<td>G. Tell him/her off</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
<tr>
<td>H. Bribe him/her</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
<td>☐ 5</td>
<td>☐ 8</td>
</tr>
</tbody>
</table>

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 .................................................. ☐  No.......................... ☐  ➔ Go to C6z_1

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

[INT – code for up to 3 illnesses]

a. Asthma ................................................................. ☐
b. Cystic Fibrosis .......................................................... ☐
c. Heart abnormalities ...................................................... ☐
d. Eczema or any kind of skin allergy .................................. ☐
e. Any kind of respiratory allergy (including hayfever) .......... ☐
f. Any kind of food or digestive allergy ............................. ☐
g. Problem with non-food allergies, such as to dust, animals or medicine .......... ☐
h. Bone, joint or muscle problems ..................................... ☐
i. A problem using his/her arms or legs ................................ ☐
j. A problem using his/her hands or fingers ......................... ☐
k. Hyperactivity/Problems with attention .................................... ☐
l. Severe behavioural problems ........................................... ☐
m. Diabetes ................................................................. ☐
n. Kidney disease ........................................................... ☐
o. Migrainous headaches .................................................. ☐
p. Epilepsy or seizures ...................................................... ☐
q. Down syndrome ........................................................ ☐
r. Spina bifida/hydrocephalus ............................................. ☐
s. Cerebral palsy .............................................................. ☐
t. Autism Spectrum Disorder .............................................. ☐
u. Other (please specify) ...................................................... ☐

[INT – CODE FOR UP TO 3 ILLNESSES]

C4. Has this illness, condition or disability been diagnosed by a medical professional?

Yes .................................................. ☐  No.......................... ☐

C5. Since when has <child> had this illness, condition or disability? ___ month  ____ year

C6. Do any of these illnesses hamper <child> in his/her daily activities?

Yes, severely ........................................... ☐  Yes, to some extent.......... ☐  No.......................... ☐

C6z_1. 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 .................................................. ☐  No.......................... ☐

C6z_2. How many separate episodes/bouts of wheezing with whistling on his/her chest has <child> had in the past 12 months? _______ N

C6z_3. Has <child> been prescribed medication for this condition (including inhaler, antibiotics, nebuliser) in the past 12 months?

Yes .................................................. ☐  No.......................... ☐

C7. Has <child> had the Measles/Mumps/Rubella (MMR) vaccination?

Yes .................................................. ☐  No.......................... ☐
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

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

Yes ........................................ N
No ........................................... N

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 that required hospital treatment or admission?

Yes ........................................ N
No ........................................... N

C12. How many separate accidents has <child> ever had that required hospital treatment or admission?

____________ accidents

C13. How many of these accidents involved bone fractures or breaks?

C14. 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 ................. N
Yes, in the past ................. N
No ....................... N

C15. Does <child> currently have, or at any time in the past had, any sort of hearing problem requiring correction?

Yes, currently ................. N
Yes, in the past ................. N
No ....................... N

C16. [Card C16] 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]

a) You couldn’t afford to pay ............................................. N
b) The necessary medical care wasn’t available or accessible to you ............................................. N
c) You could not take time off work to visit the doctor with <child> ............................................. N
d) You wanted to wait and see if the problem got better ............................................. N
e) Child refused / fear of doctor ............................................. N
f) Child is still on the waiting list ............................................. N
g) Other (specify) ............................................. N

C17. 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 ........................................... N
Yes, a little ..................... N
Yes, a lot ....................... N
Don’t know ................... N

C18. [Card C18] In which areas does child have difficulties? What speech problems does <child> have? [TICK ALL THAT APPLY]

A. Reluctant to speak ............................................. N
B. Speech not clear to the family ........................................... N
C. Speech not clear to others ........................................... N
D. Speech is developing slowly ........................................... N
E. Difficulty finding words ............................................. N
F. Difficulty putting words together ........................................... N
G. Voice sounds unusual ............................................. N
H. Stutters, stammers ............................................. N
I. Lisp or difficulty pronouncing certain letter combinations ........................................... N
J. Other (please specify) ............................................. N
K. Don’t know ............................................. N
**C19. Has <child> received any treatment for his/her speech or language problem?**

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

**C20. How old was <child> [in months] when he/she took his/her first steps unsupported?**

Interviewer: By unsupported I mean that he/she walked on his/her own without holding onto someone else or something else for support.

___ months  
☐ child cannot walk

**C21. [Card C21] Getting children to brush their teeth is a challenge faced by many parents. I'd like to ask you a few questions about <child's> teeth. How often is a toothbrush used to clean <child's> teeth?**

<table>
<thead>
<tr>
<th>More than twice a day</th>
<th>Twice a day</th>
<th>Once a day</th>
<th>Less often than once a day</th>
<th>Rarely</th>
<th>Not at all</th>
</tr>
</thead>
</table>

**C22. Has <child> been to visit the dentist because of a problem with his/her teeth?**

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

[BLAISE CONDITION: ASK C23 – C24 ONLY OF THOSE WHO WERE STILL BREASTFEEDING AT 9 MONTHS OF AGE]

**C23. When we last interviewed you in ___, you told us that you were still breastfeeding <child>. Can I just check, are you still breastfeeding <child>? [Include expressed milk]**

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

**C24. How old was <child> [in months] when he/she completely stopped being breastfed? ___ Months**

[Int: Only Accept answer in Months]

**C25. [Card C25] In the last 24 hours has <child> had the following foods and drinks once, more than once, or not at all?**

<table>
<thead>
<tr>
<th>Not At all</th>
<th>Once</th>
<th>More than Once</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Fresh fruit</td>
<td></td>
<td></td>
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<tr>
<td>B. Cooked vegetables</td>
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<tr>
<td>C. Raw vegetables or salad</td>
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<tr>
<td>D. Hamburger, hot dog, sausage or sausage roll, meat pie,</td>
<td></td>
<td></td>
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<tr>
<td>E. Hot chips or French fries</td>
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<tr>
<td>F. Crisps or savoury snacks</td>
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<tr>
<td>G. Biscuits, doughnuts, cake, pie or chocolate</td>
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<tr>
<td>H. Sweets</td>
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<td></td>
</tr>
<tr>
<td>I. Full fat cheese/yoghurt/ fromage frais</td>
<td></td>
<td></td>
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<tr>
<td>J. Low fat Cheese/ low fat yoghurt</td>
<td></td>
<td></td>
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<tr>
<td>K. Water (tap water / still water/ sparkling water)</td>
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<tr>
<td>L. Fizzy drinks / minerals / cordial / squash (diet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M. Fizzy drinks / minerals / cordial / squash (not diet)</td>
<td></td>
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<tr>
<td>N. Full cream milk or full cream milk products</td>
<td></td>
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<tr>
<td>O. Skimmed/Semi-skimmed milk or Skimmed/Semi skimmed milk products</td>
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</tbody>
</table>

**C26. [Card C26] Please read the following statements and indicate the answer which best describes how you deal with feeding <child>. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.**

<table>
<thead>
<tr>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I decide how many snacks &lt;child&gt; should have</td>
<td></td>
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<tr>
<td>2. I give &lt;child&gt; something to eat to make him/her feel better when s/he is feeling upset</td>
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<tr>
<td>3. I let &lt;child&gt; decide when s/he would like to have her meal</td>
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<tr>
<td>4. I give &lt;child&gt; something to eat if s/he is feeling bored</td>
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<tr>
<td>5. I insist &lt;child&gt; eats meals at the table</td>
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<tr>
<td>6. I let &lt;child&gt; eat between meals whenever s/he wants</td>
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</table>
C27. [Card C27] Which of these best describes <child’s> weight?
Underweight ........................................... □
Normal weight ........................................... □
Somewhat overweight .................................. □
Very Overweight ........................................ □

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............ □
Very good .......... □
Good ............. □
Fair ........... □
Poor .......... □

D2. Do you have any on-going chronic physical or mental health problem, illness or disability?
Yes .............. □
No ............... □

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 ....... □
Yes, to some extent ........ □
No ........ □

D6. Is the family (you, your spouse/partner and child(ren)) covered by a medical card?
Yes, full card ......................... □
Yes, GP only......................... □
Not covered........ □

D7. Is <child> covered by private medical insurance?
Yes ...................... □
No ................... □

D8. Does that insurance include the cost of GP visits?
Yes, in full........ □
Yes, partially ...... □
No ........... □
**Section E - Child’s play and activities**

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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost Never</th>
<th>Not Often</th>
<th>Variable usually does not</th>
<th>Variable usually does</th>
<th>Frequently</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. This child is pleasant (smiles, laughs) when first arriving</td>
<td></td>
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<td>in unfamiliar places</td>
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<td>B. This child plays continuously for more than 10 minutes</td>
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<td>at a time with a favourite toy</td>
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<td>C. This child responds to frustration intensely</td>
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<tr>
<td>(screams, yells)</td>
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<tr>
<td>D. This child smiles when an unfamiliar adult plays with</td>
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<td>him/her</td>
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<td>E. This child goes back to the same activity after a brief</td>
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<td>interruption (snack, trip to toilet)</td>
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<td>F. This child has moody &quot;off&quot; days when he/she is irritable</td>
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<td>all day</td>
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<td>G. This child is outgoing with adult strangers</td>
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<td>outside the home</td>
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<td>H. This child stays with a routine task (dressing, picking up toys) for</td>
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<td>5 minutes or more</td>
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<td>I. This child shows much bodily movement (stomps, writhes,</td>
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<td>swings arms) when upset or crying</td>
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<td>J. This child is still wary of strangers after 15 minutes</td>
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<td>(5 minutes or more)</td>
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<tr>
<td>K. This child stops to examine objects thoroughly</td>
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<td>(5 minutes or more)</td>
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<td>L. This child reacts strongly (cries, screams) when unable</td>
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<tr>
<td>to complete a play activity</td>
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<tr>
<td>M. This child practices a new skill (throwing, building,</td>
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<tr>
<td>drawing for 10 or more minutes)</td>
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</table>

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

- Easier than average:  □
- About average: □
- More difficult than average: □

We are interested in the various kinds of activities that children do with their families. I would like you to think about activities which <child> may do at home. Please think about the usual pattern for <child> at the moment.

E3. [Card E3] Now I’d like to ask you about activities which <child> may do at home.

a) On how many days in an average week does anyone at home read to <child>.

<table>
<thead>
<tr>
<th>Days</th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
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<tr>
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</tbody>
</table>

b) On how many days in an average week does anyone at home help <child> learn the ABC or alphabet.

<table>
<thead>
<tr>
<th>Days</th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
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</table>

c) On how many days in an average week does anyone at home help <child> learn numbers or counting.

<table>
<thead>
<tr>
<th>Days</th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
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<td>□</td>
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<td>□</td>
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</tbody>
</table>
d) On how many days in an average week does anyone at home help <child> learn songs, poems or nursery rhymes?

<table>
<thead>
<tr>
<th></th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
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</table>

e) On how many days in an average week does anyone play games [board games, jigsaws, card games etc] with child?

<table>
<thead>
<tr>
<th></th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
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<td>0</td>
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</table>

f) On how many days in an average week does <child> paint, draw, colour, or play with play-doh at home?

<table>
<thead>
<tr>
<th></th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
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g) On how many days in an average week does anyone at home play active games with <child> (e.g. football)?

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<thead>
<tr>
<th></th>
<th>0 days</th>
<th>1 day</th>
<th>2 days</th>
<th>3 days</th>
<th>4 days</th>
<th>5 days</th>
<th>6 days</th>
<th>7 days</th>
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<td>0</td>
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</table>

E4. 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]

E5. Typically, how many hours a day does <child> sit and watch television or videos/dvds?

______hours ______minutes [If none, enter 0 for hours and minutes]

E6. And are there rules in your family about what <child> may watch on television?

Yes ..............................................[1] No..............................[2]

E7. Is there a television or computer (including games console) in <child’s> bedroom?

Yes ..............................................[1] No..............................[2]

E8. [Card E8] What does <child> prefer to do when he/she has a choice about how to spend free time?

Usually chooses inactive pastimes like TV, drawing or playing with toys in one place ............[1]
Usually chooses active pastimes like running around, riding push-cars, kicking balls............[2]
Just as likely to choose active as inactive .................................................................................[3]

E9. Can your child ride a tricycle or other similar toy vehicle with pedals?

Yes, can use pedals to cycle .................................................................................................[1]
Can sit on tricycle and push it along with his/her feet but does not pedal properly yet ..........[2]
No............................................................[3]
Not sure/doesn’t have tricycle...............................................................................................[4]

E10. Can your child assemble simple jigsaw puzzles OR assemble and break-up lego/duplo pieces? (He/she can manipulate the pieces even if he/she does not solve the puzzle correctly)

Yes ..............................................[1] No..............................[2] Not sure .........[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.

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

F2. Does <child> have any brothers or sisters?

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

F3. [Card F3] In general, how well does <child> get on with his/her siblings?

- Gets on well with his/her siblings ................................................. [ ]
- Mixed ................................................. [ ]
- Does not get on well with his/her siblings ................................................. [ ]
- Does not see them ........................................................................ [ ]
Section G – Childcare Arrangements

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

G1. Is <child> currently being minded by someone other than you or your resident spouse / partner for 8 hours or more per week during the day?

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

If no go to G8a

G2. (a) Who minds <child> on a regular basis each week? [Int: Show Card G2]
(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. .......................... [□] Go to G3a
b. A non-relative in your home ......................... [□] Go to G4a
c. A relative in their home ............................ [□] Go to G3b
d. A non-relative in their home ......................... [□] Go to G4b
e. Creche, Montessori, pre-school, naionra, or other centre-based care setting ....... [□] Go to G5
f. Other (please specify) ................................. [□] Go to G5

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

G3a. [Card G3] Please specify how this person is related to <child>

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

G3b. [Card G3] Please specify how this person is related to <child>

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

G4a. [Card G4a] 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

G4b. [Card G4b] Which of the following best describes that person?

a. Friend / Neighbour ................................ [□] 1
b. Childminder ......................................... [□] 2
c. Other .................................................. [□] 6

g. Other relative ........................................ [□] 7

G6a. 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

G6b. 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
G7. [Card G7] 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.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. There are plenty of toys, books, pictures and music for my child</td>
<td></td>
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<tr>
<td>b. My caregiver knows a lot about children and their needs</td>
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<td>c. My child is happy in this arrangement</td>
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<tr>
<td>d. The place where my child is cared for is kept clean</td>
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<tr>
<td>e. My child spends time learning letters and numbers</td>
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<tr>
<td>f. There are different play activities, e.g. water based, sand based, outdoor play, construction, painting etc. available to &lt;child&gt;</td>
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</table>

G8a. [Card G8a] Have you heard of and do you intend to avail of the free preschool year scheme?

["All children aged between 3 years 3 months and 4 years 6 months at September 1st each year are eligible for the free pre-school year scheme which entitles them to receive free pre-school provision of between 2 and 3 hours per day."]

1. Currently availing of the preschool scheme
2. Have heard of and plan to avail of the preschool scheme
3. Have heard of but unsure if I will avail of the preschool scheme
4. Have heard of but don’t plan to avail of
5. Have never heard of the preschool scheme

Note: 3 hours per day over 38 weeks per year (or 2 hours and 15 minutes per day over 50 weeks)

G8b. Why not?

G9. [Card G9] Have you registered or enrolled <child> with a primary school?

No……….................................................. | 1 |
Yes, with one school………………………………… | 2 |
Yes, with more than one school……………………… | 3 |
Not registered, <child> will definitely attend local school… | 4 |

[If <child> is in receipt of childcare for 8 or more hours per week, ask of the person identified as the main childcare provider at G2]

G10. We would like to send a short questionnaire to the person/centre who provides this care to <child>. Would you be able to provide us with the contact details for the person or centre who provides this care to <child>?

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

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)

H2. [Card H2] 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.

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

(a) Hug or hold this child for no particular reason  | Never / Almost never | Rarely | Sometimes | Often | Always / Almost always |
| | | | | |
(b) Tell this child how happy he/she makes you  | | | | |
(c) Have warm, close times together with this child | | | | |
(d) Enjoy listening to this child and doing things with him/her | | | | |
(e) Feel close to this child both when he/she was happy and when he/she was upset | | | | |
(f) Express affection by hugging, kissing and holding this child | | | | |
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)

<table>
<thead>
<tr>
<th></th>
<th>Never / Almost never</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Of all the times you talk to this child about his/her behaviour, how often is this praise</td>
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<tr>
<td>(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval</td>
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<tr>
<td>(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it</td>
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<tr>
<td>(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</td>
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<tr>
<td>(e) How often does this child get away with things that you feel should have been punished</td>
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<td>(f) How often are you angry when you punish this child</td>
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<tr>
<td>(g) How often do you feel you are having problems managing this child in general</td>
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<tr>
<td>(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it</td>
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<tr>
<td>(i) When you discipline this child, how often does he/she ignore the punishment</td>
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<tr>
<td>(j) How often do you tell this child that he/she is bad or not as good as others</td>
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<tr>
<td>(k) How often do you think that the level of punishment you give this child depends on your mood</td>
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</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Because of your work responsibilities:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. You have missed out on home or family activities</td>
<td></td>
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<tr>
<td>B. Your family time is less enjoyable and more pressured</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Because of your family responsibilities:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. You have to turn down work activities or opportunities that you would prefer to take on</td>
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<tr>
<td>D. The time you spend working is less enjoyable and more pressured</td>
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</table>

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?

<table>
<thead>
<tr>
<th>I get enough help</th>
<th>I don’t get enough help</th>
<th>I don’t get any help at all</th>
<th>I don’t need any help</th>
</tr>
</thead>
</table>

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

Yes_________ No_________ All Grandparents deceased .... All Grandparents live abroad

H7. How many of <child’s> grandparents are still alive? _______ N

H8. With how many his/her grandparents would you say (child) has a close or very close |relationship? ____N
H9. [Card H9] Here are some questions about how much support you receive from <child’s> grandparents

<table>
<thead>
<tr>
<th>(a) How often do &lt;child’s&gt; grandparents babysit?</th>
<th>Never</th>
<th>Less often than once every 3 months</th>
<th>At least once every 3 months</th>
<th>At least once a month</th>
<th>At least once a week</th>
<th>Every day or almost every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) How often do &lt;child’s&gt; grandparents have &lt;baby&gt; to stay over night?</td>
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<tr>
<td>(c) How often do &lt;child’s&gt; grandparents take &lt;child&gt; out?</td>
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<tr>
<td>(d) How often do &lt;child’s&gt; grandparents buy toys or clothes for &lt;child&gt;?</td>
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<tr>
<td>(e) How often do &lt;child’s&gt; grandparents help &lt;child&gt; learn the ABC/Alphabet or Numbers/Counting?</td>
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<tr>
<td>(f) How often do &lt;child’s&gt; grandparents help you out financially?</td>
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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:
House...........................................................................................................................................[1]
Apartment / Flat/ Bedsit ..................................................................................................................[2]
Other (specify)................................................................................................................................[3]

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 ..............................................[1]  No .................................................[2]

J3. [Card J3] From this card, please tell me which best describes your (and your partner’s) occupancy of the accommodation?
1. Owner occupied (with or without a mortgage) ........................................................................[1]
2. Being purchased from a Local Authority under a Tenant Purchase Scheme ..........................[2]
3. Rented from a Local Authority .................................................................................................[3]
4. Rented from a Voluntary Body ....................................................................................................[4]
5. Rented from a Private Landlord .................................................................................................[5]
6. Living with and paying rent to your (or your partner’s) parent(s) .............................................[6]
7. Occupied free of rent with your (or your partner’s) parent(s) ....................................................[7]
8. Occupied free of rent from your (or your partner’s) job ............................................................[8]

J4a. Do you feel that your current accommodation (excluding location) is suitable for your family’s needs?
Yes ..............................................[1]  No .................................................[2]

J4b. [CARD J4b] Why is that? [Int: tick all that apply]
1. Too small.................................................................................................................................[1]
2. Not a child-friendly layout......................................................................................................[2]
3. Too many steps.......................................................................................................................[3]
4. Poor conditions in the home (damp, drafts, leaks etc) .........................................................[4]
5. Problems with rats, mice, cockroaches etc.............................................................................[5]
6. Too noisy..................................................................................................................................[6]
7. Problems with neighbours.....................................................................................................[7]
8. Other (specify) ......................................................................................................................[8]
J5. [Card J5] 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
- 1. Employee (incl. apprenticeship or Community Employment)
- 2. Self employed outside farming
- 3. Farmer
- 4. Student full-time
- 5. On State training scheme (FAS, Failte Ireland etc)
- 6. Unemployed, actively looking for a job
- 7. Long-term sickness or disability
- 8. Home duties / looking after home or family
- 9. Retired
- 10. Other (please specify)

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT TIME 1 BUT IS WORKING AT TIME 2 OR ON MATERNITY LEAVE AT TIME 1 BUT IS WORKING AT TIME 2 ASK J6a]

J6a. When did you return to work? _____ mth _____ year

[BLAISE CONDITION: IF RESPONDENT IS CURRENTLY ON MATERNITY LEAVE AND PLANS TO RETURN TO WORK ASK J6b]

J6b. When will you return to work? _____ mth _____ year

J7. 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

J8. 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]

J9. [Card J9] 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
- Clerk
- 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

______________________________________________________________________________

J10. Do you supervise or manage any personnel in your job?

Yes ......[1] No ........[2]

J11. How many? ________________

J12. How many employees (if any) do you have? ________ employees N A ....[99]

J13. [Ask only if Farmer at J5.] How many acres do you farm? ________ acres ________ hectares

Go to J23

J14. Apart from holiday or casual work, have you ever had a full-time job? Yes ......[1] No ..[2] Go to J19

J15. In what year did you last work in that full-time job? ________ year

J16. 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]
J17. [Card J17] 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 Garda 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
__________________________________________________________________________________

J18. [Ask only if Farmer at J16] How many acres did you farm? ______ acres ______ hectares

J19. Do you currently have a part time job outside the home? Yes __________ No __________

Go to J20

J20. On average, how many hours per week do you work in that part-time job? __________ hours

J21. [Card J21] 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 Garda 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 J23

J22. [Card J22] 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 medical benefits if I was earning ............ __

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)__________________________ __

Go to J23

J23. [Card J23] 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 Garda 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, how many acres do you farm? ________ acres
J24. Looking at Card J24, 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 J24]

J25. And of these sources of income which is the largest source of income at present? [Int Tick one box only in Col. B] [Card J24]

<table>
<thead>
<tr>
<th>Category</th>
<th>A Receive?</th>
<th>B Largest Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Wages or Salaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Income from Self-Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Income from Farming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Children’s Allowance/ Child Benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Other Social Welfare Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Other Income (incl. income from maintenance payments, investments, savings, dividends, private pensions, property)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Student Maintenance Grants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J26. [Card J26] 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 J27. IF EXACT FIGURE GIVEN GO TO J29]

Dont.Know…[ ] per  Week…[ ] Month…[ ] per Year…[ ]

J27. [Card J27] I know that it is difficult to give an exact figure for household income but on Card J27 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]

<table>
<thead>
<tr>
<th>Category</th>
<th>A. Under €230</th>
<th>B. €231 to under €350</th>
<th>C. €351 to under €460</th>
<th>D. €461 to under €575</th>
<th>E. €576 to under €800</th>
<th>F. €801 to under €1,000</th>
<th>G. €1,001 to €1,500</th>
<th>H. €1,501 to €2,000</th>
<th>I. €2,001 to €2,500</th>
<th>J. €2,501 to €3,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Week</td>
<td>Under €1,000</td>
<td>€1,001 to under €1,500</td>
<td>€1,501 to €2,000</td>
<td>€2,001 to under €2,500</td>
<td>€2,501 to under €3,000</td>
<td>€3,001 to under €4,000</td>
<td>€4,001 to under €5,000</td>
<td>€5,001 to under €6,000</td>
<td>€6,001 to under €7,000</td>
<td>€7,001 to under €8,000</td>
</tr>
<tr>
<td>Per Month</td>
<td>Under €1,000</td>
<td>€1,001 to under €1,500</td>
<td>€1,501 to €2,000</td>
<td>€2,001 to under €2,500</td>
<td>€2,501 to under €3,000</td>
<td>€3,001 to under €4,000</td>
<td>€4,001 to under €5,000</td>
<td>€5,001 to under €6,000</td>
<td>€6,001 to under €7,000</td>
<td>€7,001 to under €8,000</td>
</tr>
<tr>
<td>Per Year</td>
<td>Under €1,000</td>
<td>€1,001 to under €1,500</td>
<td>€1,501 to €2,000</td>
<td>€2,001 to under €2,500</td>
<td>€2,501 to under €3,000</td>
<td>€3,001 to under €4,000</td>
<td>€4,001 to under €5,000</td>
<td>€5,001 to under €6,000</td>
<td>€6,001 to under €7,000</td>
<td>€7,001 to under €8,000</td>
</tr>
</tbody>
</table>

J28. Would that be [Int: Show Card J28 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

<table>
<thead>
<tr>
<th>Category</th>
<th>A Per week</th>
<th>B Per week</th>
<th>C Per week</th>
<th>D Per week</th>
<th>E Per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per week</td>
<td>under €75</td>
<td>€75 to €150</td>
<td>€151 to €230</td>
<td>under €75</td>
<td>€75 to €150</td>
</tr>
<tr>
<td>Per Month</td>
<td>€0 to €300</td>
<td>€301 to €650</td>
<td>€651 to €1,000</td>
<td>€0 to €300</td>
<td>€301 to €650</td>
</tr>
<tr>
<td>Per Year</td>
<td>€0 to €4,000</td>
<td>€4,001 to €8,000</td>
<td>€8,001 to €12,000</td>
<td>€0 to €4,000</td>
<td>€4,001 to €8,000</td>
</tr>
<tr>
<td>Per week</td>
<td>€231 to €270</td>
<td>€271 to €310</td>
<td>€311 to €350</td>
<td>€231 to €270</td>
<td>€271 to €310</td>
</tr>
<tr>
<td>Per Month</td>
<td>€1,001 to €1,150</td>
<td>€1,151 to €1,350</td>
<td>€1,351 to €1,500</td>
<td>€1,001 to €1,150</td>
<td>€1,151 to €1,350</td>
</tr>
<tr>
<td>Per Year</td>
<td>€12,001 to €14,000</td>
<td>€14,001 to €16,000</td>
<td>€16,001 to €18,000</td>
<td>€12,001 to €14,000</td>
<td>€14,001 to €16,000</td>
</tr>
<tr>
<td>Per week</td>
<td>€351 to €390</td>
<td>€391 to €420</td>
<td>€421 to €460</td>
<td>€351 to €390</td>
<td>€391 to €420</td>
</tr>
<tr>
<td>Per Month</td>
<td>€1,501 to €1,700</td>
<td>€1,701 to €1,800</td>
<td>€1,801 to €2,000</td>
<td>€1,501 to €1,700</td>
<td>€1,701 to €1,800</td>
</tr>
<tr>
<td>Per Year</td>
<td>€18,001 to €20,000</td>
<td>€20,001 to €22,000</td>
<td>€22,001 to €24,000</td>
<td>€18,001 to €20,000</td>
<td>€20,001 to €22,000</td>
</tr>
<tr>
<td>Per week</td>
<td>€461 to €500</td>
<td>€501 to €535</td>
<td>€536 to €575</td>
<td>€461 to €500</td>
<td>€501 to €535</td>
</tr>
<tr>
<td>Per Month</td>
<td>€2,001 to €2,150</td>
<td>€2,151 to €2,300</td>
<td>€2,301 to €2,500</td>
<td>€2,001 to €2,150</td>
<td>€2,151 to €2,300</td>
</tr>
<tr>
<td>Per Year</td>
<td>€24,001 to €26,000</td>
<td>€26,001 to €28,000</td>
<td>€28,001 to €30,000</td>
<td>€24,001 to €26,000</td>
<td>€26,001 to €28,000</td>
</tr>
<tr>
<td>Per week</td>
<td>€576 to €650</td>
<td>€651 to €750</td>
<td>€751 to €800</td>
<td>€576 to €650</td>
<td>€651 to €750</td>
</tr>
<tr>
<td>Per Month</td>
<td>€2,501 to €2,800</td>
<td>€2,801 to €3,250</td>
<td>€3,251 to €3,500</td>
<td>€2,501 to €2,800</td>
<td>€2,801 to €3,250</td>
</tr>
<tr>
<td>Per Year</td>
<td>€30,001 to €34,000</td>
<td>€34,001 to €38,000</td>
<td>€38,001 to €42,000</td>
<td>€30,001 to €34,000</td>
<td>€34,001 to €38,000</td>
</tr>
</tbody>
</table>
J29. Does anyone in your household currently receive any Social Welfare payments?

Yes [ ] No [ ]

J30. [Card J30] Now I’d like to record information on any Social Welfare payments which are received by anyone in the household. Looking at Card J30, could you tell me whether or not anyone in the household currently receives any of these Social Welfare payments? [Int Tick payments received by any household member]

<table>
<thead>
<tr>
<th>Social Welfare Payment</th>
<th>Social Welfare Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNEMPLOYMENT PAYMENTS</strong></td>
<td>Jobseeker’s Benefit [ ] Jobseeker’s Allowance or Unemployment Assistance [ ]</td>
</tr>
<tr>
<td><strong>EMPLOYMENT SUPPORTS</strong></td>
<td>Family Income Supplement [ ] Farm Assist [ ] Back to Work Enterprise Allowance [ ] Part-time Job Incentive Scheme [ ]</td>
</tr>
<tr>
<td></td>
<td>Back to Work Allowance (Employees) [ ] Supplementary Welfare Allowance (SWA) [ ] Rural Social Scheme [ ]</td>
</tr>
<tr>
<td><strong>ONE-PARENT FAMILY/WIDOW(ER) PAYMENTS</strong></td>
<td>Widow’s or Widower’s (Contributory) Pension [ ] Deserted Wife’s Benefit [ ] Widow’s or Widower’s (Non-Contributory) Pension [ ]</td>
</tr>
<tr>
<td></td>
<td>Widowed Parent Grant [ ]</td>
</tr>
<tr>
<td><strong>CHILD RELATED PAYMENTS</strong></td>
<td>Maternity Benefit [ ] Adoptive Benefit [ ] Health &amp; Safety Benefit [ ]</td>
</tr>
<tr>
<td></td>
<td>Guardian’s Payment (Contributory) [ ] Guardian’s Payment (Non-Contributory) [ ] Guardian/Orphan’s pension [ ]</td>
</tr>
<tr>
<td><strong>DISABILITY AND CARING PAYMENTS</strong></td>
<td>Illness Benefit [ ] Invalidity Pension [ ] Disability Allowance [ ] Blind Pension [ ] Carer’s Benefit [ ] Domiciliary Care Allowance [ ] Carer’s Allowance [ ] Half-rate Carer’s Allowance [ ]</td>
</tr>
<tr>
<td></td>
<td>Prescribed Relative’s Allowance [ ] Injury Benefit [ ] Incapacity Supplement [ ] Disablement Benefit [ ] Medical Care Scheme [ ] Constant Attendance Allowance [ ] Death Benefits (Survivor’s Benefits) [ ]</td>
</tr>
<tr>
<td><strong>RETIREMENT PAYMENTS</strong></td>
<td>State Pension (Transition) [ ] State Pension (Contributory) [ ]</td>
</tr>
<tr>
<td></td>
<td>State Pension Non-Contributory [ ] Pre-Retirement Allowance [ ]</td>
</tr>
<tr>
<td><strong>OTHER PAYMENTS</strong></td>
<td>Fuel/Smokeless Fuel Allowance [ ] Household Benefits Package (electricity/gas/phone) [ ]</td>
</tr>
<tr>
<td></td>
<td>Diet/heating supplements [ ]</td>
</tr>
</tbody>
</table>
J31a. Does anyone in your household currently receive rent or mortgage supplement? Yes □ , No □

J31b. How much does the household receive PER WEEK in rent or mortgage supplement? €---------------------

J31c. Do you receive or have you received in the last 12 months, any of the following payments? [Tick all that apply]

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

J32. [Card J32] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn’t afford it or for another reason?

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

J33. [Card J33] A household may have different sources of income and more than one household member may contribute to it. Concerning your household’s total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

J34. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?)

Yes □ No □

J35a. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

Yes □ No □

J35b. [CARD J35b] Why was that?

Didn’t want to ................................................................. □  Couldn’t leave the children .................. □
Have a full social life in other ways ................................. □  Illness ....................................................... □
Couldn’t afford to .......................................................... □  Other (specify) ...................................... □

J36a. Does your family have a car?

Yes □ No □

J36b. Would your family like to have a car but you cannot afford it?

Yes □ No □
J37. Since our last interview when <child> was 9 months old 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]

<table>
<thead>
<tr>
<th>A very significant effect on your family</th>
<th>A significant effect on your family</th>
<th>A small effect on your family</th>
<th>No effect at all on your family</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

J38. [Card J38] How has it affected your family? [Int: tick all that apply]

a. You were made redundant / lost your job ..................................................  □
b. Your spouse/partner was made redundant / lost their job ..................................  □
c. Your or your spouse/partner's working hours were reduced.............................  □
d. Your or your spouse/partner's wages were reduced ...........................................  □
e. Your or your spouse/partner's social welfare benefits were reduced ........................  □
f. Your family can't afford luxuries (holidays, meals out etc) ...............................  □
g. Your family can't afford / had to cut back on basics (food, clothes etc) ............  □
h. You are behind with rent / mortgage payments .............................................  □
i. You are behind with utility bills (e.g. electricity, gas bills etc) ........................  □
j. Other (please specify) ..................................................................................  □

---

Section K – About You

Now some more questions about yourself

K1. [Card K1] What is the highest level of education (full-time or part-time) which you have completed to date?

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

**Second Level**

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

**Third Level**

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

K2. At what age did you leave full-time education for the first time? ______ years
   [INTERVIEWER: Code as '0' if respondent never undertook full-time education]

K3. What is <child's>s first language?

English ........................................  □, Irish ........................................  □, Other (please specify) ..............  □

[BLASE CONDITION: ASK K4 –K6 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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 ........................................  □, No ......................................................  □

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

   Yes ........................................  □, No ..........................................................  □
K6. Can you usually read and fill out forms you might have to deal with in English? 
Yes ..................................[1] No ..................................[2]

[KBAISE CONDITION: ASK K7 OF THOSE WHO INDICATED NUMERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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 ..................................[1] No ..................................[2]

K8. Do you belong to any religion? 
Yes ..................................[1] No ..................................[2]

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]

[ASK K10 – K11 IF NOT AN IRISH CITIZEN AT TIME 1, NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

K10. Are you a citizen of Ireland? 
Yes ........[1] No ........[2]

K11. What citizenship do you hold? 
____________________________________

[ASK K12 – K14 IF NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

K12. Were you born in Ireland? 
Yes ........[1] No ........[2]

K13. In which country were you born? 
____________________________________

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

<table>
<thead>
<tr>
<th>Within the last year</th>
<th>1-5 years ago</th>
<th>6-10 years ago</th>
<th>11-20 years ago</th>
<th>More than 20 years ago</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is safe to walk alone in this area after dark</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>It is safe for children to play outside during the day in this area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>There are safe parks, playgrounds and play spaces in this area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>As a family we are happy living in this area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>We as a family intend to continue living in this area</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

L3. DO YOU INTEND TO CONTINUE LIVING IN IRELAND?

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

OBSERVATIONS

Interviewer: ask the parent to get the child to do the following activities so that you can observe the child. Now I would like to ask you some questions about how <child> uses his/her hands and legs.

3. Please ask your child to stand on one leg. Interviewer: Have you observed the child to stand on one leg?

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

4. Please ask your child throw a ball overhand. Interviewer: have you observed the child throwing a ball overhand? (letting it fall to the ground does not count)

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

5. Using this pencil and piece of paper, please draw a vertical line from the top to the bottom of the page. Now ask your child to copy your line, but do not let him/her trace it. Interviewer: have you observed the child to draw a vertical line even if it is not perfectly straight. (See pictures)

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

   Count as yes                                Count as no

6. Interviewer: When copying the line, does the child hold the crayon like the child in picture A (between thumb and forefinger)?

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

   Picture A (correct) B. Incorrect C. Incorrect
PRIMARY CAREGIVER SENSITIVE QUESTIONNAIRE
GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

Primary Caregiver – SUPPLEMENTARY SECTION, 3-Year

GROUP _______ H HOLD _______ 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 it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male............. ☑  Female ............. ☑

X2. What is your date of birth? _______ / _______ / _______ YYYY

[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS1 – AS3]:

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

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

AS2. When did <Person from Wave 1> stop living with you: Since what month? _______ mth

AS3. When did <Person from Wave 1> stop living with you: Since what year? [YYYY]

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

Yes ............. ☑  Go to S12  No ............. ☑  Go to S2

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

Yes ............. ☑  Go to S7  No ............. ☑

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

Domestic............. ☑  Inter-country ............. ☑

S4. Was this a within family adoption?

Yes ............. ☑  No ............. ☑

S5. From which country?

_________________________

S6. What age was <child> when you adopted him/her? _______ months

NOW PLEASE GO TO S12
S7. Are you the foster parent of <child>?
Yes ........................................... □a No .................. □b Go to S12

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

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

S10. How many previous foster placements has <child> been in? ________ previous placements DK .... □g

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 ........ □a Own family ........ □b Institutional care .... □c

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 ........................................... □a Go to S13a
Married and separated from husband / wife ........................................... □a Go to S13b
Divorced .................................................................................. □a Go to S13b
Widowed .................................................................................. □a Go to S13b
Never married ........................................................................ □a 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 ........................................... □a No .................. □b 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 .................................................................................. □a Go to S18
At least once a week .................................................................... □a Go to S18
Less than once a week .................................................................. □a Go to S18
Hardly ever .................................................................................. □a Go to S18
Never .......................................................................................... □a Go to S19

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

Shout or yell at each other .................................................. □a □b □c □d □e
Throw something at each other ............................................. □a □b □c □d □e
Push, hit or slap each other .................................................. □a □b □c □d □e

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

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

You discuss or have considered divorce, separation, or terminating your relationship ....□a □b □c □d □e □f
You think that things between you and your partner are going well ........................................... □a □b □c □d □e □f
You confide in your mate/partner ........................................... □a □b □c □d □e □f

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.

0 1 2 3 4 5 6
Extremely Unhappy Fairly Unhappy A little unhappy Happy Very Happy Extremely Happy Perfect
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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not Sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Caring for my child sometimes takes more time and energy than I have to give</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>B. I sometimes worry whether I am doing enough for my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C. The major source of stress in my life is my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>D. Having a child leaves little time and flexibility in my life</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E. Having a child has been a financial burden</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F. It is difficult to balance different responsibilities because of my child</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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
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 = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S26a ONLY OF FEMALE RESPONDENTS]
S26a. How often do you have 6 or more alcoholic drinks on one occasion?
Never ..................................................................................................................1
Less than monthly ...............................................................................................2
Monthly ..............................................................................................................3
Weekly ..............................................................................................................4
Daily or almost daily .........................................................................................5

[ASK S26b ONLY OF MALE RESPONDENTS]
S26b. How often do you have 8 or more alcoholic drinks on one occasion?
Never ..................................................................................................................1
Less than monthly ...............................................................................................2
Monthly ..............................................................................................................3
Weekly ..............................................................................................................4
Daily or almost daily .........................................................................................5

S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never ..................................................................................................................1
Less than monthly ...............................................................................................2
Monthly ..............................................................................................................3
Weekly ..............................................................................................................4
Daily or almost daily .........................................................................................5
S26d. How often during the last year have you failed to do what was expected of you because of drinking?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>1</td>
</tr>
<tr>
<td>Less than monthly</td>
<td>2</td>
</tr>
<tr>
<td>Monthly</td>
<td>3</td>
</tr>
<tr>
<td>Weekly</td>
<td>4</td>
</tr>
<tr>
<td>Daily or almost daily</td>
<td>5</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Yes, on one occasion</td>
<td>2</td>
</tr>
<tr>
<td>Yes on more than one occasion</td>
<td>3</td>
</tr>
</tbody>
</table>

S27. Do you currently smoke daily, occasionally or not at all?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
</tr>
<tr>
<td>Not at all</td>
<td>3</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, regularly</td>
<td>1</td>
</tr>
<tr>
<td>Yes, occasionally</td>
<td>2</td>
</tr>
<tr>
<td>No, not at all</td>
<td>3</td>
</tr>
</tbody>
</table>

S31. Since the time of the last interview when <child> was 9 months of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

S32. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

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.

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

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

S35. Have you ever been to prison?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
S36. Can we check, does <child's> biological father/ mother live here with you or elsewhere?

- Lives here .......................................................... □  ➔ Go to S48
- Deceased .......................................................... □  ➔ Go to S48
- Temporarily lives elsewhere .............................. □  ➔ Go to S48
- Lives elsewhere ................................................ □  ➔ Go to S37

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

<table>
<thead>
<tr>
<th>Yes, married to</th>
<th>Yes, lived with</th>
<th>No</th>
<th>Adoptive / Foster parent</th>
<th>Go to S39</th>
<th>Go to S48</th>
</tr>
</thead>
</table>

S38. When did you separate or split up with <child's> biological father / mother?

- Before <child> was born .................................. □
- When <child> was less than 1 year old ........... □
- When <child> was 1-2 years old ...................... □
- In the last year ........................................... □

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

- Formal .......................................................... □
- Informal ......................................................... □
- No parenting arrangement ................................ □

S40. Briefly describe that arrangement

_______________________________________________________________________________________
_______________________________________________________________________________________

S41. How did you arrive at that arrangement?

- Court imposed arrangements .................................................. □
- Formal negotiated arrangements other than legal (e.g. counsellor). □
- Mutual agreement with no third party negotiator ........................ □

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

- Within ½ hour’s drive from here ........................ □
- Between ½ and 1 hour’s drive from here ........ □
- Outside the country ........................................ □

S43. How often does <child> have contact with his / her biological father / mother?

- Daily ............................................................ □
- Once or twice a week ........................................ □
- Weekly ........................................................... □
- Every second week / weekend .......................... □
- Monthly .......................................................... □
- Less than once a month .................................. □
- No contact ...................................................... □

S44. 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 ............. □
- Yes, he/she makes a regular payment .......... □
- Yes, he/she makes payments as required ...... □

S45. 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 ........................................................... □

S46. 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 .................................................. □

S47. 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 ............................................................... □
- No, I do not wish other parent to be contacted .... □
- No, I do not have contact details for other parent ...... □

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT
SECONDARY CAREGIVER MAIN QUESTIONNAIRE
INTERVIEWER NAME ______________________ INTERVIEWER NO: ______________________

Time Section Started [ ] [ ] [ ] (24 hour clock) DATE: ___ dd ___ mm ___ yy

All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. If however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

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

INT: IS RESPONDENT MALE OR FEMALE?  Male ..........  __  Female ...........  __

X1. What is your date of birth?  ____ / ____ / ____ __ __ __ __

Section A - Introduction

[ASK A1 IF NON RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

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

Section B - Parental Health

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

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

Excellent ............. 1
Very good ............. 2
Good ................... 3
Fair ..................... 4
Poor .................... 5
B2. Do you have any on-going chronic physical or mental health problem, illness or disability?
Yes ☐   No ☐

B3. 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.]

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

B5. Are you hampered in your daily activities by this problem, illness or disability?
Yes, severely ☐   Yes, to some extent ☐   No ☐

---

Section C – Parenting and Family Context

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

C1. [Card C1] 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.

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

C2. [Card C2] 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.

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

<table>
<thead>
<tr>
<th>(a) Hug or hold this child for no particular reason</th>
<th>Rarely never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always / Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Tell this child how happy he/she makes you</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(c) Have warm, close times together with this child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(d) Enjoy listening to this child and doing things with him/her</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(e) Feel close to this child both when he/she was happy and when he/she was upset</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>(f) Express affection by hugging, kissing and holding this child</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
C3. [Card C3] 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)

(a) Of all the times you talk to this child about his/her behaviour, how often is this praise
(b) Of all the times you talk to this child about his/her behaviour, how often is this disapproval
(c) When you give this child an instruction or request to do something, how often do you make sure that he/she does it
(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
(e) How often does this child get away with things that you feel should have been punished
(f) How often are you angry when you punish this child
(g) How often do you feel you are having problems managing this child in general
(h) How often is this child able to get out of punishment when he/she really sets his/her mind to it
(i) When you discipline this child, how often does he/she ignore the punishment
(j) How often do you tell this child that he/she is bad or not as good as others
(k) How often do you think that the level of punishment you give this child depends on your mood

<table>
<thead>
<tr>
<th>Never / Almost never</th>
<th>Less than half the time</th>
<th>About half the time</th>
<th>More than half the time</th>
<th>All the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

C4. [Card C4] If you are currently working outside the home, can I ask you the extent to which you agree or disagree with the following statements?

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

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

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly N/A Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

D: SOCIO-DEMOGRAPHICS

Time Section Started [12:00] (24 hour clock)

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, which of these descriptions BEST describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

0. Currently on maternity leave, but have a job to return to
1. Employee (incl. apprenticeship or Community Employment)
2. Self employed outside farming
3. Farmer
4. Student full-time
5. On State training scheme (FAS, Faiite Ireland etc.)
6. Unemployed, actively looking for a job
7. Long-term sickness or disability
8. Home duties / looking after home or family
9. Retired
10. Other (specify)
[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 OR RESPONDENT ON MATERNITY LEAVE AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK D2a:]

D2a. When did you return to work? ______ mth _______ year

D3. 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

D4. On a typical work day, how much time in total do you spend commuting to and from work (outward and return journey combined)?
_________ minutes [Int. if respondent works at home enter ‘0’ for minutes]

D5. [Card D5] 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: 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 __________________________________________________________________________

D6. Do you supervise or manage any personnel in your job?

Yes ☐ No ☐

D7. How many? __________________________

D8. How many employees (if any) do you have? ___________ employees N A .... ☐99

D9. [Ask only if Farmer at D1.] How many acres do you farm? ______________ acres

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ☐ No ☐ Go to D15

D11. In what year did you last work in that full-time job? _______ year

D12. 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

D13. [Card D13] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible
In all cases please describe the occupation fully and precisely giving the full job title.
Use precise terms such as: Do not use general terms such as:
RETAIL STORE MANAGER MANAGER
SECONDARY TEACHER TEACHER
ELECTRICAL ENGINEER ENGINEER
Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION __________________________________________________________________________

D14. [Ask only if Farmer at D12] How many acres did you farm? ______________ acres

D15. Do you currently have a part-time job outside the home? Yes ☐ No ☐ Go to D18

D16. On average, how many hours per week do you work in that part-time job? ___________ hours
D17. [Card D17] What is your occupation in that job?
In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as: RETAIL STORE MANAGER, 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 Gardaí or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

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

D18. [Card D18] 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)_____________________

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education .............................................[ ]

2. Primary education .............................................[ ]

Second Level

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

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

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

6. Both Upper Secondary and Technical or Vocational qualification [ ]

Third Level

7. Non Degree (National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma, (Third Level Bachelor Degree) [ ]

8. Primary Degree (Third Level Bachelor Degree) [ ]

9. Professional qualification (of Degree status at least) [ ]

10. Both a Degree and a Professional qualification [ ]

11. Postgraduate Certificate or Diploma [ ]

12. Postgraduate Degree (Masters) [ ]

13. Doctorate (Ph.D.) [ ]

E2. At what age did you leave full-time education for the first time? ______ years

INTERVIEWER: Code as ‘0’ if respondent never undertook full-time education

[BLAISE CONDITION: ASK E3 –E5 OF THOSE WHO INDICATED LITERACY WAS A PROBLEM AT TIME 1, NON-RESPONDENT AT TIME 1 OR NEW RESPONDENT AT TIME 2]

E3. 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 ..................................................[ ]

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

38
E4. Can I just check, can you read aloud to a child from a children’s story book written in English?
Yes ☐ No ☒

E5. Can you usually read and fill out forms you might have to deal with in English?
Yes ☐ No ☒

E6. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?
Yes ☐ No ☒

E7. Do you belong to any religion?
Yes ☐ No ☒

E8. [Card E8] Which religion?
Christian – no denomination ☐
Roman Catholic ☐
Anglican/Church of Ireland/Episcopalian ☐
Other Protestant ☐
Jewish ☐
Muslim ☐
Other (please specify) ☐

E9. Are you a citizen of Ireland?
Yes ☐ No ☒

E10. What citizenship do you hold?
____________________________________

E11. Were you born in Ireland?
Yes ☐ No ☒

E12. In which country were you born?
___________________________________

E13. 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 ☐

E14. [Card E14] What is your ethnic or cultural background?
Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White
   Irish ☐
   Irish Traveller ☐
   Any other White background ☐

2. Black or Black Irish
   African ☐
   Any other Black background ☐

3. Asian or Asian Irish
   Chinese ☐
   Any other Asian background ☐

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

X1. Are you male or female?
Male...........□₁ Female ............□₂

X2. What is your date of birth? __ __ / __ / __ __ __ __
DD / MM / YYYY

S1. Are you the biological parent of <child>?
Yes ...........□₁  Go to S12  No..............□₂  Go to S2

S2. Are you the adoptive parent of <child>?
Yes ...........□₁  Go to S7  No..............□₂

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

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

S5. From which country?
______________________________

S6. What age was <child> when you adopted him/her? __________ months

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?
Yes ..............□₁  Go to S12  No..............□₂

S8. How long 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...□₉

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
- Married and separated from husband / wife
- Divorced
- Widowed
- Never married

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
- No

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
- At least once a week
- Less than once a week
- Hardly ever
- Never

S18. When you and your partner argue, how often do you ...
- Shout or yell at each other
- Throw something at each other
- Push, hit or slap each other

S19. How often would you say the following happen in your relationship?
- You discuss or have considered divorce, separation, or terminating your relationship
- You think that things between you and your partner are going well
- You confide in your mate / partner

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.

A. Caring for my child sometimes takes more time and energy than I have to give
B. I sometimes worry whether I am doing enough for my child
C. The major source of stress in my life is my child
D. Having a child leaves little time and flexibility in my life
E. Having a child has been a financial burden
F. It is difficult to balance different responsibilities because of my child
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 ...............................................
A person who has some trouble being a parent ................................
An average parent ..................................................................
A better than average parent ....................................................... 
A very good parent....................................................................

[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]  
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 = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S26a ONLY OF FEMALE RESPONDENTS]

S26a. How often do you have 6 or more alcoholic drinks on one occasion?


[ASK S26b ONLY OF MALE RESPONDENTS]

S26b. How often do you have 8 or more alcoholic drinks on one occasion?


S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?


S26d. How often during the last year have you failed to do what was expected of you because of drinking?


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...........[1] Yes, on one occasion...........[2] Yes on more than one occasion...........[3]
S27. Do you currently smoke daily, occasionally or not at all?

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

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 ...... 1
Yes, occasionally..... 2
No, not at all ........... 3

S31. Since the time of the last interview when <child> was 9 months of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?

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

S32. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?

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

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.

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

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?

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

Go to S36

S35. Have you ever been to prison?  

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

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

Lives here ......................................... 1  
Go to S48

Deceased ........................................... 2  
Go to S48

Temporarily lives elsewhere ........................................... 3  
Go to S48

Lives elsewhere ........................................... 4  
Go to S37

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

Yes, married to ...................................... 1  
Yes, lived with.................................... 2

No, not at all ........................................ 3

Go to S39  Adoptive / Foster parent 4  Go to S48

S38. When did you separate or split up with <child’s> biological father / mother?

Before <child> was born ......................................
When <child> was less than 1 year old ....................
When <child> was 1-2 years old ............................
In the last year .............................................
S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

Formal..............□ 1  Informal........□ 2  No parenting arrangement ...□ 3

S40. Briefly describe that arrangement
_______________________________________________________________________________________
_______________________________________________________________________________________

S41. How did you arrive at that arrangement?
Court imposed arrangements ..........................................................□ h
Formal negotiated arrangements other than legal (e.g. counsellor) ....□ b
Mutual agreement with no third party negotiator .........................□ 3

S42. How far does <child's> biological father / mother live from here?
Within ½ hour's drive from here................□ 1  More than 1 hour's drive from here..........□ 3
Between ½ and 1 hour's drive from here. □ 2  Outside the country.................................□ 4

S43. How often does <child> have contact with his / her biological father / mother?
Daily ...............................................................□ 1  Monthly ..................................................□ 5
Once or twice a week........................................□ 2  Less than once a month ....................□ 6
Weekly .........................................................□ 3  No contact..............................................□ 7
Every second week / weekend ................□ 4

S44. 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

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

Every day □ 1  Several times a week □ 2  About once a week □ 3  A few times a month □ 4  Several times a year □ 5  Never □ 6

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

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

S47. 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

S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.
SECTION B: INTRODUCTORY LETTER, INFORMATION LEAFLET AND CONSENT FORM USED IN THE INFANT COHORT (AT 3 YEARS)
INTRODUCTORY LETTER TO PARENTS / GUARDIANS
Dear,

We are writing to you about the second round of interviews for the Growing Up in Ireland study. As you may remember, Growing Up in Ireland is the first and most important study of children ever to take place in this country.

Just over two years have passed since you and your family were interviewed as part of the first phase of the project. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our first visit. The second round of interviews is now about to take place and we would like to invite you to participate.

Growing Up in Ireland will help us to understand the main issues facing families in Ireland today. It will also help in providing advice to the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

As with your first interview, taking part in Growing Up in Ireland is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the Growing Up in Ireland team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

James Williams
(Research Professor, ESRI and Principal Investigator, Growing Up in Ireland study).

Sheila Greene
(Director, Children’s Research Centre, TCD Co-director, Growing Up in Ireland study)
INFORMATION SHEET FOR PARENTS / GUARDIANS
Over two years have now passed since you and your family kindly agreed to be part of the Growing Up in Ireland Study. As you know, Growing Up in Ireland is a unique study following the progress of the same group of children over time to help improve our understanding of all aspects of children and their development.

Your child was one of over 11,000 children and their families who took part in the first phase of the study. We would like to re-interview you to find out how your child has grown and changed since our last visit.

A reminder about what Growing Up in Ireland is all about…

Growing Up in Ireland is a national, Government funded study of children and is the first and most important of its kind ever to take place in this country.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child’s development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

This information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

What has been happening since our last visit?

A total of 11,000 families of 9-month-old infants were interviewed in the first phase of the study and we have been busy analysing all that information. The first report on the 9-month-old children will be published at the end of 2010. You may have seen the first results from our other group of children, the 9-year-olds, which were published in December 2009.

Don’t forget that you can keep up-to-date with all of our publications on our website, www.growingup.ie.

Why should my family take part in the follow-up interview?

Your continued participation in the study is crucial to help get the most benefit from this research. The real value of this study will come in having more information on the same children as it will help us better understand the changes which happen in children’s lives as they grow and, very importantly, why children grow and develop at different rates.

The information collected during the first round of interviews in the main study will be used in a series of reports which the Government can use to help make improvements and bring real benefits for children and families for many years to come.
Who is running the study?

_Growing Up in Ireland_ is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office.

The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a group of independent researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin.

What happens if I take part in the follow-up interview?

Taking part in the follow up interview is very simple and is very similar to your first interview.

**Step One:** An interviewer will contact you to make arrangements to come back and interview you and your spouse/partner (where relevant).

**Step Two:** When the interviewer calls to your home, you and your partner (if relevant) will each be asked to fill out a separate questionnaire with the interviewer. The visit to your home will last about two hours.

**Step Three:** Now that your child is a little older we would like to get him/her involved in the study. With your consent we would like to administer two short assessment tests to your child. The first is a short task which involves showing your child some pictures and asking him/her to name the items in those pictures. The second involves the child matching shapes. Both of these tests are used very widely in research with children. Most children like doing them but there is no problem in stopping them at any point if your child doesn’t like them. They will take about 20 minutes. Your child will need to be awake and alert for this part of the visit. The results of these tests will be kept strictly confidential and are only for the purposes of the study. Individual results will not be seen by you or your family or anyone outside the Study Team.

**Step Four:** If there is another parent living outside the home or someone else, such as a childminder, who looks after the child on a regular basis, we would, with your permission, like to send them a short questionnaire in the post.

If you decide not to take part in the study it will in no way adversely affect any future health or social care which you or your family will receive from the State.
Confidentiality

As with the previous interview, all the information given to the Growing Up in Ireland interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your partner, childminder, and so on will not be seen by anyone – not even you will have access to it. Similarly, other participants such as your partner will not see the information you give to us.

Under no circumstances could anyone in Government or any government agency or department be able to identify information given by you. The Study is being carried out under the Statistics Act (1993). This is the same legislation as is used to carry out the Census of Population and ensures complete confidentiality of all information collected.

We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.

The information you provide will have your name, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.

What kind of questions will my family be asked?

Similar to our last interview, you and your partner (if relevant) will be asked questions about:

- your child’s health and temperament
- his/her daily routines
- your own health
- your family life and experiences as a parent

All the questions are very straightforward though some are quite detailed and some will address relatively sensitive issues like your family’s income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.

Following up in a few years’ time:

At this point in time it is undecided if there will be a further round of follow-up interviews. However it is possible that we may wish to return to your household again when your child is five years old.

In the meantime we will keep you up to date on the progress of the study results and the possibility of a further interview through our newsletter GUI News.
Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). He/she is an Officer of Statistics appointed by the Central Statistics Office and is similar to the interviewers who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been vetted by An Garda Síochána.

The interviewer is not allowed to be alone with your child at any time during his/her visit to your home.

If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the Growing Up in Ireland team at 01-8632000.

What are my rights if I take part?

- You and your family may choose to withdraw from the study at any time, even after the interviewer has called to your home. At that stage, if requested, we would delete all information previously collected about you.

- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

What do I do next?
An interviewer will call to your home to discuss the study with you, and you can tell him or her whether or not you would like to take part.

Your participation counts.

Just as before, taking part in Growing Up in Ireland is voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

Where can I find out more information?

Phone: Freephone 1800 200 434
or contact our Communications Officer, Jillian Heffernan, on 01 896 3378
or call 01 8632000 and ask for the Growing Up in Ireland team

Visit our website: www.growingup.ie

Email: Email us at growingup@esri.ie

Post:
Growing Up in Ireland,
Economic & Social Research Institute,
Whitaker Square,
Sir John Rogerson’s Quay,
Dublin 2
CONSENT FORM FOR PARENTS / GUARDIANS
PARENT’S /GUARDIAN’S CONSENT FORM

Name of Child: ___________________________   Child’s Date of Birth: _____________________
(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the Growing Up in Ireland study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that a range of information will be collected, including information from my child’s other parent and my spouse or partner (where different), and his or her childminder (if relevant).
- I understand that the information provided by me and my family will have our names, address and other indentifying information removed. It will then be stored on a computer so that it will be available to researchers. The information can be used only for research purposes. It would be an offence to use it for any other reason.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child’s other parent (where different) or childminder (if relevant).
- I understand that the results of the child’s short assessment tests are strictly confidential and I and my family will not have access to them. They will be used only for the purposes of the study.
- I understand that, because this study looks at children’s development over time, I may be asked to participate in a follow-up study when my child is 5 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

Name of Parent/Guardian: ______________________________
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian:      ____________________________________________
(BLOCK CAPITALS PLEASE)____________________________________________________

Signature of Parent / Guardian: ____________________  Date: ____________________

Contact telephone: ____________________

If relevant:
Name of parent/guardian not resident in your household: _______________________________
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: _______________________________
(BLOCK CAPITALS PLEASE)____________________________________________________

Signature of parent/guardian not resident in your household: _______________________________

Date: ____________________  Contact telephone: ____________________

GROUP: 1  HHOLD: 1 1 1 1 1