



I.D. No. [ ] [ ] [ ] [ ]

Interviewer No. [ ] [ ] [ ] [ ]

Assign. No. \_\_\_\_\_

Q'aire No. \_\_\_\_\_

Ipsos MRBI/19-076908

SECTION A – INTERNET USAGE

Q.A1 Do you use the internet yourself?

- No, I have never used it
Yes, I have used it for a few months
Yes, I have used it for about a year
Yes, I have used it for a few years
Yes, I have used it for many years
Don't know
Prefer not to say

Q.A2 How often do you use the internet?

- Never
Hardly ever
At least every month
At least every week
Daily or almost daily
Several times each day
Almost all the time
Don't know
Prefer not to say

Q.A3 Are you able to access the internet whenever you want to or need to?

- Never
Sometimes
Often
Always
Don't know
Prefer not to say

Q.A4 How strongly do you agree or disagree with the following statements?

PLEASE TICK ONE BOX ON EVERY LINE

Table with 7 columns: Statement, Strongly disagree, Some-what disagree, Some-what agree, Strongly agree, Don't know, Prefer not to say. Rows a) through i) describe various internet usage issues.

**Q.A5** How often do you go online or use the internet at the following places?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Never	Hardly ever	At least every month	At least every week	Daily or almost daily	Several times each day	Almost all the time	Don't know	Prefer not to say
a) At work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In the home of friends or relatives .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) In a public place (for example, in libraries, cafes, computer shops) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) When I am on my way somewhere (e.g., on the street, in a bus or car) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) When I am somewhere by myself .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A6** How often do you go online or use the internet using the following devices?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Never	Hardly ever	At least every month	At least every week	Daily or almost daily	Several times each day	Almost all the time	Don't know	Prefer not to say
a) A mobile phone/ smartphone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) A desktop computer, laptop or notebook computer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A tablet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) A games console .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) A TV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) A toy which is connected to the internet [e.g. doll named My Friend Cayla, Hello Barbie, robot i-Que] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Internet-connected ("smart") household appliance e.g. thermostat, refrigerator or "smart" household assistant such as Amazon Alexa or Echo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) A wearable device (such as a watch or a training tracker) that is connected to the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Other .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE READ:**

Please indicate how true the following things are of you when thinking about how you use technologies such as mobile phones and the internet. If you have never done this then think of how much this would apply to you if you had to do this now.

**Q.A7** On a scale from 1 to 5 where 1 is 'Not at all true of me' and 5 is 'Very true of me', how true are these of you?  
**PLEASE TICK ONE BOX ON EVERY LINE**

	Not true of me	Some-what not true of me	Neither true nor not true of me	Some-what true of me	Very true of me	Prefer not to say
a) I know how to save a photo that I find online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I know how to change my privacy settings (e.g., on a social networking site).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I find it easy to check if the information I find online is true	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I find it easy to choose the best keywords for online searches...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I know which information I should and shouldn't share online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I know how to remove people from my contact lists.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I know how to create and post online video or music .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I know how to edit or make basic changes to online content that others have created .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I know how to install apps on a mobile device (e.g., phone or tablet).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I know how to keep track of the costs of mobile app use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I know how to make an in-app purchase .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A8** How true are these of you?  
**PLEASE TICK ONE BOX ON EACH LINE**

	Not true for me	A bit true for me	Fairly true for me	Very true for me	Don't know	Prefer not to say
a) I know lots of things about using the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I know more about the internet than my child completing the survey.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A9** In relation to the child completing the questionnaire, how often do you do these things?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Never	Hardly ever	Sometimes	Often	Very often	Don't know	Prefer not to say
a) Encourage your child to explore and learn things on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Suggest ways to use the internet safely.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Talk to your child about what he/she does on the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Sit with your child while he/she uses the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Stay nearby when your child uses the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Do shared activities together with your child on the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Talk to your child about what to do if something online bothers or upsets him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Help your child when something is difficult to do on the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Explain why some websites are appropriate or inappropriate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Help your child when something bothers him/her on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Talk to your child about the commercial activities he/she is exposed to online .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Follow your child on their social media profile so that you can see what they do online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A10** How often do you share/post/blog photos/videos of your child online?

- Never.....
- Hardly ever.....
- At least every month.....
- At least every week.....
- Daily or almost daily.....
- Several times each day/ intermittently during the day.....
- Almost all the time/ continuous.....
- Don't know.....
- Prefer not to say.....

**IF EVER, ANSWER Q. A11, OR SKIP TO QUESTION Q. A12 IF NEVER**

**Q.A11** In the past month, how many photos or videos of your child have you shared online?

- None.....
- 1-9.....
- 10-29.....
- 30+.....
- Don't know.....
- Prefer not to say.....

**Q.A12** When you have shared photos or videos of your child and/or children online has any of the following happened? **PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) I did it to keep in touch with family and friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My child asked me to post the photos/videos online .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My child asked me to remove something I posted about them online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I regretted something I shared about my child/children online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I asked my child if it was OK in advance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I generally don't show my child's face clearly in photos ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I don't normally see anything much to worry about when sharing the photos of my child online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A13** Has your child EVER done any of these things? **PLEASE TICK ONE BOX ON EVERY LINE**

	Never/ Not applicable	Hardly ever	Some-times	Often	Very often	Don't know	Prefer not to say
a) Told you about things she/he finds upsetting on the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Helped you to do something you found difficult on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Started a discussion with you about what she/he does on the internet ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Asked for your advice on how she/he should act online .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Asked for products and/or services that she/he has seen advertised online....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Ask for your help with a situation on the internet that she/he cannot handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A14** Do you allow your child to do the following things on the internet and if so, do they need their permission to do them? **PLEASE TICK ONE BOX ON EVERY LINE**

	My child is allowed to do this anytime without my permission or supervision	My child is allowed to do this only with permission or supervision	My child is not allowed to do this	I have not decided yet if my child should be allowed to do this	Don't know	Prefer not to say
a) Use a web or phone camera (e.g., for Skype or video chat)....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Download music or films .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use a social networking site (e.g., Facebook, Snapchat, Instagram, Twitter) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Watch video clips (e.g., on YouTube).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Play games with other people online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Read/watch news online .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Use the internet for school work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Spend time in a virtual world (e.g. Minecraft) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Share photos, videos or music online with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A15** Under GDPR (the Irish Data Protection Act, 2018), the age of consent for young people to use many information society services is set at 16. Below this age, children have to ask their parents for permission in order to be able to use most social media platforms. How much do you agree or disagree with the following statements? **PLEASE TICK ONE BOX ON EVERY LINE**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Neither</b>	<b>Don't know</b>
a) I would find it difficult to make a decision about such permission.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel under pressure to allow my child to use the same social media as his/her friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Requiring consent makes it more difficult for my child to stay in touch with his/her friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My child is less comfortable using apps and services if they need my permission to use them .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I think restrictions on age of consent it harms my child's privacy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Restrictions on age of consent compromises my child's use of the Internet for school, health information, participation in discussions on civic and political issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Restrictions on age of consent takes away my child's own responsibility to decide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I do not know how this works .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I do not understand why this is necessary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) It would not make much of a difference as to how my child uses these sites, apps and smart devices .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) I feel that my child is safer online ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) My child could benefit more from my advice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) It helps me feel more in control because I know which social media and apps my child is using.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A16** At what age do you think your child is was old enough to make their own decisions about the websites, social media, apps or games they use?

**PLEASE WRITE THE AGE**

**Q.A17** Thinking about your family life, how much do you agree or disagree with these statements

**PLEASE TICK ONE BOX ON EVERY LINE**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree nor Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Don't know</b>
a) When it comes to new technologies, I like to be ahead.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) When it comes to new technologies, my child likes to be ahead .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) People often seek my advice about technological issues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I try to limit or resist my family's use of the internet and digital media .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) My partner/ex-partner and I usually agree in deciding about my child's internet and digital media use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) My child's grandparents and I usually agree in deciding about my child's internet and digital media use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 'My child' and I usually agree in deciding about my child's internet and digital media use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) When it comes to use of the internet and digital media habits, I am a poor role model for my child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A18** Do you (or other parent/carer with responsibility for your child) make use of any of the following...?  
**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) Parental controls or other means of blocking or filtering some types of websites or content .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Parental controls or other means of keeping track of the websites or apps your child visits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Rules about how long or when my child is allowed to go online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) A service (e.g. app) or contract that limits the time my child spends on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Parental controls that filter the apps my child can download	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Parental controls that restrict or alert me when my child wants to buy content (in-app purchase) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Software that limits the people my child can be in touch with (through voice calls and messages (SMS, MMS or IM) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Ad blocking software.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Technology to track where my child is (such as GPS) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A19** When your child uses the internet, how often do you (or other parent/carer) check the following things afterwards?  
**PLEASE TICK ONE BOX ON EVERY LINE**

	Never	Hardly ever	Some-times	Often	Very often	Don't know	Prefer not to say	N/A
a) Which friends or contacts he/she adds to his/her social networking profile/instant messaging service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The messages in his/her email or other app for communicating with people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) His/her profile on a social networking or online community .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Which online content he/she views .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The apps he/she downloaded .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) The in-app purchases he/she makes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A20** As far as you are aware, in the past year, has anything happened online that bothered or upset your child in some way (e.g., made them feel uncomfortable, scared or feel that they shouldn't have seen it)?

- Yes .....
- No .....
- Don't know .....
- Prefer not to say .....

**IF 'YES', ANSWER Q. A21 OR ELSE SKIP TO QUESTION Q. A23**



**Q.A21** In the PAST YEAR, how often did this happen?

- A few times .....
- At least every month .....
- At least every week .....
- Daily or almost daily .....
- Don't know .....
- Prefer not to say .....

**Q.A22** The last time something happened online that bothered or upset your child, how upset was she/he about what happened (if at all)?

- Not at all upset .....
- A bit upset .....
- Fairly upset .....
- Very upset .....
- Don't know .....
- Prefer not to say .....

**Q.A23** Do you feel you can help your child to cope with things online that bother or upset them?

- Not at all .....
- Not very much .....
- A fair amount .....
- Definitely .....
- Don't know .....
- Prefer not to say .....

**Q.A24** Do you think your child can cope with things online that bother or upset them?

- Not at all .....
- Not very much .....
- A fair amount .....
- Definitely .....
- Don't know .....
- Prefer not to say .....

**Q.A25** As far as you are aware, in the past year, have any of these things happened to your child on the internet?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) Had contact on the internet with someone that your child had not met face-to-face before .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Been treated in a hurtful or nasty way on the internet by someone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Met anyone face-to-face that your child first got to know on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Treated someone else in a hurtful or nasty way on the internet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A26** As far as you are aware, in the past year, has your child seen a website or an online discussion where people talk about or show any of these things? (Do not include sites with positive health or educational advice; just tell us about sites that seem to encourage or help people do these types of damaging things.)

**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) Ways of physically harming or hurting themselves .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ways of committing suicide .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ways to be very thin (such as anorexic or bulimic) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Hate messages that attack certain groups or individuals (e.g., people of different colour or religion or nationality) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Their experiences of taking drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Gory or violent images .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A27** As far as you are aware, in the past year, have any of these things happened to your child on the internet?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) Somebody used his or her personal information in a way he or she didn't like .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The devices (e.g., phone, tablet, computer) s/he uses got a virus or spyware .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) S/he lost money by being cheated on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Somebody used your child's password to access his or her information or to pretend to be him or her .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Somebody created a page or image about him or her that was hostile or hurtful .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) S/he spent too much money on online games or in-app purchases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) S/he was asked to make an in-app purchase when playing an online game (e.g., to do well in the game).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Someone found out where your child was because they tracked his/her phone or device.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A28** As far as you are aware, in the past year, have any of these things happened to your child on the internet at least once? **PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) S/he has seen images on the internet that are obviously sexual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) S/he has received a sexual message (this could be words, pictures or videos).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) S/he has sent or posted a sexual message (this could be words, pictures or videos about him/herself or someone else).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) S/he was sent a message that s/he did not want with advertisements for or links to X-rated websites .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) S/he opened a message or a link in a message that showed pictures of naked people or of people having sex that s/he did not want .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) S/he has seen or received a sexual message, image or video about someone else that s/he did not want .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) S/he has been asked for sexual information about him/herself (like what his/her body looks like without clothes on or sexual things s/he has done) when s/he did not want to answer such questions .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) S/he has been asked to talk about sexual acts with someone on the internet when s/he did not want to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) S/he has been asked by someone on the internet to do something sexual when s/he did not want to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) S/he has been asked on the internet for a photo or video showing her/his private parts when s/he did not want to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A29** Thinking about your child, which of these things, if any, do you worry about a lot? **PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) Your child's health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Having enough money to care for your child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) How your child is doing at school .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Other children treating your child in a hurtful or nasty way ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Your child drinking too much alcohol/taking drugs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Your child seeing inappropriate material on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) A stranger contacting your child on the internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Your child's sexual activities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Your child becoming a victim of crime .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Your child getting into trouble with the police .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Your child receiving an injury on the roads.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Your child revealing personal information online .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A30** Still thinking about 'your child's internet use do you worry a lot that they may be...?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) Exposed to pornography .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Exposed to hateful or racist messages or activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Become socially isolated because of their technology use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Contacted by a stranger for sexual purposes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Recruited by extremist or fundamentalist groups.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Asked to send sexual images of themselves to someone .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Damaging their reputation either now or in the future .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Seeing content which encourages them to hurt or harm themselves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Learning to hack/drawn into cybercrime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Experiencing something that makes my child' feel bad about themselves.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A31** Does your child have any of the following difficulties, as certified by a medical professional?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) Mental health difficulty .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Behavioural difficulty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Physical illness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Learning difficulty.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other disability or difficulty .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A32** In general, where do you get information and advice on how to help and support your child on the internet and keep him/her safe?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) My child's school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Television, radio, newspapers or magazines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Internet service providers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Government or local authorities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Children's welfare organisations/charities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Social media companies' websites with safety information (e.g. Facebook Safety Center or Bullying Hub or Twitter Safety Center etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Manufacturers and retailers selling devices or products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Family or friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) From my child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other sources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.A33** In general, where would you like to get information and advice on how to help and support your child on the internet and keep him or her safe in the future?

**PLEASE TICK ONE BOX ON EVERY LINE**

	Yes	No	Don't know	Prefer not to say
a) My child's school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Television, radio, newspapers or magazines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Internet service providers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Government or local authorities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Children's welfare organisations/charities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Social media companies' websites with safety information (e.g. Facebook Safety Center or Bullying Hub or Twitter Safety Center etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Manufacturers and retailers selling devices or products.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Family or friends .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) From my child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other sources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**PLEASE TICK THE BOX THAT BEST APPLIES TO YOU**

**Q.B1** Are you?

- Male .....
- Female.....
- Prefer not to say .....

**Q.B2** How old are you?

- 18-24 .....
- 25-34 .....
- 35-44 .....
- 45-54 .....
- 55-64 .....
- 65+ .....
- Prefer not to say .....

**Q.B3** Which one of these best describes the area where you live? Please select one option

- Large city .....
- Smaller city or large town .....
- Medium town .....
- Small town .....
- Rural area .....
- Don't Know.....
- Prefer not to say .....

**Q.B4** What is the highest level of school or college that you attended?

- I have never been to school .....
- Primary level or lower.....
- Inter Cert/ Junior Certificate .....
- Leaving Certificate .....
- Third level – non-degree .....
- Third level – degree or higher .....
- Don't know .....
- Prefer not to say .....

**Q.B5** Do you have a paid job?

- Yes.....
- No .....
- Don't know .....
- Prefer not to say .....

**IF NO:**

**Q.B6** Why do you not have a paid job?

- I am sick.....
- I am retired.....
- I am a student.....
- I am looking for a job .....
- I take care of others, or I am full-time in the home .....
- Don't know .....
- Prefer not to say .....

*Thank you for your time completing this questionnaire*