



Growing Up in Ireland

Cohort '98 at 20 Years

Questionnaires

For

Wave 4 of the Child Cohort at 20 Years

November 2021

Questionnaires for Cohort '98 at 20 Years

Young Adult Main Questionnaire	3
Young Adult Self-Complete Questionnaire	36
Parent Main Questionnaire	56
Parent Self-Complete Questionnaire	72
Parent Main Questionnaire for Twin/Triplet.....	78

Growing Up in Ireland

Strictly Confidential

Young Adult Main Questionnaire – 20-year-olds

Area Household Young Adult number

Interviewer Name _____ Interviewer Number

Date _____
day month year

Thank you for helping us by participating in this important study. Today's interview updates information you and your family provided before and will tell us what life is like for a 20-year-old in Ireland today.

If you feel that there are any questions which you do not wish to answer, then that's OK.

This is not a test and there are no right or wrong answers. Take your time and try to answer each question the way you really think.

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

X1. Respondents' gender: Male.....₁ Female₂

X2. Respondents' date of birth? day month year

COMPLETE HOUSEHOLD COMPOSITION ON PAPER– IF YOUNG ADULT LIVING IN OWN HOUSEHOLD

20-year-old's Household Composition (Non-Parental Address)

HC1. Do you live on a regular basis at an address other than your Parental Address – this could be your Main Residential Address or a temporary or part-time address such as a student or work address.

Yes, I have another, non parental address₁ →Go to HC2
 No, I do not have another, non-parental address.....₂ →Go to A1

HC1b. [INTERVIEWER]: Is the interview taking place at the 20-year-old's Parental Home or at Another, non-parental address?

Parental Home₁ Another, non-parental address.....₂

HC2. Do you consider your Parental address or your other temporary or part-time address as you current Main Residential Address?

Parental address.....₁ Other, Non-Parental address₂

HC2a When did you move out of your parental Address?
 _____ Month _____ Year

Now I would like to ask you some questions about your non-Parental Address.

HC3. How would you describe your living arrangements at <this/that> address?

'This' if location is 'Other Address'
 'That' if location is 'Parental Address';

- I live alone in a house/flat.....₁
- I live here with my partner only₂
- I live in a house/flat with other relative(s) only₃
- I live in a house/flat-sharing arrangement with other adult(s) – at least some not related to me₄
- I live in 'digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided)₅
- I live in campus accommodation/Barracks.....₆
- other (please specify)₇

HC4. Since when have you been living at <this/that>address? _____ (Month) _____ (Year)

HC5. Please tell me about the people you share the accommodation with at <this/that>address (including family members, flatmates etc). Starting with yourself, could you tell me:

- a) their first name or initial
- b) their sex
- c) their age (your best guess is fine)
- d) their relationship to you
- e) their current situation regarding education or work
- f) whether you and this person share your income (excluding shared bills with flatmates)

No.	(A)	(B)	(C)	(D)		(E) Int: Show Card PES							(F)
	First name/Initial	Sex	Age	Relationship of each member to young adult		Not yet at School	School/ Education	At Work / Training	Unemployed	Retired	Home Duties	Other	Do you share any income with this person (excluding dividing bills or rent with housemates)?
Person No.	INT: Put Young Adult on line 1	M F Other	Years (if less than 1 year put 0)	Person No.	R'SHIP TO: CARD REL Young Adult								
1		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		1	////	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
2		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		2		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
3		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		3		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
4		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		4		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
5		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		5		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
6		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		6		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
7		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		7		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
8		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		8		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂
9		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃		9		<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂

[Interviewer: 20-year-old should be on line 1]

HC6. [INT: Number of people that 20-year-old ticked 'Yes' at F on grid at HC5] So that means that you share income with _____ other people in the household.

HC7. [INT: Show card HC7] From this card, please tell me which best describes your occupancy of this/that address?

- Rented from a private landlord who lives elsewhere 1
- Rented from a private landlord who lives in this household 2
- Rented from a family member..... 3
- Occupied free of rent from a family member 4
- 'Digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided) 5
- Campus/student accommodation 6
- Owned outright (without a mortgage) 7
- Owned with a mortgage 8
- Rented from a local authority..... 9
- Rented from a voluntary body..... 10
- Barracks 11
- Living with and paying rent to your partner's parent(s)..... 12
- Occupied free of rent with your partner's parent(s) 13
- Occupied free of rent from your (or your partner's) job 14
- Other (please specify) _____ 15

HC8. Do you feel that the accommodation at <this/that>address (excluding location) is suitable for your needs?

Yes 1 No..... 2

HC9. [INT show card HC9] Why is that?

[Int: tick all that apply]

- a. Not enough bedrooms 1
- b. Not enough living space..... 2
- c. Not enough bathrooms..... 3
- d. Poor conditions in the home (damp, drafts, leaks etc)..... 4
- e. Problems with rats, mice, cockroaches etc..... 5
- f. Too noisy..... 6
- g. Problems with neighbours..... 7
- h. Not enough privacy 8
- i. Other (specify) _____ 9

HC10. How much is the rent for this/that accommodation (or your total share of the rent if shared accommodation), regardless of who pays it?

€ _____

HC11. Is that per week, per month, per semester, per year or other?

- Per week..... 1
- Per month 2
- Per semester..... 3
- Per year 4
- Other (specify) _____ 5

HC12. To what extent would you describe your weekly/monthly rent to be a burden to YOU? A great burden; A bit of a burden; not really a burden at all

A great burden A bit of a burden Not really a burden at all
 1 2 3

HC13. On average, how many nights per month (if any) do you sleep in your parents' home?

_____ (no.of nights per month)

A. ACTIVITIES, IDENTITY AND BECOMING AN ADULT

A1. [CARD A1] Which of these activities do you regularly do for fun or to relax?

- | | Yes | No |
|--|---------------------------------------|---------------------------------------|
| a. Walking/hiking | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b. Reading for pleasure | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c. Listening to music | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| d. Watching TV | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| e. Singing or playing an instrument..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| f. Craftwork/hobbies | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| g. Using the internet | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| h. Spending time with pets | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| i. Participating in sport (with others) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| j. Participating in individual sport (e.g. horse riding, cycling, etc) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| k. Going to the gym, running, etc..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| l. Just hanging out with friends, no particular activity planned | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| m. Going to clubs, pubs, parties or other social events | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| n. other organised group activity such as scouts, guides, youth club..... | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| o. Other (please specify) _____ | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

A2. [CARD A2] On this card there is a statement about how people feel toward their life circumstances. Please use the scale provided to indicate how you feel in terms of the statement.

Entirely true True for the most part Somewhat true A little true Not at all true

You consider yourself to be an adult.....₁ ₂ ₃ ₄ ₅

A3. In terms of taking on adult responsibilities would you say you grew up faster, slower or at about the same rate as other people your age

Faster.....₁ At about the same rate ₂ Slower ... ₃

A4. [CARD A4] REDACTED

	1	2	3	4	5	6	7
	Not true at all		→	Some-what true		→	Very true
a.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
d.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
e.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
f.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
g.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
h.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
i.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
j.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
k.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
l.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
m.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
n.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

o.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
p.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
q.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
r.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
s.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
t.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
u.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

A5. [CARD A5] How do you see yourself: are you generally a person who is fully prepared to take risks or do you try to avoid taking risks? Please tick on the scale below, where the value 0 means “unwilling to take risks” and 10 means “fully prepared to take risks”.

Unwilling to take risks → Fully prepared to take risks

0 ... 1 ... 2 ... 3 ... 4 ... 5 ... 6 ... 7 ... 8 ... 9 ... 10

A6. Do you belong to any religion?

Yes 1 No 2

A7. [CARD A7] Which religion?

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

A8. [CARD A8] How often do you attend religious services?

- More than once per week 1
- Weekly 2
- Monthly..... 3
- Usually only on special occasions such as weddings, religious festivals 4
- I rarely or never attend 5
- Attending services is not applicable to my religion 6
- Other (please specify) _____ 7

A9. In general, would you describe yourself as a spiritual person (even if you do not belong to a religion)?

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

A10. Are you a citizen of Ireland? Yes 1 No 2

A11. What citizenship do you hold? _____

A12a. What language do you speak most often at your parental home?

English..... 1 Irish..... 2 Other (specify) _____ 3

If respondent has another address

A12b. What language do you speak most often at your other home?

English..... 1 Irish..... 2 Other (specify) _____ 3

A13. [CARD A13] How satisfied are you today with the following areas of your life? Please answer on a scale of 0 to 10, where 0 = 'completely dissatisfied' and 10 = 'completely satisfied'.

	Completely dissatisfied	→										completely satisfied	N/A 99
	0											10	
a. Your personal income	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99	
b. Your dwelling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99	
c. Your free time	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99	
d. Your social life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99	
e. Your education	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99	
f. Your work	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 99	

A14. Do you have a full or provisional driving licence for any of the following vehicle types?

	Full	Provisional	None
a. Car/van	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Scooter/moped/motorcycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Tractor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

A15. (if has car/van licence at above) Do you have access to a car, van or scooter/motorcycle for your personal use?

Yes, I have my own vehicle	<input type="checkbox"/> 1
Yes, I can use a family vehicle whenever I need to	<input type="checkbox"/> 2
I can use a family vehicle sometimes	<input type="checkbox"/> 3
No	<input type="checkbox"/> 4

A16. [CARD A16] How do you normally travel to work or college (tick all that apply)?

- a. Not at work or college Go to A17
- b. On foot
- c. Bicycle
- d. Bus, minibus or coach
- e. Train, DART or LUAS
- f. Motor cycle, moped or scooter
- g. Driving a car
- h. Passenger in a car
- i. Other (specify) _____

A17. [CARD A17] Where would you go for information or help with the following things? (tick all that apply)

	Online	Parents	Other family	Friends	Other (please specify)	I wouldn't need help or information on this	N/A
a. Finding accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Being short of cash	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Finding a job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Problems with your course-work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Problems with your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Finding out about your entitlements to social welfare, education grants etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

A18. [CARD A18] Do you have any of the following long-lasting conditions or difficulties?

	Yes	No
a. Blindness or a serious vision impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Deafness or a serious hearing impairment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. An intellectual disability	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. A difficulty with learning, remembering or concentrating	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. A psychological or emotional condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. A difficulty with pain or breathing or any other chronic illness or condition	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

A19. [CARD A19] As a result of a long-lasting condition or difficulty, do you have any difficulty in doing any of the following?

	Yes	No
a. Dressing, bathing or getting around inside the home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Going outside the home alone to shop or visit a doctor's surgery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Working at a job or business or attending school or college	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Participating in other activities, for example leisure or using transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

A20. [CARD A20] Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

I see myself as:

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

A21. In the last six months, have you done any volunteer activities through or for an organisation? This could be activities you do for a school, or sports organisations or any organisation like that, regardless of how frequently you are involved in them.

Yes..... 1

No 2

A22. [CARD A22] What type of volunteer activity do you do for this (or these) organisation(s)? (tick all that apply)

- Coach, referee or supervise sports teams 1
- Tutor or teach 2
- Mentor youth (e.g. being a college 'buddy' for first years) 3
- Assist with non-sports organisations such as Boy Scouts, youth clubs etc 4
- Engage in music, performance or other artistic activities..... 5
- Collect, prepare, distribute or serve food 6
- Collect, prepare, distribute clothing, crafts or other non-food goods 7
- Fundraise or sell items to raise money 8
- Provide counselling or emotional support (including helplines) 9
- Provide general office services 10
- Serve on a committee 11
- Work in a charity shop 12
- Engage in general labour or supply transport for people 13
- Something else (please specify) _____ 14

A23. [CARD A23] What type of organisation(s) have you volunteered with in the last six months? (Tick all that apply).

- A social or charitable organisation 1
- A religious group or church 2
- A sporting organisation..... 3
- A political or cultural organization 4
- Other voluntary activity organised by your college or workplace 5
- Other non-sports organisations such as Boy Scouts, youth clubs etc..... 6
- Another type of organisation (please specify) _____ 7

B. ATTITUDES AND POLITICS

B1. [CARD B1] Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 0 to 10, where 0 means that “you can’t be too careful in dealing with people” and 10 means that “most people can be trusted”?

0	1	2	3	4	5	6	7	8	9	10.
You can't be too careful										Most people can be trusted
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

B2. [CARD B2] Generally speaking, how interested would you say you are in politics? Please give your answer on a scale of 0 to 10, where 0 means that “Not at all interested” and 10 means you are “Very interested”?

0	1	2	3	4	5	6	7	8	9	10.
Not at all interested										Very interested
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

B3. [CARD B3] Please look at this card and tell me, for each item listed, how much confidence do you have in them, is it a great deal, quite a lot, not very much or none at all?

	A great deal	Quite a lot	Not very much	None at all
a. The church.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. The education system.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. The Gardaí/police	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The social welfare system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. The health care system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Politicians.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. The courts system	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. The media/press	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B4. [CARD B4] Please indicate which activities, if any, you were involved in over the last twelve months.

	Yes	No
a. Contacted a politician or councillor	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Worked (on a voluntary basis or otherwise) in a political party	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Worked (on a voluntary basis or otherwise) with an environmental group.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Worn or displayed a campaign badge/sticker	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Signed a petition (paper, email, on-line) about a political or social issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Taken part in a public demonstration	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Boycotted certain products for political, social or environmental reasons.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Posted or shared anything about politics online, for example, on blogs, via email or on social media such as Facebook or Twitter.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

B5. Were you eligible to vote in the general election in 2016? Yes.....1 No2 DK.....3

B6a. Were you registered to vote in the general election in 2016? Yes.....1 No ..2 DK3

B6b. Did you vote in the general election in 2016? Yes.....1 No ..2 DK3

B7. Are you currently registered to vote? Yes.....1 No ..2 DK3

B8. [CARD B8] If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties had a candidate in your constituency)? (Tick one)

- Fine Gael 1
- Fianna Fáil 2
- Sinn Féin 3
- Labour Party 4
- Anti-Austerity Alliance (Solidarity)/People Before Profit 5
- Green Party 6
- Social Democrats 7
- Renua Ireland..... 8
- Workers' Party 9
- Independent 10
- I would vote for a person, not a party 11
- Other (please specify) _____ 12
- I wouldn't vote 13

B9. [CARD B9] Please tell me to what extent you disagree or agree with each statement

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Slightly disagree</i>	<i>Neither agree nor disagree</i>	<i>Slightly agree</i>	<i>Agree</i>	<i>Strongly agree</i>
a. The ordinary person has no influence on politics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. It doesn't really matter which political party is in power, in the end things go on much the same	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

B10. [CARD B10] Please rate how concerned you are about the following issues. Please give a score of 0 to 10 for each, where '0' means you are 'Not at all concerned' about the issue and 10 means you are 'Very Concerned'.

		<i>Not at all concerned</i>	—————→										<i>Very Concerned</i>
a.	Terrorism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
b.	Climate change	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
c.	Racism	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
d.	Gender inequality	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
e.	Animal rights	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
f.	Poverty in Ireland	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
g.	Access to decent employment opportunities in Ireland	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
h.	Access to housing in Ireland	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
i.	Global gap between rich and poor countries	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	

B11. [CARD B11] How important do you think each of the following is in getting on in life for a 20-year-old in general. Please give a score of 0 to 10 for each, where '0' means 'Not at all important' and 10 means 'Very Important'

		<i>Not at all important</i>	—————→										<i>Very Important</i>
a.	Your own effort	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
b.	Your education/training	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
c.	Money	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
d.	Who you know	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
e.	Your appearance/ looks	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
f.	Your family background	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
g.	Support from your family	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	
h.	Luck	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	

C. LOCALITY

[Int: These questions should refer to their non-parental address if they have one. Otherwise it should refer to their parental address]

C1. How long have you lived in this local area? _____ years _____ months

C2. [CARD C2] How common would you say each of the things listed below is in this local area? For each item listed please say whether or not you think it is 'very common', 'fairly common', 'not very common', or 'not at all common'.

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

C3. [CARD C3] To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are places in this area to meet up with other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There are leisure and sports facilities suitable for young adults in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I have lots of family/friends living in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

C4. [CARD C4] How likely do you think it is that you will still be living in Ireland in five years' time?

Very likely/almost certain to be living in Ireland	Probably living in Ireland	Possibly living in Ireland but also possibly living abroad	Very likely/almost certain to be living abroad
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

C5. [CARD C5] If it is possible or very likely you will not be resident in Ireland in five years' time, why do you think so? (tick all that apply)

- a. Family are emigrating 1
- b. To pursue an education course abroad 2
- c. To get a job/economic reasons 3
- d. I want to travel/see the world..... 4
- e. I want to improve my foreign language skills 5
- f. Other (please specify) _____ 6

D. HEALTH

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

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

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

- Yes..... 1 No 2

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

If multiple health problems, answer the following in respect of first problem, the most severe problem listed at D3

I can give you a laminated card to write on if you would feel more comfortable doing that. Write on the Laminated Card and I will transfer it to the laptop.

D4. Has this problem, illness or disability been diagnosed by a medical professional?

- Yes 1 No 2

D5. Since when have you had this problem, illness or disability? _____(year) _____(mth)

D6. Are you hampered in your daily activities by this problem, illness or disability?

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

D7. How many nights have you spent in hospital in total in the last 12 months, from illness or injury?

[INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] _____ nights

D8. [CARD D8] Since you were 18 years old, have you had any of the following which required medical attention in a hospital or Accident and Emergency Department or private emergency clinic (e.g. Blackrock Clinic, Swiftcare etc.)? (tick all that apply)

- | | Yes | No |
|--|----------------------------|----------------------------|
| a. Road accident | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. A sports-related injury | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. An assault..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Alcohol intoxication/alcohol poisoning..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Drug intoxication/drug poisoning..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Other (specify)..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

D9. [CARD D9] In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
a. A general practitioner (GP)	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
b. A practice nurse	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
c. Another medical doctor e.g. in a hospital	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
d. Physiotherapist.....	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
e. Psychologist, counsellor, etc	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
f. Psychiatrist.....	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
g. Accident & Emergency.....	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
h. Private emergency clinic, e.g. Blackrock clinic, Swiftcare etc.....	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
i. Out-of-hours GP service	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
j. Social Worker	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
k. Alternative therapists	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
l. Health helplines (for physical or mental health issues).....	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
m. Dentist	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈
n. Other (please specify)	<input type="checkbox"/> ₉₉₉	<input type="checkbox"/> ₉₉₈

D10. Was there any time during the past 12 months when you really needed to consult a GP but did not?

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

D11. [CARD D11] If yes, what were your main reasons for not consulting a GP?

	Yes	No
a. You couldn't afford to pay.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. The necessary medical care wasn't available or accessible to you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. You could not take time off work/college to visit the doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. You wanted to wait and see if the problem got better	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. You were afraid of visiting the doctor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. You are still on the waiting list	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Too far to travel/no means of transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. You couldn't get an appointment when you needed to	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

D12. Was there any time during the past 12 months when you really needed to consult a medical specialist but did not?

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

D13. [CARD D13] If yes, what were your main reasons for not consulting a medical specialist?

	Yes	No
a. You couldn't afford to pay.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. The necessary medical care wasn't available or accessible to you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. You could not take time off work/college to visit the specialist.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. You wanted to wait and see if the problem got better	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. You were afraid of visiting the specialist	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. You are still on the waiting list	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Too far to travel/no means of transport	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. You couldn't get an appointment when you needed to	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Other (specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

D14. Are you covered by a medical card – and so get medical services free of charge?

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

D15. Are you covered by private medical insurance (not just travel insurance)?

Yes ₁ No..... ₂

D16. Is this your own policy, as part of your parents'/family policy or provided by work?

Own policy ₁ Parents' policy ₂ Work..... ₃

D17. Does that insurance include the cost of GP visits?

Yes, in full ₁ Yes, partially..... ₂ No..... ₃

D18. On a normal weekday, what time do you normally go to bed? (Note that this may be different from the time you plan to go to sleep).

_____ (time in 24 hour clock)

D19. And on a normal weekday, what time do you normally get up? (Note that this may be different from the time you wake up).

_____ (time in 24 hour clock)

D20. On a normal week-night, how long do you usually sleep? Do not include time you spend awake in bed.

_____ hours and _____ minutes

D21. Do you have any difficulty with sleep?

Yes, a lot of difficulty ₁ Yes, some difficulty..... ₂ No ₃

D22. [CARD D22] How would you rate your dental health? [TICK ONE BOX ONLY]

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

D23. [CARD D23] Which of the following best describes how regularly you visit the dentist? [TICK ONE BOX ONLY]

Twice a year or more often ₁
Once a year ₂
Once every two years ₃
Once every three years..... ₄
Only when there is a problem ₅
Never / Almost never ₆

E. DIET AND EXERCISE

E1. [CARD E1] Now I would like to ask you some questions about what you eat. Looking at the Card, in the last 24 hours have you had the following foods and drinks 'once', 'twice' 'more than twice', or 'not at all'?

	Once	Twice	More than twice	Not At All
a. Fresh fruit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Fruit juice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. Meat / Chicken / Fish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Eggs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. Cooked vegetables.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. Raw vegetables or salad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. Meat pie, hamburger, hot dog, sausage or sausage roll.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. Hot chips or French fries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
i. Crisps or savoury snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
j. Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
k. Potatoes/ Pasta/ Rice	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
l. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
m. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
n. Cheese/yoghurt/ fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
o. Low fat Cheese/ low fat yoghurt.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
p. Water (tap water / still water/ sparkling water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
q. Soft drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
r. Soft drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
s. Full cream milk or full cream milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
t. Skimmed milk or skimmed milk products	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E2. How many cups of caffeinated tea or coffee do you drink in a typical day?

_____ no. of cups OR 1 don't drink tea/coffee

E3. [CARD E3] Do you follow any of the following kinds of vegetarian diet? [TICK ONE ONLY]

- Vegetarian (no meat or fish but eat dairy and/or eggs) 1
- Vegan (no animal products at all)
- Pescatarian (eat fish but not meat)
- No

E4. [CARD E4] Do you use any of the following supplements?

	Yes	No
a. Multi-vitamins	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Individual vitamins or minerals (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Omega 3.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Fish oil.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Protein shakes/powders/bars.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Creatine.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Something else (please specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2

E5. What would you say is the recommended daily calorie intake for an average adult man?

_____ kilocalories Don't Know. 99

E6. What would you say is the recommended daily calorie intake for an average adult woman?

_____ kilocalories Don't Know. 99

E7. How many times in the last 14 days have you done at least 30 mins of moderate-intensity activity, that is activity that causes a small increase in your heart rate and breathing (this includes brisk walking, cycling, swimming and active travel/transport on a daily basis)?

None 0 1 to 3 days . 1 4 to 6 days 2 7 to 9 days..... 3 10 to 13 days... 4 Everyday 5

E8. How many times in the last 14 days have you done at least 30 mins of vigorous-intensity activity, that is activity that causes a large increase in your heart rate and breathing (this includes running, playing football, GAA or similar team sports and gym classes)?

None 0 1 to 3 days . 1 4 to 6 days 2 7 to 9 days..... 3 10 to 13 days... 4 Everyday 5

E9. How many times in the last 14 days have you done muscle strengthening activities (this includes gym sessions, heavy DIY and aerobic or dance classes)?

None 0 1 to 3 days . 1 4 to 6 days 2 7 to 9 days.....3 10 to 13 days...4 Everyday 5

E10. [Card E10]I would now like you to think about the reasons why you choose to participate in sport or other physical activity. Which of the following reasons would you say is the most important motivation for your participation?

- To improve my health and fitness.....1
- To improve my athletic skills2
- To control my weight.3
- I enjoy it.4
- I enjoy meeting people and participating with others in sport.....5
- Other (specify). _____6
- I don't participate in sport or other physical activity7

E11. [Card E11] I'd now like you to think about the reasons why you don't participate in sport or other physical activity. Which of the following reasons would you say is the most important constraint for your participation?

- I am not interested in sport/physical activity1
- I don't have enough time2
- I get all the exercise I need/would like3
- Other (please specify)4

F. SECONDARY SCHOOL

We would now like to ask you some questions about your final year in Secondary School

F1. When did you leave school for the first time? _____ Year _____ Month

F2. What school did you last attend? Please give the full name and address of the school.

F3. What programme did you take in your final year in school?

- Regular (Established) Leaving Certificate 1
- Leaving Certificate Applied (LCA) 2
- Leaving Certificate Vocational (LCVP)..... 3
- Something else (please specify)_____ 4

F4. Did you have a choice over which programme you took in your final year in school?

- No, I had no choice – school only offers one programme 1
- No, I had no choice – parents/teachers made me take this programme .. 2
- Yes, I decided to take this programme 3

F5. Thinking about your final year in school in general, how satisfied are you with the programme you took (for example, the regular Leaving Cert, LCA, LCVP)?

- Neither satisfied
or
Very
- Very Satisfied.....1 Satisfied2 Dissatisfied 3 Dissatisfied .4 Very Dissatisfied 5

F6. [CARD F6] Compared to other people your age, how well would you say you did in tests and exams in the following subjects in your final year in school . Would you say: Above average; Just above average; Average; Just below average; Below average; Don't know/Didn't do

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

F7. How important was it to you to do well in your Leaving Cert exam?

- Very important1 Important.....2 Not very important3

F8. Did you sit the Leaving Certificate examinations?

Yes, I sat it once. 1 Yes, I sat it more than once (i.e. repeated) 2 No, didn't sit it 3 → GO TO F.17

F9. In what year did you sit your (most recent) Leaving Certificate examinations? _____
 (Do not include repeats for just one subject only.)

F10. Which points system applied to your (most recent) Leaving Cert examination?

Old system (pre-2017 version).....1 New system (2017 or later)2

F11. How many subjects in total did you sit for your (most recent) Leaving Certificate examinations (LCVP do not include link modules)? _____ subjects

F12. How many points did you get in total in your (most recent) Leaving Certificate examinations? _____ points

F13. If did Regular Leaving Cert or Leaving Cert Vocational – F3 = 1 or 3]

[CARD F13] Please indicate which subjects you did for your (most recent) Leaving Cert, at what level (foundation, ordinary or higher) and the grade you achieved.

	Did subject	Level					If your grade is unknown can you remember whether or not it was:?		
		Found ation	Ordina ry	Higher	Unsure	Grade	A,B,Cs or 1,2,3,4	Ds or 5, 6	E,F,N Gs or 7,8,NG
a. Irish	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
b. English	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
c. Mathematics	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
d. History	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
e. Geography	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
f. French	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
g. German	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
h. Spanish	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
i. Italian	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
j. Art (including crafts)	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
k. Music	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
l. Home Economics	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
m. Business	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
n. Technology	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
o. Latin	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
p. Ancient Greek	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
q. Hebrew Studies	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
r. Religious Education	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
s. Classical Studies	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
t. Biology	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
u. Chemistry	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
v. Physics	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
w. Physics and Chemistry	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
x. Accounting	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
y. Economics	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
z. Applied Mathematics	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
aa Construction Studies	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
ab Engineering	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
ac Design and Communication Graphics	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
ad Agricultural Economics	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
ae Agricultural Science	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
af Arabic	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
ag Japanese	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
ah Russian	<input type="checkbox"/> 1		<input type="checkbox"/> 2	<input type="checkbox"/> 3..... <input type="checkbox"/> 4....					
ai Other (please specify)									

F14a. Did you sit the LCVP link modules?

Yes 1

No 2

What grade did you get in your link modules:

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

F15. [If sat LCA] What overall grade did you get in the Leaving Certificate Applied?

Distinction	Merit	Pass	Record of Credits	Did not complete year two
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

F16. [If doing Leaving Cert Applied – F3 = 2]

[CARD F16] Please indicate which vocational specialisms/elective modules you took in the Leaving Cert Applied Course.

Vocational Specialisms

- a. Agriculture/Horticulture.....
- b. Childcare/Community Care
- c. Graphics and Construction Studies
- d. Craft and Design
- e. Engineering
- f. Hair and Beauty
- g. Hotel, Catering and Tourism
- h. Office Administration and Customer Care
- i. Technology.....
- j. Information and Communication Technology (follow-on to Introduction to ICT) ...
- k. Active Leisure Studies (follow-on to Leisure and Recreation)

Elective Modules (in addition to required modules only)

- l. Vocational Preparation & Guidance
- m. Arts Education
- n. Modern Language
- o. Sign Language
- p. Leisure and Recreation
- q. Religious Education
- r. Science.....

If didn't sit the Leaving Certificate:

F17. What age were you when you left school? _____ (years)

F18. [CARD F18] Which of these factors influenced you to leave school before the Leaving Cert? (tick all that apply)

- | | Yes | No | | Yes | No |
|--|----------------------------|----------------------------|--|----------------------------|----------------------------|
| a. Found school work difficult..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | i. Other school related factors (specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Found school work boring/not interesting | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | j. Health factors (own illness/disability) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. Didn't get on with teachers..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | k. Wanted to get a job and earn money _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Didn't get on with other students..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | l. Other economic/job factors (specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Suspended from school | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | m. Family factors (specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| f. Expelled from school..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | n. Other reasons (specify) _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| g. To take up training or apprenticeship..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |
| h. Special educational needs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | | | |

F19. Did any of your friends leave school before sitting the Leaving Cert?

Yes 1 No 2

F20. Have any of your brothers or sisters left school before the Leaving Cert?

- Don't have brothers or sisters 1
 No, all brothers or sisters either still in school or completed the Leaving Cert 2
 Yes 3

F21. If yes, are these your older or younger siblings? (tick all that apply)

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

F22. In your final school year, did you have any grinds or private tuition in any of your school subjects (excluding special educational needs support)?

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

F23. Did you find these grinds useful?

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

F24. Did you take grinds on an on-going basis throughout the year (every week/fortnight, etc)?

Yes 1 No 2

F25. Did you take grinds on a "block" basis e.g. at holiday times (e.g. Easter)? Yes 1 No 2

F26. Some students got extra help at SCHOOL in some subjects (such as English or Maths). Did you receive any extra help WITHIN SCHOOL in your final school year?

Yes, ₁ No..... ₂

F27. What subjects did you get extra help in? (tick all that apply)

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

F28. [CARD F28] Was this extra help:

English/reading Maths Irish Other

a. Peer-mentoring scheme ₁..... ₂..... ₃ ₄
 b. Individual (one-to-one) tuition ₁..... ₂..... ₃ ₄
 c. In a small group outside your regular class ... ₁..... ₂..... ₃ ₄
 d. In a large group outside your regular class... ₁..... ₂..... ₃ ₄
 e. Other, please describe _____ ₁..... ₂..... ₃ ₄

F29. Did you find this help useful?

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

F30. Would you have liked extra help within school with any subjects?

Yes ₁ No..... ₂

Ask All

F31. [CARD F31] Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views

Strongly agree Agree Disagree Strongly disagree

Attitudes to school

a. I disliked being at school. ₁..... ₂..... ₃..... ₄

Attitudes to teachers

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

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

F32. During your time in secondary school did you have a short term work experience placement, as part of your school curriculum? That is a time when you spent a few days getting experience of what it's like to be at work, for example in a local business, office or factory.

Yes ₁ No..... ₂

F33. If yes, did you find this useful in preparing you for the future and what you wanted to do after school?

Yes ₁ No..... ₂

F34. Why do you feel that?

F35. [CARD F35] Looking at each of the following people, whom did you consult to help you decide what to do after you left school? And how important was each of them in helping you decide?

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

F36. [CARD F36] In thinking about what you would do after you left school, did you do any of the following?

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

F37. [CARD F37] In general, do you think that your second-level education has benefited you in the following ways? (Please tick one box on each line.)

	Yes, a lot	Yes, some	No help
a. In increasing your self-confidence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. In helping you develop into a well-balanced person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. In building good relations with friends of the opposite sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. In being able to talk and communicate well with others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. In knowing how to go about finding things out for yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. In helping you to make new friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. In knowing how to acquire a new skill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. In getting involved in sports.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. In giving you reading and writing skills.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. In appreciating reading for pleasure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. In preparing you for the world of work.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. In giving you computer skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. In preparing you for adult life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. In helping you to think for yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. In appreciating art or music.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. In helping you to decide what to do after you left school	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F38. Looking back, do you have any regrets about your subject choice for the Leaving Cert?

Yes 1 No..... 2

F39. If yes, which subject and why?

SECTION G. CURRENT STATUS/EVENT HISTORY GRID

G1. [CARD G1] Please complete the following grid. Please indicate what your main status was with regard to work or other activity in each month from January 2016 until present. Please indicate which of these categories best applied to you in each month. [Interviewer: If respondent gives more than one answer per month, ask them to choose the main status]

		2016												2017												2018												2019					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
	In School																																										
01	Still at school																																										
	In Further/Higher Education																																										
02	Studying Further Education Course (PLC)																																										
03	Studying Higher Education Course (Univ. or Inst. of Technology)																																										
	In Work																																										
04	In FULL-TIME paid employment or paid internship																																										
05	In PART-TIME paid employment or paid internship																																										
06	Unpaid internship																																										
	In Training																																										
07	Apprenticeship																																										
08	On a Solas course; Fáilte Ireland; Teagasc; etc. training course																																										
09	On a Private Training Course																																										
10	Youth Reach																																										
	Other																																										
11	Unemployed																																										
12	Engaged in minding the home or family																																										
13	Unable to work or study due to permanent disability or illness																																										
14	Taking a year out or travelling																																										
15	Taking the summer off																																										

G2. So, your current status is: _____

SECTION H – Further/Higher Education and Training

H1. [CARD H1] Looking at the Card, for each of these further or higher education, or training courses can you tell me: H1a1. Did you apply for <course>? H1a2. Did you receive an offer for <course>? H1a3. Did you register for <course>? H1a3b. If yes, how many courses at this level did you register for? H1a4. If no, why not? H1a5. Did you complete <course>? H1a6. If no, why not?

	Course	H1a1. Made Application	H1a2. Received Offer	H1a3. Registered	H1a3b How many?	H1a5. Did you complete the course
		<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no <input type="checkbox"/> ₃ still waiting to hear outcome	<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no - Go to H1a4		<input type="checkbox"/> ₁ yes <input type="checkbox"/> ₂ no - Go to H1a6 <input type="checkbox"/> ₃ still on course
a	Postgraduate course (NFQ Level 9)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
b	Honours Bachelor Degree (NFQ Level 8)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
c	Ordinary Bachelor Degree (NFQ Level 7)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
d	Higher Certificate Course (NFQ Level 6)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
e	Post-Leaving Cert Course (NFQ Level 5/6)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
f	University outside the Republic of Ireland	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
g	Further education outside the Republic of Ireland	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
h	Certificate Course (NFQ Level 4)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
i	Certificate Course (NFQ Level 5)	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
j	Apprenticeship	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
k	Solas(FÁS),Fáilte Ireland,Teagasc etc.	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
l	Private Training Course	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
m	Youth Reach	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
n	Other, please specify _____	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃
o	None of the above	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂		<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃

If answer no at question H1a3.

H1a4. [CARD H1a4] If any offers, what was the main reason you did not participate in this course?

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

If answer no at question H1a5.

H1a6. [CARD H1a6/H1a7] Why did you not complete the course? (tick all that apply (H1a6) and choose one as the main reason(H1a7))

	H1a6. All reasons	H1a7. Main reason
The course was not what I expected	<input type="checkbox"/> 1	<input type="checkbox"/> 1
I did not like going to college	<input type="checkbox"/> 2	<input type="checkbox"/> 2
I failed my exams	<input type="checkbox"/> 3	<input type="checkbox"/> 3
I/my family were experiencing financial difficulties	<input type="checkbox"/> 4	<input type="checkbox"/> 4
It was too far to travel	<input type="checkbox"/> 5	<input type="checkbox"/> 5
I got a full-time job	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Physical health difficulties	<input type="checkbox"/> 7	<input type="checkbox"/> 7
Mental health difficulties	<input type="checkbox"/> 8	<input type="checkbox"/> 8
Family difficulties	<input type="checkbox"/> 9	<input type="checkbox"/> 9
Personal difficulties	<input type="checkbox"/> 10	<input type="checkbox"/> 10
Other, please specify	<input type="checkbox"/> 11	<input type="checkbox"/> 11

Thinking of the course you are currently participating in, if more than one think of the highest one. If not currently participating, think of the course you have completed, if more than one think of the highest one. If you haven't completed a course, think of one you participated in, if more than one think of the highest.

H2. Please give the name and address of the college or institution you are/were attending and/or business where you are doing/did your apprenticeship/training:

H3. Please give the name of the course or apprenticeship you are/were following (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):

H4. Was/is this course part-time, full-time or something else?

Part-time₁ Full-time.....₂ Something else ₃

H5. Date Course Started: Year _____ Month _____

H6. How long was/is the course from beginning to end (what was its total duration, even if you left it early):

_____ Years _____ Months

H7. [CARD H7] To what extent, did the following considerations influence your choice of post-school education or training institution?

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

H8. Do you have any particular special educational need or disability that affected your learning while at post-school education or training?

Yes ₁ No ₂

H9a. Do/did you receive any extra educational supports?

Yes ₁ No ₂ No longer required ₃

H9b. What form does/did this support take?

_____ (OPEN ENDED)

H9c. Do/did you find this support useful?

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

H10. Are you receiving (did you receive) any type of:

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

H11. [CARD H11] How do/did you fund your studies/training? (tick all that apply)

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

H12. Generally speaking, on a scale of 1 to 10, how satisfied are/were you with your choice of course – where a ‘1’ indicates ‘not at all satisfied’ and ‘10’ indicates ‘extremely satisfied.’

1 Not at all	2	3	4	5	6	7	8	9	10. Extremely
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀

H13. Generally speaking, on a scale of 1 to 10, how much do/did you like your course – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’

1 Not at all	2	3	4	5	6	7	8	9	10. Very much
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀

H14. Generally speaking, on a scale of 1 to 10, how would you rate your compliance with the requirements of this course (e.g. attending all classes, submitting assignments on time) – where a ‘1’ indicates ‘not at all compliant’ and ‘10’ indicates ‘extremely compliant.’

1 Not at all	2	3	4	5	6	7	8	9	10. Extremely
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀

H15. Have you completed a work placement(s) as part of a college course?

Yes ₁ No..... ₂

H16. Are you currently on a work placement?

Yes ₁ No..... ₂

H17. When did you take up this job?

Year _____ Month _____

If doing an apprenticeship

H18. In relation to this job, as part of your apprenticeship please give the name and a full description of the work done. (If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)

H19. Are you a member of a trade union? Yes.....₁ No.....₂

H20. How many hours on average do you usually work per week in this job?

(Number of hours – ask for average week if irregular) _____

H21. How much money do you earn on average each week?

a. Gross (Before Deductions)

b. Net (take-home pay)

€ _____

€ _____

H22. Do you do any work in a part-time *paid* job in term-time while you are attending college/training/apprenticeships, even if it is only for an hour or two now and then? Please don't include jobs you only do during the holidays, voluntary work or a work placement that is part of your course.

Yes₁

No.....₂

H23. When did you take up this job?

Year_____ Month _____

H24. In relation to this job, please give the name and a full description of the work done - – if more than one job, describe the one with the most hours?

(If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)

H25. [CARD H25] In this job do you work evenings, weekends or both?:

Evenings₁

Weekends₂

Both evenings and weekends₃

H26. How many hours on average do you usually work per week in this job (or jobs) during term-time? Please include any hours you work during the week or at the weekend during term-time.

(Number of hours – ask for average weekly hours if irregular) _____

H27. How much money do you earn on average each week through part-time work during term-time?

a. Gross (Before Deductions)

b. Net (take-home pay)

€ _____

€ _____

H28a. We would like your permission to access information from your CAO application on the courses which you have applied for and which you were offered, so that we can link it to the survey information we have collected in the course of your questionnaire interviews.

May we have permission to link to the CAO database?

Yes₁

No.....₂

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

H28b. When was this application made? _____ year

SECTION H2 – EMPLOYMENT HISTORY

H29a. Are you currently in paid employment?– do not include the term-time employment or apprenticeship job you told us about already.

Yes 1 No..... 2

H29b. If no, have you ever been in paid employment?
 Yes 1 No. 2 go to H45

H30. [CARD H30] In relation to your current job/last job you held, how would you describe it?

- Regular, full-time..... 1
- Temporary, full-time..... 2
- Regular, part-time..... 3
- Temporary, part-time..... 4
- Zero hour contract..... 5
- Work Placement..... 6
- Internship..... 7
- Other (please specify)..... 8

H31. When did you take up this job? Year _____ Month _____

**H32. In relation to this job, please give the name and a full description of the work done.
 (If farmer, give acreage. Be sure to describe job exactly. If relevant give rank e.g. Civil Service, Gardaí, Army etc.)**

H33. [CARD H33] In this job are/were you:

- Employee..... 1
- Self-employed without paid employees..... 2
- Self-employed with paid employees ... 3

H34. How many hours on average do/did you usually work per week in this job?

(Number of hours – ask for average week if irregular) _____

H35. How much money do/did you earn on average each week?

a. Gross (Before Deductions)

b. Net (take-home pay)

€ _____

€ _____

H36. Generally speaking, on a scale of 1 to 10, how well do/did you like your job – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’

1	2	3	4	5	6	7	8	9	10.
Not at all									→ Very much
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

H37. Generally speaking, on a scale of 1 to 10, how secure do/did you feel your job is – where a ‘1’ indicates ‘not at all’ and ‘10’ indicates ‘very much.’

1	2	3	4	5	6	7	8	9	10.
Not at all									→ Very much
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

H38. [CARD H38] While working on this job, did you do any of these types of training or education connected with your current job? (tick all that apply)

- a. Received instruction or training from someone which took you away from your normal job 1
- b. Received instruction whilst performing your normal job 2
- c. Taught yourself from a book/manual/video/ 3
- d. Followed a distance learning or Internet course (such as Open University) 4

- e. Took an evening class..... 5
- f. Did some other work-related training (specify)_____ 6
- g. None of these 7
- h. Don't Know..... 8

H39. To what extent are/were your knowledge and skills utilized in this work? (Please answer on a scale from 1 to 5, where 1 means 'Not at all' and 5 means 'To a very great extent.)

1 Not at all	2	3	4	5 To a very great extent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H40. To what extent does/did your current work demand more knowledge and skills than you can actually offer? (Please answer on a scale from 1 to 5, where 1 means 'Not at all' and 5 means 'To a very great extent.)

1 Not at all	2	3	4	5 To a very great extent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H41. [CARD H41] What type of education do you feel is most appropriate for this work?

Post graduate	<input type="checkbox"/> 1	Leaving Certificate	<input type="checkbox"/> 5
Bachelor	<input type="checkbox"/> 2	Junior Certificate	<input type="checkbox"/> 6
PLC	<input type="checkbox"/> 3	Other (Please specify):	<input type="checkbox"/> 7
Apprenticeship	<input type="checkbox"/> 4		

H42. Do/did you see your current/most recent job as a stop gap or as a start to a long term career?

Stop gap 1 Start to a long term career 2

H43. Are/were you a member of a trade union? Yes 1 No 2

H44. Is the job you have just described above paid or unpaid work for a business owned or run by a member of your family?

Yes 1 No 2

H45. Do you ever do any other paid or unpaid work for a business owned or run by a member of your family?

Yes 1 No 2

J. ATTITUDES TO WORK AND PERCEIVED SKILLS

J1. [CARD J1] Here are some aspirations that people might hope to have achieved by the time they are 30. On a scale of 0 to 10 how important would it be for you to have achieved each of these by the age of 30.

0= Not at all.....10= Very important

	Not at all important										Very important
a. Have your own home	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
b. Have a good job	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
c. Be in your 'dream job'	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
d. Be in a long-term romantic relationship	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
e. Have a child	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
f. Have a degree	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
g. Spent a year (or more) abroad/travelling	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
h. Own a car	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
i. Be financially secure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
j. Other (please specify) _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

J2. What job would you like to have by the age of 30?

J3. Do you think you will have that job by the age of 30? Yes.....1 No.....2

J4. Why not? _____

J5. [CARD J5] Here are some factors a person might consider when choosing a job. On a scale of 0 to 10 how important would each of these be to you in choosing a job?

0= Not at all important.....10= Very important

	Not at all important										Very important
a. High income	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
b. A job that offered good training opportunities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
c. A job that offered good promotion opportunities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
d. An interesting job	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
e. Flexible working hours	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
f. Generous holidays/time off	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
g. A good step on the career ladder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
h. Be your own boss	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
i. A job that allows you to be creative	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
j. A job that is useful to society or helps other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
k. Job security	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
l. Opportunity to travel/work abroad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
m. Other (please specify)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

J6. [CARD J6] Below is a list of skills and competencies related to work and study. To what extent do you think you have the following competencies at the moment? (Please tick one box on each line).

1= Not at all.....10= To a great extent

	<i>Not at all</i>									<i>To a great extent</i>
	—————→									
a. Good written communication skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
b. Good oral communication skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
c. Ability to use computers and the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
d. Analytic skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
e. Ability to work well with others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
f. Constructing, assembling or building things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
g. Teaching or instructing children or adults	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
h. Selling products or services	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
i. Caring for others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
j. Using tools	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
k. Managing and organising things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

K. INCOME AND EXPENDITURE

K0. Do you live with a spouse/partner whom you share income with? Yes... ₁ No..... ₂

K1. [CARD K1] Looking at the Card and thinking of your [and your spouse/partner's] total income from all sources, approximately what proportion of your total income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

None	Less than 5 %	5% to less than 20%	20% to less than 50%	50% to less than 75%	75% to less than 100%	100%
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

K2. [CARD K2] You [and your spouse/partner] may have different sources of income. Concerning your [and your spouse/partner's] total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?

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

K3. [CARD K3] Are you [and your spouse/partner] currently having difficulty meeting any loan or debt repayments (from any source)?

A lot..... <input type="checkbox"/> ₁	A little <input type="checkbox"/> ₂	No difficulty <input type="checkbox"/> ₃	No loans..... <input type="checkbox"/> ₄
--	--	---	---

K4. [CARD K4] From where/whom did you get the loan(s) or debt(s) that you are having difficulty repaying (tick all that apply)?

- a) Student loan ₁
- b) Other loan from a financial institution (e.g. bank or credit union) ₂
- c) Rent arrears (to landlord/housemate) ₃
- d) Payment plan or hire-purchase agreement from a retailer..... ₄
- e) Credit card bill..... ₅
- f) Registered moneylender ₆
- g) Unregistered moneylender or 'loan shark'..... ₇
- h) Parent ₈
- i) Other Relative..... ₄
- j) Friend..... ₁₀
- k) Other (please specify)..... ₁₁

Disposable income

K5. [CARD K5] I would like you to think about the disposable income available to you [and your spouse/partner] each month. What is the average MONTHLY amount AT YOUR DISPOSAL after tax, USC and other statutory deductions from the following sources currently?

At your disposal is the money which is meant for monthly consumption, no matter where it was earned or received, from all sources. Please add a '0' if you did not receive any income from a certain source.

Source	Average MONTHLY amount €
From parents	
From other family	
Income from your job	
Student grant	
A loan from a bank, Credit Union etc.	
Social Welfare Payment (incl. Child Benefit, if relevant)	
From other sources, including sports bursaries (please specify)	
Average total income per MONTH	

K6. How much do you [and your spouse/partner] pay each month for household bills like accommodation, food, electricity?

€ _____ per MONTH

K7. [Card K7] For each of the following living costs can you please tell me whether or not, in addition to the cash payments above : 1) you [and your spouse/partner] pay for them personally and whether 2) your parents pay for them - in full or part?

No spouse/partner 1

	1) Do you [and your spouse/partner] pay personally?		2) Do your parents pay?	
	Yes	No	Yes	No
a. Rent/campus accommodation fees/mortgage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Utility bills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Transportation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Communication (telephone, internet etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Health costs (e.g. medical insurance)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Childcare	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Debt payment (excluding mortgage, if relevant)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Social and Leisure activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
j. Other regular living costs (clothing, toiletries, tobacco, pets, insurance [except medical insurance])	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2

K8. [If currently 2,3, 7, 8, 9 or 10 at G1] [Card K8] And for your study-related costs, can you please tell me whether or not : 1) you [and your spouse/partner] pay for some or all of them personally and whether 2) your parents pay for some or all of them?

	Do you [and your spouse/partner] pay personally?			Do your parents pay?		
	Yes	No	NA	Yes	No	NA
a. Tuition fees, registration fees, examination fees, administrative fees.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Learning materials (e.g. books, photocopying, DVDs, field trips)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Training related costs (e.g. purchase of tools, work wear etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Other regular study-related costs (e.g. private tutoring, additional courses)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

K9a. Would you say that difficulty in finding or affording accommodation ever limits your choices in: (a) work or (b) education:

	Not at all	A little bit	Some	A lot
(a) work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

K10. Are you able to save on a regular basis? Yes 1 No 2

K11. [CARD K11] How would you [and your spouse/partner] deal with an unexpected expense of, say, €250 (tick all that apply)?

- a. Cut back on other expenditure 1
- b. Borrow from parent(s) 2
- c. Borrow from spouse/partner..... 3
- d. Borrow from friend(s) 4
- e. Borrow from somewhere else 5
- f. Use savings..... 6
- g. Credit Card 7
- h. I just would not be able to deal with it 8

If living in parental home:

K12. Would you prefer to live at home (in your parent's address) or would you prefer to live at a separate address, either by yourself or with friends etc.

I would prefer to live at parent's address 1 I would prefer to live at my own address 2

K13. To what extent are you living at home because of financial reasons?

Mostly financial.....1 A little bit to do with finances2 Nothing to do with finances.....3

K14. [Card K14] Here are some opinions on living at home with your parent(s), compared to independent living in your own home. From the following list can you tell me which apply to your situation?

- | | Yes | No |
|---|---------------------------------|----------------------------|
| a. I don't have to do as many household chores | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| b. I save on accommodation costs | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| c. I don't have to cook or shop for groceries | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| d. This house/apartment is nicer or more convenient than I could afford | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| e. I would miss my family if I moved out..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| f. I can't afford to move out of the family home | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| g. I help out with the care of my siblings or parents | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| h. I don't have enough privacy..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| i. I contribute to household chores | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| j. I don't have enough living space | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| k. I don't have enough independence, e.g. to have friends around, choice of meals etc | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| l. I feel like I won't be treated as an adult until I get my own place | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |
| m. Other (please specify)_____ | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2 |

A. Friendship networks, discrimination, ideal partner

Section A: This section contains questions on YOUR FRIENDS AND HOW YOU GET ON WITH THEM.

A1. How many friends do you have? [TICK ONE BOX ONLY]

None.....₀ Between 6 and 10₃
 One or two₁ More than 10.....₄
 Between 3 and 5₂

A2. How many of your friends would you describe as CLOSE friends?

None.....₁ Some₂ All₃

A3. Would you say that you can count on your close friends when you need them?

Always/most of the time₁ Some of the time₂ Rarely/Never₃

A4. Please rate the following items in terms of how important each is in describing your IDEAL long-term partner. Give a rating between 1 (very unimportant) and 7 (very important) to each item.

	1 Very unimportant	2	3	4	5	6	7 Very important
a. Their Personality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. Their Looks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
c. Their Money	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

B. Smoking, Alcohol and Drugs

Section B: This section contains questions on SMOKING, DRINKING ALCOHOL AND DRUGS.

The next set of questions is about cigarettes (including roll-ups).

B1. Have you ever smoked a cigarette?(Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)

Yes₁ No.....₂ → **go to B7**

B2. How old were you when you first smoked a cigarette? _____ years

B3. Which of the following best describes you?

Only ever tried smoking once or twice ₁ Used to smoke but not now ₂ Smoke occasionally ₃ Smoke daily ₄

B4. About how many cigarettes do you smoke in a week? _____

B5. Have you ever tried to give up cigarettes but found that you couldn't?

Yes₁ No.....₂

B6. What would you say is your MOST IMPORTANT reason for smoking? [tick one only]

	Tick One
I enjoy it	<input type="checkbox"/> ₁
It helps me to cope with stress	<input type="checkbox"/> ₂
To help lose or maintain weight	<input type="checkbox"/> ₃
Because my friends smoke	<input type="checkbox"/> ₄
Because my family smoke	<input type="checkbox"/> ₅
I can't give it up	<input type="checkbox"/> ₆
Something else	<input type="checkbox"/> ₇

B7. Have you ever tried an e-cigarette or "vaping"?

Yes₁ No.....₂

B8. How often, if at all, do you currently use an electronic cigarette?

Daily	Less than daily, but at least once a week	Less than weekly, but at least once a month	Less than monthly	Not at all
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

The next questions are about drinking alcohol (this includes beer, wine, alcopops, cider and spirit drinks like vodka).

B9. Have you ever consumed alcohol?

Yes 1 No..... 2 **Go to B26**

B10. How old were you when you had your first full drink of alcohol – more than a few sips? _____ years

B11. How often do you have a drink containing alcohol?

Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
<input type="checkbox"/> 0 GO TO B26	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B12. How many units of alcohol do you have on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)

1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
B13. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B14. How often during the last year have you found that you were not able to stop drinking once you had started?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B15. How often during the last year have you failed to do what was normally expected from you because of your drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B16. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B17. How often during the last year have you had a feeling of guilt or remorse after drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B18. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

	No	Yes, but not in the last year	Yes, during the last year
B19. Have you or somebody else been injured as a result of your drinking?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B20. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B21. Where do you drink most of your alcohol? (tick one) Is it . . .

In your home 1 Someone else's home..... 2 Pub/club 3 Restaurant... 4 Other..... 5

B22. Thinking back over the last three months, when you drank alcohol would you say you drank it mostly

With friends 1 With family 2 With workmates 3 Alone..... 4

B23. Have you ever tried to give up or reduce the amount you drink?

I have tried to give up..... ₁ I have tried to reduce..... ₂ Neither..... ₃ I don't need to.. ₄

B24. [if tried to give up or reduce] How successful were you?

Not at all successful ₁ Somewhat successful ₂ Very successful..... ₃

B25. What would you say is your MOST IMPORTANT reason for drinking alcohol? (tick one only)

I enjoy it	<input type="checkbox"/> ₁
It helps me to relax	<input type="checkbox"/> ₂
It helps me to cope with stress	<input type="checkbox"/> ₃
It gives me confidence in company	<input type="checkbox"/> ₄
Because my friends drink	<input type="checkbox"/> ₅
Because my family drink	<input type="checkbox"/> ₆
I can't give it up	<input type="checkbox"/> ₇
Something else	<input type="checkbox"/> ₈

The next set of questions is about drugs.

B26. Have you ever tried cannabis (also called marijuana, hash, dope, pot, skunk, puff, grass, draw, ganja, spliff, joints, smoke, weed)?

Yes ₁ No..... ₂ Prefer not to say ₃

B27. Which statement describes you the best?

Only ever tried cannabis once or twice ₁ Used to take cannabis but not now ₂ Take cannabis occasionally ₃ Take cannabis more than once a week ₄ Don't take cannabis ₅

If taking cannabis occasionally or more often:

B28. Where do you usually take the cannabis you use? (tick one) Is it . . .

In your home ₁ Someone else's home..... ₂ Pub/club..... ₃ Other ₄

B29. Thinking back over the last three months, when you took cannabis would you say you took it mostly (tick all that apply):

a. With friends .. ₁ b. With family..... ₂ c. With workmates ₃ d. Alone.... ₄

B30. What would you say is your MOST IMPORTANT reason for smoking cannabis? (tick one only)

	Tick One
I enjoy it	<input type="checkbox"/> ₁
It helps me to relax	<input type="checkbox"/> ₂
It helps me to cope with stress	<input type="checkbox"/> ₃
It gives me confidence in company	<input type="checkbox"/> ₄
Because my friends smoke cannabis	<input type="checkbox"/> ₅
Because my family smoke cannabis	<input type="checkbox"/> ₆
I can't give it up	<input type="checkbox"/> ₇
Something else	<input type="checkbox"/> ₈

B31. Have you ever tried inhaling or sniffing aerosols / gas (lighter refills) / glue / solvents? and if yes, have you done it more or less than 5 times in the last year? (tick one only)

No Yes, less Yes, 5 or
 than 5 times more times
1.....23

B32. Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine etc?

No Yes, less Yes, 5 or
 than 5 times more times
1.....23

B33. If yes, which of the following have you taken in the last year? (Tick one box on each line)

	No	Yes, less than 5 times	Yes, 5 or more times
a. Amphetamines (also called upper, phet, billy, wizz, sulph, base, dexedrine)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Poppers (also called rock harm, tnt, kix, isobutyl nitrite, ram, thrust, purple haze, locker room) .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Ecstasy (also called disco biscuits, rolex, dopphins, xtc, yokes, hug drug, mitsubishi, tulips sweeties, love doves, brownies, m and m's)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. LSD (also called blotter, cheer, flash, hawk, L, lucy, acid diethylamide, micro dot, lightning flash, liquid acid)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Magic mushrooms (also called liberties, magics, mushies)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Spanglers (also called spangs)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Cocaine (also called snow, dust, white)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Crack (also called base, freebase, wash, pebbles, gravel)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Heroin (also called skag, horse, china white, dragon)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Ketamine (also called Green, K, special K, super K, vitamin K)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Steroids (not prescribed by a doctor) (also called arnies, juice, gym candy, andro, pumpers, stackers, weight trainers) .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Zimovane (also called zombie pills, sleep easy, tic tacs, zimmers)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Benzodiazepines (not prescribed by a doctor) (also called eggs, blues, yellows, rugby balls, d5s, d10s, jellies, sleepers, roofies, downers, moggies).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. ADHD medication (not prescribed by a doctor) (also called diet coke, kiddie coke, smarties)...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Pain killers (for "recreational" use, not for pain) (also called oxycodone-oc, oxy, fetanyls-u4)....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Methadone (also called meth, juice, phy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. Gabapentin (also called gabbies)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. Tramadol (also called ultras, chill pills, oxycontin lite)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. Pregabalin / Lycira (also called budlight, budweiserm, gabbies)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. Psychoactive substancesw/Synthetic Cannabinoids-Mepherdrone (also called meow meow/mcat, snow)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
u. Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

B34. Where do you usually take the drugs you use? (tick one) Is it. . .

In your home1; Someone else's home2 Pub/club 3 Other.....4

B35. Thinking back over the last three months, when you took drugs would you say you took it mostly (tick all that apply):

a. With friends ..1 b. With family2 c. With workmates3 d. Alone....4

B36. Have you ever used any other prescription drugs for non-medical purposes, for "recreational" use?

Yes1 No.....2

If yes to cannabis, non-prescribed drugs or 'recreational' use of prescribed drugs (B26; B32; B36).

B37. Have you ever thought you should cut down your drug use? Yes... 1 No2

B38. Have you ever felt annoyed when people have commented on your use? Yes... 1 No2

B39. Have you ever felt guilty or badly about your use? Yes... 1 No2

B40. Have you ever used drugs to ease withdrawal symptoms, or to avoid feeling low after drug use? Yes... 1 No2

The next questions are about gambling. Please think about how often you play the following in person or online.

A few times a week Once a week Once or twice a month Occasionally A few times a year Never

B41. Do you ever buy lottery tickets such as scratch cards or lotto? 1 2 3 4 5 6

B42. Do you ever play casino tables or video games for money? games such as craps, blackjack, roulette, slot machines or video poker 1 2 3 4 5 6

B43. Have you ever played any other games, such as cards or bingo, for money; or bet on horse races or sporting events; or taken part in any other kinds of gambling for money? 1 2 3 4 5 6

C. GENDER IDENTITY AND INTIMATE RELATIONSHIPS

Section C: The next set of questions relates to GENDER IDENTITY AND INTIMATE RELATIONSHIPS..

C1. If female what age were you when you had your first period?
 _____ years _____ months Don't know 1 N/A..... 2 Prefer not to say..... 3

C2. How would you describe your sexual orientation? [TICK ONE BOX]
 Heterosexual/straight (sexually attracted to the opposite sex) 1
 Gay or Lesbian (attracted to the same sex) 2
 Bisexual (attracted to both men and women) 3
 Questioning/ Not sure 4
 Asexual (not attracted to either sex) 5
 Don't know 6
 Prefer not to say 7

C3. Would you describe yourself as: Male 1 Female 2 Other 3 Prefer not to say ... 4

C4. Would you describe yourself as transgender? Yes 1 No 2 Prefer not to say ... 3

C5. Which of the following best describes your current relationship status (Tick one)?

Single, not dating 1
 Casually dating but not exclusive 2
 Dating one person 3
 Living together (but not engaged or married) 4
 Engaged (living together or not) 5
 Married (living together or not) 6
 Other 7

C6. [If 'engaged' or 'married' at C5] Do you live with this person as a couple?
 Yes 1 No 2 Prefer not to say 3

C7. [If yes at C6] Since when have you been living together? _____ year _____ month
 [If 'dating' or more serious]. Please tell us a little about your boyfriend/girlfriend/partner/spouse.

C8. What is their gender? Male 1 Female 2 Other .. 3 Prefer not to say 4

C9. What age are they?

- Under 20 1
- 20 -22 2
- 23-25 3
- 26-30 4
- Over 30 5
- Prefer not to say 6

C10. What do you think will be the status of this relationship in five years' time (Tick one)?

- Dating 1
- Living together as a couple (but not engaged or married) 2
- Engaged (living together or not) 3
- Married (living together or not) 4
- Just friends 5
- I expect to have moved on from this relationship/relationship ended 6
- Don't know 7
- Prefer not to say 8

C11. How often do the following things happen in your relationship?

Never Seldom Sometimes Often Always

- a. You tell him/her, what you're thinking 1 2 3 4 5
- b. You share your secrets and private feeling with him/her 1 2 3 4 5
- c. He/She shows recognition for the things you do.. 1 2 3 4 5
- d. He/She shows you that he/she respects and likes you .. 1 2 3 4 5
- e. You are annoyed or angry with each other. 1 2 3 4 5
- f. You disagree and quarrel..... 1 2 3 4 5

C12. In total, including your current boyfriend or girlfriend or partner (if relevant), how many girlfriends/boyfriends/partners have you had during the last year?

- None.... 0 1 1 2 .. 2 3 3 4+ 4 Prefer not to say 5

D. SEXUAL EXPERIENCES

We are now going to ask about your **SEXUAL EXPERIENCES**. We are referring only to things which happened with your consent, with someone around your age (and not with someone you are related to). If you would like to talk with someone about any issues in this area please tell the interviewer and they will try to get someone to call you to put you in touch with someone who might be able to help.. Alternatively, the interviewer will be leaving information on helpline and advice numbers with all participants and one of these might be of assistance to you.

Yes No Prefer not to say

D1. Have you ever had sexual intercourse, that is, made love, had sex, or 'gone all the way' with someone? 1..... 2..... 3

**[If YES AT D1 AND NO TO SEXUAL INTERCOURSE AT 17/18-YEAR INTERVIEW ASK D2]
[If YES AT D1 AND YES TO SEXUAL INTERCOURSE AT 17/18-YEAR INTERVIEW GO TO D6]
[If NO AT D1 GO TO D11]**

Thinking about your first sexual intercourse

D2. Was that person with whom you had first sexual intercourse of the opposite sex or the same sex?

Opposite sex..... 1 Same sex..... 2 Prefer not to say..... 3

D3. Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?

- You had just met for the first time/ didn't know each other 1
- You knew each other, but didn't have a steady relationship at the time 2
- You had a steady relationship at the time 3
- You were living together (but not married or engaged) 4
- You were engaged to be married 5
- You were married 6
- Prefer not to say 7

D4. Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception, including withdrawal and/or emergency contraception?

Yes 1 No contraception used by either of us 2 No contraception used by me, don't know about partner 3 Not applicable 4 Don't know 5 Prefer not to say 6

D5. Looking back now to that first time you had sexual intercourse, do you think:

- You should have waited longer before having sex with anyone 1
- That you should not have waited so long 2
- That it was about the right time 3
- Not sure 4
- Prefer not to say 5

D6. Are you currently in an intimate relationship with the person with whom you first had sexual intercourse?

Yes 1 No..... 2 Prefer not to say 3

D7. With how many different people in total have you had sexual intercourse? _____

Don't know 1 Prefer not to say 2

D8. In general, do you usually use a condom every time you have sexual intercourse?

- Yes, on every occasion..... 1
- Yes, on most occasions (3/4 of the time)..... 2
- Yes, roughly half the time 3
- Yes, on some occasions (1/4 of the time)..... 4
- No, never..... 5
- Not currently sexually active 6
- Not applicable 7
- Don't know 8
- Prefer not to say..... 9

D9. Do you (or your partner) usually use some form of contraception?

- | | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| Always | Nearly Always | Sometimes | Never / hardly ever | Not currently sexually active | Not applicable | No, as trying to conceive | No, as currently pregnant | Don't know | Prefer not to say |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |

D10. Have you ever had a sexually transmitted disease?

- Never.....1
- Once.....2
- More than once.....3
- Don't know.....4
- Prefer not to say.....5

Now some questions about your knowledge of sexual health.

D11. When during the female monthly cycle of menstrual periods is pregnancy most likely to occur? (tick one)

- Right before the period begins.....1
- During the period.....2
- About a week after the period begins.....3
- About two weeks after the period begins.....4
- Anytime during the month, makes no difference ..5
- Don't know.....6

D12. Which of these methods is the most effective for preventing sexually transmitted diseases like AIDS or gonorrhoea?

- Withdrawal.....1
- Condom.....2
- Birth control pill.....3
- Good hygiene.....4
- Dental dam.....5
- Don't know.....6

E. CHILDREN

This section contains questions on CHILDREN YOU MAY HAVE AND PREGNANCY .

E1. Do you have any children?

Yes ₁ No ₂ Prefer not to say ₃

Ask if male

E2. Did you ever get a girl pregnant?

Yes ₁ No ₂ Prefer not to say ₃

E3. How many pregnancies? _____

Ask if female

E4. Are you currently pregnant?

Yes ₁ No ₂ Prefer not to say ₃

E5. Have you ever been pregnant?

Yes..... ₁ No ₂ Prefer not to say..... ₃

E6. How many pregnancies have you had (been involved in), including this pregnancy (if applicable)? _____

Ask male and female

E7. For each pregnancy, please tell us the outcome of each pregnancy. Did pregnancy (#1) result in a:

- Live birth, child currently living with me ₁
- Live birth, child currently living elsewhere (including adoption or fostered) ₂
- Miscarriage ₃
- Stillbirth ₄
- Termination ₅
- Still Pregnant ₆
- Prefer not to say ₇

E8. [If any live births] How much did <baby> weigh at birth? ___ lbs ___ ounces OR ___ kgs

Ask if female

E9. Was <baby> ever breastfed (including colostrums – the milk produced during the first few days after the birth)?

Yes..... ₁ No..... ₂

E10. How old was <baby> when you stopped breastfeeding [Int: Accept answer in Days OR Weeks OR Months]

_____ Days _____ Weeks _____ Months <Baby> still being breastfed..... ₁

ASK ALL

E11 How many children, if any, would you like to have? Include children that you might adopt or foster long-term as well any biological children.

None	1	2	3	4	5	More than 5	Don't know
<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

F. VICTIM OF CRIME AND BULLYING

F1. Have you been a victim of any crime in the last two years? Yes..... ₁ No..... ₂

F2. What type of crime did you experience? (tick all that apply)

- a. Your home was broken into ₁
- b. Your car was broken into ₂
- c. Your car/motorbike/bicycle was stolen ₃
- d. You had something stolen from your person ₄
- e. You were assaulted or threatened with assault by someone you knew ₅
- f. You were assaulted or threatened with assault by a stranger ₆
- g. You were the victim of fraud or a cybercrime such as having your bank details stolen ₇
- h. Someone posted/threatened to post upsetting or very personal information about you online ... ₈
- i. Something else ₉

F3. Did any of the following happen to you in the last 3 months? (tick all that apply)

- a. Physical bullying ₁
- b. Verbal bullying (name-calling, slagging) ₂
- c. Electronic bullying (phone messaging, emails, Facebook etc.) ₃
- d. Had graffiti or notes about you pinned up ₄
- e. Had personal possessions taken or damaged ₅
- f. Exclusion (being left out) ₆
- g. Gossip / spreading rumours ₇
- h. Threatened / forced to do things you didn't want to ₈
- i. Other ₉

F4. If 'yes' to any of F3: How often would this / these have occurred?

Daily	Weekly	Monthly	Rarely
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

G. FEELINGS ABOUT YOURSELF, YOUR SELF-ESTEEM

Section G: This section contains questions on **HOW YOU FEEL ABOUT YOURSELF, YOUR SELF-ESTEEM** and so on.

G1. Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. On the whole, I am satisfied with myself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. At times, I think I am no good at all.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I am able to do things as well as most other people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I certainly feel useless at times.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. All in all, I am inclined to feel that I am a failure.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I take a positive attitude towards myself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

G2. How would you describe yourself? (tick one box only)

Very underweight 1
 A bit underweight..... 2
 Just the right size..... 3
 A bit overweight..... 4
 Very overweight..... 5

G3. If you were to describe how satisfied you are with your own life in general, how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life.

0	1	2	3	4	5	6	7	8	9	10.
Extremely unsatisfied										Extremely satisfied
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

H. FAMILY RELATIONSHIPS

Section H: This section contains questions on YOUR FAMILY AND HOW YOU GET ON WITH THEM.

H1. Are you in regular contact with your mother (or mother figure)?

Yes ₁ No..... ₂ Mother deceased..... ₃ Prefer not to say ₄

H2. If yes, please answer the following questions about how often the following things happen with your mother (or mother figure):

	Never	Seldom	Sometimes	Often	Always
a. You tell her what you're thinking.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. You share your secrets and private feelings with her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. She shows recognition for the things you do.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. She shows you that she likes you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. You are annoyed or angry with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. You disagree and quarrel.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. She disappoints you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. You cannot rely on her.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

H3. Which of the following best describes your relationship with her?

Biological or adoptive mother who lives here.....	<input type="checkbox"/> ₁	Foster mother.....	<input type="checkbox"/> ₄
Biological or adoptive mother who lives elsewhere.....	<input type="checkbox"/> ₂	Grandmother.....	<input type="checkbox"/> ₅
Stepmother.....	<input type="checkbox"/> ₃	Someone else.....	<input type="checkbox"/> ₆

H4. Are you in regular contact with your father (or father figure)?

Yes ₁ No..... ₂ Father deceased..... ₃ Prefer not to say ₄

H5. If yes, please answer the following questions about how often the following things happen with your father (or father figure):

	Never	Seldom	Sometimes	Often	Always
a. You tell him what you're thinking.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
b. You share your secrets and private feelings with him.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
c. He shows recognition for the things you do.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
d. He shows you that he likes you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
e. You are annoyed or angry with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
f. You disagree and quarrel.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
g. He disappoints you.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
h. You cannot rely on him.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

H6. Which of the following best describes your relationship with him?

Biological or adoptive father who lives here.....	<input type="checkbox"/> ₁	Foster father.....	<input type="checkbox"/> ₄
Biological or adoptive father who lives elsewhere.....	<input type="checkbox"/> ₂	Grandfather.....	<input type="checkbox"/> ₅
Stepfather.....	<input type="checkbox"/> ₃	Someone else.....	<input type="checkbox"/> ₆

H7. Is there someone in your life you can usually turn to for help and advice?

Yes ₁ No ₂

H8. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your family get on? '1' means you don't get on at all and '10' means you get on very well.

1	2	3	4	5	6	7	8	9	10.
We don't get on at all									We get on very well
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀

H9. Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home. **If you have children, don't include them unless they need extra help.**

Yes.....1 No2

H10. **If yes**, how is this person related to you?

Care for them?

Yes No

a. Grandparent or other elderly relative12

b. A parent or step-parent12

c. A younger sibling.....12

d. A sibling of the same age or older than you 12

e. Someone else12

If yes, go to H11

H11. **If yes to 'younger sibling', also ask:* **Would you describe the care you provide to your younger sibling as 'baby-sitting' or something more than this (e.g. 'child care' in place of someone like a childminder or helping them with a medical condition)?**

Baby-sitting1

Additional care, not just baby-sitting2

H12. **Would you describe this care you provide as taking up: 'a large amount of my time'; 'quite a lot of my time'; 'some of my time'; 'not very much of my time'.**

A large amount of my time	Quite a lot of my time	Some of my time	Not very much of my time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

J. HOW YOU FEEL ABOUT THINGS

J1. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

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

J2. Please read each statement and tick the box which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of time	Applied to me very much, or most of the time
a. I found it hard to wind down.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I tended to over-react to situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I felt that I was using a lot of nervous energy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I found myself getting agitated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I found it difficult to relax	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I was intolerant of anything that kept me from getting on with what I was doing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I felt that I was rather touchy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

J3. Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?

Yes 1 No..... 2

J4. What were you diagnosed with?

Depression..... 1 Anxiety..... 2 Depression and anxiety 3

J5. Are you currently on or have you ever received any treatment?

Currently..... 1 In the past 2 Never 3

J6. Are you currently on a waiting list for any form of treatment?

Yes 1 No 2

J7. Apart from depression or anxiety, have you ever been diagnosed with another psychological or psychiatric illness/disorder by a doctor/ psychologist/ psychiatrist?

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

J8 What were you diagnosed with (tick all that apply)?

- a. Eating disorder (e.g. anorexia, bulimia) 1
- b. Post-traumatic stress disorder (PTSD) 2
- c. Obsessive Compulsive Disorder (OCD) 3
- d. Bipolar Disorder 4
- e. Personality disorder 5
- f. Schizophrenia 6
- g. Other disorder including experience of hallucinations or delusions 7
- h. Other psychological or psychiatric disorder not listed above..... 8

J9. Was there any time during the past 12 months when you really needed to consult a psychologist, psychiatrist, counsellor or other mental health specialist but did not?

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

J10. If yes, what was the main reason for not consulting a specialist in this area (tick all that apply)?

- a. You couldn't afford to pay ₁
- b. The necessary medical care wasn't available or accessible to you ₂
- c. You could not take time off work/college to visit the doctor ₃
- d. You wanted to wait and see if the problem got better ₄
- e. You were afraid of visiting the doctor ₅
- f. You are still on the waiting list ₆
- g. Too far to travel/no means of transport ₇
- h. You couldn't get an appointment when you needed to ₈
- i. Some other reason ₉

J11. How much of the time during the last 4 weeks ...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. did you feel full of life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b. have you felt calm and peaceful?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c. did you have a lot of energy?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d. have you been a happy person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

K. SELF-HARM

This section contains questions on self-harm. If you would like to talk with someone about any issues in this area you could use the phone numbers in the booklet that will be given to all participants at the end of the interview. Alternatively, just tell the interviewer you would like someone who is experienced in this area to call you to discuss these matters with you.

Life has many ups and downs. Sometimes people may feel very upset at times and may want to self-harm. We know this is a sensitive subject, but it is important to ask about it. By finding out about self-harm we may be able to find ways of helping people.

K1. Have you hurt yourself on purpose in any way IN THE LAST 12 MONTHS?

Yes ₁ No..... ₂ Prefer not to say ₃

K2. How many times have you done this in the last year? Please tick one box only.

Once ₁ 2-5 times ₂ 6-10 times ₃ More than 10 times ₄ Don't know ₅ Prefer not to say ₆

K3. What form did this self-harm take on the last time you hurt yourself on purpose (tick all that apply)?

a. Pills/poison ₁ d. Burning ₄
 b. Cutting ₂ e. Other ₅
 c. Banging/hitting/bruising ₃ f. Prefer not to say ₆

L. COPING AND SUPPORT

This section contains questions on HOW YOU COPE WITH DIFFICULTIES AND FROM WHOM YOU CAN GET SUPPORT.

L1. When something stressful has happened or you know it is about to happen, which of the following do you do to help you to cope:

	Often	Sometimes	Rarely	Never
a. I talk to my friends	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. I discuss the problem with my parents or other family members	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. I consult a professional	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
d. I drink alcohol or smoke a cigarette	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
e. I take some recreational drugs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
f. I take a drug that has been prescribed for me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
g. I watch more television	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
h. I 'take to the bed'	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
i. I spend time doing things I enjoy, like listening to music or a hobby, to cheer myself up	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
j. I exercise or play sports	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
k. I treat myself to something nice	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
l. I analyse the problem and work out a strategy to deal with it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
m. I try and anticipate what challenges might arise and prepare for them	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
n. I try to 'look on the bright side' of what's happened	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

L2. With whom do you talk about personal thoughts and feelings, or about things you wouldn't tell just anyone?

Yes No Not Applicable

a. My mother ₁ ₂ ₃

b. My father ₁ ₂ ₃

c. Step-parent ₁ ₂ ₃

d. Boyfriend/girlfriend/partner ₁ ₂ ₃

e. Brother/sister ₁ ₂ ₃

f. Grandparent/Other relative ₁ ₂ ₃

g. Friend ₁ ₂ ₃

h. Counsellor or other professional ₁ ₂ ₃

i. Someone else
(e.g. work/college, neighbour etc) ₁ ₂ ₃

j. No one ₁ ₂ ₃

M. MANAGING BEHAVIOUR AND CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

Section M: This section contains questions on MANAGING BEHAVIOUR AND CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

There are times when most of us feel angry, or have done things we should not have done. Rate each of the items below by Never, Sometimes or Often. Do not spend a lot of time thinking about the items – just give your first response.

M1. How often have you?	Never	Sometimes	Often
a. Yelled at others when they have annoyed you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Had fights with others to show who was on top	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Reacted angrily when provoked by others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Taken things from others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Gotten angry when frustrated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Vandalized something for fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Had temper tantrums	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Damaged things because you felt mad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Had a gang fight to be cool	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Hurt others to win a game	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. Become angry or mad when you don't get your way	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Used physical force to get others to do what you want	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m. Gotten angry or mad when you lost a game	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n. Gotten angry when others threatened you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
o. Used force to obtain money or things from others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
p. Felt better after hitting or yelling at someone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
q. Threatened and bullied someone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
r. Made obscene phone calls for fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
s. Hit others to defend yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
t. Gotten others to gang up on someone else	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
u. Carried a weapon to use in a fight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
v. Gotten angry or mad or hit others when teased	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
w. Yelled at others so they would do things for you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

M2. Since you were 17 years of age, have you?

	Yes	No
a. Ever attended a Crime Prevention Talk, given by the Gardai, in school or elsewhere?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Ever been stopped and questioned by the Gardai?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Ever been given a formal warning or caution by a Garda?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Ever been arrested by a Garda and taken to a Garda station?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. (if arrested) Appeared in court because you were accused of a crime?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. (if in court) Been found guilty of a crime?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Have you ever spent time in prison or a juvenile detention centre?	<input type="checkbox"/> 1	<input type="checkbox"/> 2

M3. What was that for: (tick all that apply)

- | | |
|--|----------------------------|
| a. Public order issue | <input type="checkbox"/> 1 |
| b. Assault or other offence against the person | <input type="checkbox"/> 2 |
| c. Damage to property | <input type="checkbox"/> 3 |
| d. Robbery, burglary or theft | <input type="checkbox"/> 4 |
| e. Road traffic offence | <input type="checkbox"/> 5 |
| f. Something else | <input type="checkbox"/> 6 |

M4. Have you ever participated in a Garda Juvenile/ Youth Diversion Project? Yes 1 No..... 2

N. INTERNET AND TECHNOLOGY USE

N1. How much time do you spend on each of the following activities on a typical day (where it is your main activity at the time)? For each, please answer separately for weekdays and weekend days. Don't include time you spend online for work but do include leisure time and study.

	None	Less than 1 hour	1 hour up to 2 hours	2 up to 3 hours	3 up to 5 hours	More than 5 hours	Difficult to say but at least some time everyday
a. Online [WEEKDAY]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Online [WEEKEND DAY]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Watching television/films [WEEKDAY]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Watching television/films [WEEKEND DAY]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Playing video/computer games [WEEKDAY]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Playing video/computer games [WEEKEND DAY]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

N2. How often would you say you 'multi-screen'? That is, use or watch more than one device at a time such as using a smartphone while watching television. (TICK ONE ANSWER).

- Several times a day Once a day Several times a week, but not every day Once a week or less often Never
- 1 2 3 4 5

[If at least some time spent on internet in N1]. We would like to ask you some more questions about how you use the internet.

N3. Do you use the internet for the following? (tick all that apply)

- a. Social Media (e.g. Facebook, Twitter, etc.) 1
 - b. Music/television/movies 2
 - c. Games/Games Streaming 3
 - d. Virtual casinos/placing bets 4
 - e. Pornography 5
 - f. News updates (including entertainment or sports news) 6
 - g. Messaging/calling friends or family (e.g. Whatsapp, Skype, email) 7
 - h. Dating apps 8
 - i. Shopping 9
 - j. For college work, online tutorials, distance learning 10
 - k. For work purposes 11
 - l. Advice on health, relationship or other issues you are concerned about 12
 - m. Filling out online application forms for jobs, social welfare, grants etc 13
 - n. Searching for information generally (e.g. 'Googling' something) 14
 - o. Paying bills and managing money 15
 - p. Posting 'youtube' videos with a view to earning money (now or in the future) 16
- (IF YES TO SOCIAL MEDIA FROM N3)**

N4. Here is a list of popular social media sites. Please tick to indicate

- a. Do you have an account on any of these sites? (tick all that apply)
- b. For which (if any) of the following apps/programs do you have a public profile? (i.e. where your information and/or what you post can be viewed by people other than your own friends).
- c. Which of these apps do you use daily/almost daily? (tick all that apply from list)
- d. Do you know how to change your privacy settings ?

Social Media Sites	(A) For which do you have an account	(B) For which do you have a public profile	(C) Which do you use daily or almost daily	(D) Do you know how to change your privacy settings?	
				Yes	No
Twitter					
Facebook					
Instagram					
Snapchat					
Linkedin					
Pinterest					
Google + (G+)					

N5. Thinking about the way people might use social networking sites....Do you ever?

	Yes	No
Remove your name from photos that have been tagged to identify you	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Delete comments that others have made on your profile	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Post updates, comments, photos or videos that you later regret sharing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Include your location on your post	<input type="checkbox"/> 1	<input type="checkbox"/> 2

N6. (If N3a = n) Did you ever have a social media site (e.g. Facebook, Twitter, etc.) ? Yes... 1 No2

N7. In the last year have you EVER met anyone face-to-face that you first got to know on the internet

Yes1 No2

O REFLECTIONS ON CHILDHOOD

Section O: This section contains questions ABOUT REFLECTIONS ON YOUR CHILDHOOD NOW THAT YOU ARE AN ADULT.

O1. Looking back on your childhood and teenage years, please tell us how much you agree or disagree with the following statements.

- | | Strongly
Agree | Agree | Slightly
Agree | Slightly
Disagree | Disagree | Strongly
Disagree |
|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| a. Overall my childhood (aged 4-11 years) was happy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| b. Overall my teenage years (aged 12-18 years) were happy. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

The people responsible for *Growing Up in Ireland* would like to thank you for completing this questionnaire. Some of the issues raised here might have been unpleasant for you to think about or concern activities that put your health and well-being at risk.

If any of these issues apply to you it is important that you talk to someone. If you tell the interviewer at the end of the interview they will put you in touch with someone who can talk to you about the issues in question. Alternatively, you can phone one of the Helplines on the list which will be provided.

Growing Up in Ireland

Strictly Confidential

Parent/Guardian – Main Questionnaire –20-year-old Cohort

Area Household YA no.

Interviewer Name _____ Interviewer Number

Date _____
day month year

Almost three years have passed since you and your family were interviewed as part of ***Growing Up in Ireland***. At that time we explained that we would like to make a return visit for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <20-year-old> , if they are still resident here, and the parent who was interviewed at the last interview - <NAME OF PARENT>.

The interview with you will take about 1 hour to complete [Interviewer: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a ***Growing Up in Ireland*** interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of the 20-year-old or any other person, they may have to tell someone who can help.

XA1. Last time we spoke this was <20-year-old>'s MAIN address. Is this still what you consider to be <20-year-old>'s MAIN address?

Yes 1 GO TO XA4 No 2

XA2. Is <20-year-old> living elsewhere in the Republic of Ireland?

Yes..... 1 No, emigrated/living abroad 2 No, other (specify)..... 3

XA3. Can you give me <20-year-old>'s new MAIN address where we can attempt to interview him/her?

Int: Explain that you would like to interview 20-year-old at new MAIN address and Parent at current address.

Record new address on Work Assignment Sheet and continue interview. GO TO XA5

XA4. Does <20-year-old> have any other temporary or part-time addresses – for example, student or work address during the week or during term-time? DO NOT INCLUDE HOLIDAY HOMES.

Yes..... 1 No 2 → Go to A1

XA4b. Can you give me <20-year-old>'s other address?

Int: Explain that you would like to interview 20-year-old at new MAIN address and Parent at current address.

Record new address on Work Assignment Sheet and continue interview. GO TO XA5

XA5. [CARD XA5] How would you describe <20-year-old's> household at this other address?

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

XA6. On average, how many nights per month does < 20-year-old > sleep in the parental home?

_____ (no.of nights per month)

Section A – Household Composition

20-YEAR-OLD'S MAIN ADDRESS IS PARENTAL HOME

A1a. I'd like to begin by speaking to <parent one at 17 years>. Is <parent one at 17 years> still resident in the household?

Yes..... ₁ No..... ₂ → Go to A7a

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

Yes..... ₁ No..... ₂

A1c. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at 17 years] people lived here in the household. I'd like to begin by asking you to check the information we collected the last time we visited.

*****The name, sex, date of birth, and relationship of each person to the <primary respondent at time 17 years> and <20-year-old> will be checked and edited where necessary and their residency in the household at 20 years confirmed.*****

No.	First name	Sex M F	Date of Birth ____-____-____	Age If DOB not availa ble	Still resident? Y N		Relationship of each member to Parent 1 and 20-year-old. R'SHIP TO: R'SHIP TO: CARD REL CARD REL Parent 1 20-year-old		(E) Show Card PES							
									Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other	
																<input type="checkbox"/> 1
1		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2		////									
2		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2		////									
3		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
4		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
5		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
6		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
7		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		
8		<input type="checkbox"/> 1 <input type="checkbox"/> 2	____-____-____		<input type="checkbox"/> 1 <input type="checkbox"/> 2			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7		

Interviewer: Parent should be on line 1.

20-year-old should be on line 2. Spouse/Partner on line 3 (if relevant).

[BLAISE CONDITION: IF ANY PERSON RESIDENT AT 17 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 20 YEARS: ASK QUESTIONS AS1 – AS3 ON THE SENSITIVE QUESTIONNAIRE]

[INTERVIEWER: IF THE RESPONDENT INDICATES THAT A RESIDENT MEMBER OF THE HOUSEHOLD WAS ACCIDENTALLY OMITTED FROM THE HOUSEHOLD GRID AT 17 YEARS - ADD THEM TO THE NEW GRID BELOW]

A3a. Is anyone else currently living with you in the household whom we have not recorded above?

Yes..... 1 No..... 2 →

No	First Name	Sex		Date of Birth	Age If DOB not available	Relationship of each member to Parent and 20-year-old		Since when have they been living with you		Resident Y/N	Show Card PES						
		M	F			Parent (Card REL)	20-year-old (Card REL)	Month	YEAR		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
41		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
42		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
43		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
44		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
45		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
46		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
47		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
48		<input type="checkbox"/> 1	<input type="checkbox"/> 2	----							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

[INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID 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..... 1 No..... 2 → [INT: Check Household Grid]

[ASK ONLY IF <PRIMARY CARER AT 17 YEARS> IS STILL RESIDENT IN THE HOUSEHOLD AT 20 YEARS.

A5. When we last spoke in [MM/YY], we interviewed you as parent one of <20-year-old>. We would like you to complete the Parent questionnaire with us on this occasion as well. Is that ok?

Yes..... 1 Go to A9a No..... 2

A6a. Why is that? -----

IF PRIMARY CAREGIVER FROM 17 YEARS HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A1b 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 parent of <20-year-old> on this occasion. Is that correct?

Yes 1 No..... 2

Go to A9a

IF RESPONDENT TO HOUSEHOLD SECTION AT 17 YEARS IS NO LONGER RESIDENT IN THE HOUSEHOLD AT 20 YEARS ASK A7a -

A7a. [CARD A7a] Can you please tell me which of the following best describes your relationship to <20-year-old>?

[Interviewer use codes only]

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

A7b. Do you have a spouse/partner who lives here with you in the household?

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

A8a. How many people in total (including yourself and <20-year-old>) live here regularly as members of the household? _____ persons

No.	First name/Initial	Sex M F	Date of Birth	Age If DOB not available	Was this Person Resident at 17 year survey?		If not resident at 17 years of age		Relationship of each member to Parent and 20-year-old	(E) Show Card PES								
					Y	N	Was person born into h'hold or joined for other reason? <u>Born into Hhold</u> <u>Other Reason</u>	Since when have they been in h'hold <u>Mth</u> <u>Yr</u>		CARD REL Parent	R'SHIP TO: R'SHIP TO: CARD REL 20-year-old	Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
51		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___	////		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
52		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___	////		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
53		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
54		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
55		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
56		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
57		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							
58		<input type="checkbox"/> 1 <input type="checkbox"/> 2	___/___/___		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	___	___			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7							

A9a. Does <20-year-old> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?

Yes 1 No 2

A9b. How many full / half / step / adoptive brother(s) or sister(s) does <20-year-old> have who live outside the household? _____ persons

A9c. [CARD A9C] For each full/half/step/adoptive brother/sister who lives outside the household, can you tell me:

(a) their sex; (b) their Date of Birth (DOB); and (c) their relationship to <20-year-old>

- | | | | | |
|-----|----------------------------|----------------------------|---------------|-------------------------------|
| | Male | Female | Date of Birth | Relationship to <20-year-old> |
| 1. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___/___/___ | |
| 2.. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___/___/___ | |
| 3. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | ___/___/___ | |

A10. Respondent's sex: Male..... 1 Female 2

A11. Respondent's date of birth: day month year

SECTION B: PARENT'S HEALTH

Now I'd like to ask you some 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 1 No 2

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. If multiple, record most severe problem first]

[I can give you a laminated card to write this on if you would feel more comfortable doing that]

B4. Are you covered by private medical insurance?

Yes 1 No 2

B5. Does that insurance include the cost of GP visits?

Yes, in full 1 Yes, partially 2 No 3

B6. Is <20-year-old> covered by a medical card?

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

B7. Is <20-year-old> covered by private medical insurance?

Yes 1 No 2

B8. Does that insurance include the cost of GP visits?

Yes, in full 1 Yes, partially 2 No 3

SECTION C: FAMILY CONTEXT

Now some questions about your relationship with <20-year-old>.

C1. Is <20-year-old> still in education, finished within the last six months or left education more than six months ago?

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

C2. [CARD C2] [If YP still in education or finished in last 6 months] In this/most recent college year, how often have you or your spouse/partner (where relevant) done the following with <20-year-old>: [int: if <20-year-old> has only just finished school, the question refers to school]

(Please tick ONE box on each line.)

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

SECTION D: 20-YEAR-OLD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the 20-year-old's emotional health and well-being.

D1. [CARD D1] Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <20-year-old>?

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

D2.[CARD D2] Over the last 3 months, about how often have you:

	Almost every day	Several times a week or more	About once a week	1 to 3 times a month	Once a month or less	Never	Have not seen him/her in last 3 months	Don't Know/No answer.
a. Spent time with <20-year-old> in leisure activities, working on something together, or just having private talks?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. Had a meal together with <him/her>?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Had an especially enjoyable time with <him/her>?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Argued or fought or had a lot of difficulty with <him/her>?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

D3. [CARD D3] In the last three months, how often have you and <20-year-old> had open disagreements about each of the following?

	Never or rarely	Once a month or less	Several times a month	About once a week	Several times a week	Almost every day	No contact with child in last three months	Not applicable
a. how he/she dresses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. <his/her> boyfriend/girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. <his/her> friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. <him/her> getting a job or a better job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
e. <his/her> sexual behavior	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
f. <his/her> drinking, smoking, or drug use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
g. Money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
h. <his/her> helping around the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
i. How late <he/she> stays out at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

SECTION E: PARENT'S SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

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

- Owned outright (without a mortgage) 1
- Owned with a mortgage..... 2
- Being purchased from a Local Authority under a Tenant Purchase Scheme 3
- Rented from a Local Authority 4
- Rented from a Voluntary Body 5
- Rented from a Private Landlord..... 6
- Living with and paying rent to your (or your partner's) parent(s) 7
- Occupied free of rent with your (or your partner's) parent(s) 8
- Occupied free of rent from your (or your partner's) job 9
- Emergency accommodation 10

E2. [CARD E2] 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']

- | | |
|---|---|
| <ul style="list-style-type: none"> 0. Currently on maternity leave, but with a job to return to <input type="checkbox"/>0 1. Employee (incl. apprenticeship or Community Employment) <input type="checkbox"/>1 2. Self employed outside farming <input type="checkbox"/>2 3. Farmer <input type="checkbox"/>3 | <ul style="list-style-type: none"> 4. Student full-time <input type="checkbox"/>4 5. On State training scheme (SOLAS, Failte Ireland etc) <input type="checkbox"/>5 6. Unemployed, actively looking for a job <input type="checkbox"/>6 7. Long-term sickness or disability..... <input type="checkbox"/>7 8. Home duties / looking after home or family <input type="checkbox"/>8 9. Retired..... <input type="checkbox"/>9 10. Other (please specify) _____ <input type="checkbox"/>10 |
|---|---|

E3. 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

E4. [CARD E4] What is your occupation in your main job?

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

Write in your main OCCUPATION

E5. Do you supervise or manage any personnel in your job?

Yes 1 No 2

E6. How many? _____

[Ask if self-employed or farmer at E2]

E7. How many employees (if any) do you have? _____ employees [Interviewer: type in 0 if none]

E8. [Ask only if Farmer at E2.] How many acres do you farm? _____ acres OR _____ hectares

E9. Apart from holiday or casual work, have you ever had a job? Yes 1 No .. 2

E10. In what year did you last work in that full-time job? _____ year

E11. 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

E12. [CARD E12] What was your occupation in your main job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION

E13. Did you supervise or manage any personnel in your job?

Yes 1 No 2

E14. How many? _____

[Ask if self-employed or farmer at E11]

E15. How many employees (if any) did you have? _____ employees [Interviewer: enter 0 if none]

E16. [Ask only if Farmer at E11] How many acres did you farm? _____ acres OR _____ hectares

E17. Do you currently have a part-time paid job outside the home? Yes ... 1 No 2

E18. On average, how many hours per week do you work in that paid job? _____ hours

E19. [CARD E19] What is your occupation in that job?

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in your main OCCUPATION

E20. If a farmer or a farm worker, how many acres do you farm _____ acres OR _____ hectares

E21. [CARD E21] What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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

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

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Write in the OCCUPATION of your spouse / partner

E22. If a farmer or a farm worker, how many acres do they farm? _____ acres OR _____ hectares

SECTION F: PARENT'S BACKGROUND CHARACTERISTICS

Now some more questions about yourself

F1. When we interviewed you in <date of last interview> when <YP> was <YP age at last interview>, we recorded that the highest level of education (full-time or part-time) which you had completed was <PCG education level at last interview>

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

Yes.....1 No, wrongly recorded at last interview.....2 No, changed since last interview.....3

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

1. No formal education1
2. Primary education2

Second Level

3. Lower Secondary3
(Junior/Intermediate/Group Certificate. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary4
(Leaving Certificate (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent
5. Technical or Vocational qualification.....5
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification6

Third Level

7. Non Degree7
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree8
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least).....9
10. Both a Degree and a Professional qualification10
11. Postgraduate Certificate or Diploma.....11
12. Postgraduate Degree (Masters)12
13. Doctorate (Ph.D).....13

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

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

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

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

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

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

Yes1 No2

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

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

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

English1 Irish.....2 Other (specify).....3

F9. [CARD F9] If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties had a candidate in your constituency)? (Tick one)

- Fine Gael 1
- Fianna Fáil 2
- Sinn Féin 3
- Labour Party 4
- Anti-Austerity Alliance (Solidarity)/People Before Profit 5
- Green Party 6
- Social Democrats 7
- Renua Ireland 8
- Workers' Party 9
- Other, independent 10
- Other (please specify) 11
- I would vote for the person, not a party 12
- I wouldn't vote 13

F10. [CARD F10] Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other.

I see myself as:

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

SECTION G: HOUSEHOLD INCOME

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

G1. [CARD G1] Looking at Card G1, which of the following sources of income does the HOUSEHOLD receive? Please consider the income of ALL household members, not just your own, your spouse/partner's income.

[INT. Tick 'Yes' or 'No' for each in Col. G1]

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

[Int Tick one box only in Col. G2]

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

HOUSEHOLD INCOME FROM ALL HOUSEHOLD MEMBERS

G3. [CARD G3] If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax, PRSI and Universal Social Charge (USC), as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G4. IF EXACT FIGURE GIVEN GO TO G6]

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

G4. [CARD G4] I know that it is difficult to give an exact figure for household income but on Card G4 we have a scale of incomes, and we would like to know into which group your total HOUSEHOLD NET income falls, i.e. after deductions for tax, PRSI and Universal Social Charge (USC) as well as the income levy and public sector pension levy [if applicable]? Include income from all sources and from all members of the household. Looking at the card could you tell me the letter of the group your household falls into, after deductions (for tax and PRSI). [Int: Tick the letter of the group your household falls into, after these deductions have been applied]

HOUSEHOLD NET INCOME AFTER DEDUCTIONS OF TAX AND PRSI

<i>Per week</i>	<i>Per month</i>	<i>Per year</i>	<i>Category</i>
Under €230	Under €1,000	Under €12,000	A <input type="checkbox"/> ₁ → Section A, Card G5
€231 to under €350	€1,001 to under €1,500	€12,001 to under €18,000	B <input type="checkbox"/> ₂ → Section B, Card G5
€351 to under €460	€1,501 to under €2,000	€18,001 to under €24,000	C <input type="checkbox"/> ₃ → Section C, Card G5
€461 to under €575	€2,001 to under €2,500	€24,001 to under €30,000	D <input type="checkbox"/> ₄ → Section D, Card G5
€576 to under €800	€2,501 to under €3,500	€30,001 to under €42,000	E <input type="checkbox"/> ₅ → Section E, Card G5
€801 to under €925	€3,501 to under €4,000	€42,001 to under €48,000	F <input type="checkbox"/> ₆ → Section F, Card G5
€926 to under €1,150	€4,001 to under €5,000	€48,001 to under €60,000	G <input type="checkbox"/> ₇ → Section G, Card G5
€1,151 to under €1,500	€5,001 to under €6,500	€60,001 to under €78,000	H <input type="checkbox"/> ₈ → Section H, Card G5
€1,501 to under €1,850	€6,501 to under €8,000	€78,001 to under €96,000	I <input type="checkbox"/> ₉ → Section I, Card G5
€1,851 or more	€8,001 or more	€96,001 or more	J <input type="checkbox"/> ₁₀ → Section J, Card G5
Refused.....	<input type="checkbox"/> ₇₇ GO TO G6	Don't Know.....	<input type="checkbox"/> ₈₈ GO TO G6

G5. [CARD G5] Would that be [Int: Show Card G5 and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

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

G6. [CARD G6] Looking at Card G6 and thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit?

- | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| None | Less than 5% | 5% to less than 20% | 20% to less than 50% | 50% to less than 75% | 75% to less than 100% | 100% |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 |

G7. [CARD G7] For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason?

- | | Yes | No, Cannot Afford | No, other reason |
|---|----------------------------|----------------------------|----------------------------|
| a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Does your household have a roast joint (or its equivalent) at least once a week? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Do household members buy new rather than second-hand clothes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Does each household member possess a warm waterproof coat? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Does each household member possess two pairs of strong shoes? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Does the household replace any worn out furniture? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Does the household keep the home adequately warm? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h. Does the household have family or friends for a drink or meal once a month? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. Does the household buy presents for family or friends at least once a year? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

G8. [CARD G8] A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet?

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

G9. 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?)

- Yes1 No2

G10. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)?

- Yes1 No2

G11. [CARD G11] Why was that?

- | | | | |
|---|----------------------------|-----------------------------------|----------------------------|
| Didn't want to..... | <input type="checkbox"/> 1 | Couldn't leave the children | <input type="checkbox"/> 4 |
| Have a full social life in other ways | <input type="checkbox"/> 2 | Illness | <input type="checkbox"/> 5 |
| Couldn't afford to..... | <input type="checkbox"/> 3 | Other (specify)..... | <input type="checkbox"/> 6 |

G12. Compared to when <20-year-old> was 17 years of age, do you think your family's financial circumstances have gotten worse, stayed the same or improved?

- | | | |
|----------------------------|----------------------------|----------------------------|
| Gotten worse | Stayed the same | Improved |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

G13. [CARD G13] Which of the following forms of financial support do you or your spouse / partner currently provide to <20-year-old>, either directly or indirectly? [TICK ALL THAT APPLY]

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

Go to G14a

G14a. [If you give 20-year-old money at G13d] Is the money you give him/her to spend as they wish a regular payment like an allowance, irregular payments or both?

- | | | |
|----------------------------|----------------------------|----------------------------|
| Regular payment | Irregular payment | Both regular and irregular |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

G14b. How much money would you give him/her to spend as they wish in an average month?

€ _____ (amount per month)

G15. [CARD G15] Do you or your spouse/partner currently receive any of the following payments from <20-year-old>? [TICK ALL THAT APPLY]

- a. He/she gives you money on a regular basis (i.e. a set amount per week or month) 1
- b. He/she gives you some money towards his/her 'keep' now and then..... 2
- c. He/she gives you money if you ask for it because you need it..... 3
- d. He/she pays for particular household bills (e.g. a utility bill or for petrol in the car) . 4
- e. He/she loans you money and you pay them back..... 5
- f. Other financial support from the 20-year-old (please specify)..... 6

SECTION H: NEIGHBOURHOOD / COMMUNITY INVOLVEMENT

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

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

H2. [CARD H2] How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common.

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

H3. [CARD H3] To what extent do you agree or disagree with these statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. This is a safe area for my 20-year-old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. It is safe for me to walk alone in this area after dark	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. As a family we are happy living in this area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. We, as a family, intend to continue living in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. There are places in this area to meet up with other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers and 20-year-olds in this area.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

H4. [CARD H4] Would you describe the place where the household is situated as being.....?

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

Growing Up In Ireland

Strictly Confidential

Parent/Guardian: Self-Complete Questionnaire, 20-year-old Cohort

Area Household YA no.

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock) Date ____ ____ ____
day month year

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

SECTION A: RELATIONSHIP TO YOUNG ADULT

S1. Are you male or female?

Male.....₁ Female₂

S2. What is your date of birth? day month year

IF ANY PERSON ON HOUSEHOLD GRID AT THE LAST WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD AT THIS TIME ASK:

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

He/she is deceased₁

We separated/divorced₂

He/she moved out to set up own household.....₃

Long-term absence (e.g. hospital, prison, military service abroad)₄

Other (please specify).....₅

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

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

S3. Are you the biological parent of <young adult>?

Yes.....₁ → Go to B1 No.....₂

S4. Are you the adoptive parent of <young adult>?

Yes.....₁ → Go to B1 No.....₂

S5. Are you the foster parent of <young adult>?

Yes.....₁ No.....₂

SECTION B: PARENTAL MARITAL STATUS

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

S6a. Can you tell me which of these best describes your current legal marital status?

- Married and living with husband / wife 1 GO TO S6B, THEN S8
- Married and separated from husband / wife 2
- Divorced 3
- Widowed 4
- Never married (including living with a partner) 5

S6b. Can we check, does <young adult>'s biological father/ mother live here with you or elsewhere?

- Lives here, including working away from home temporarily 1 GO TO S8
- Deceased 2
- Lives elsewhere 3

S7. May I just check whether you are currently living with someone in the household as a couple?

- Yes 1 No 2

S8. Since when have you and your spouse or partner been living together? _____ (year) _____ (month)

S9. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days 1
- At least once a week 2
- Less than once a week 3
- Hardly ever 4
- Never 5

S10. When you and your partner argue, how often do you

- | | Almost never/
Never | Not very
often | Sometimes | Often | Almost always/
always |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Shout or yell at each other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. Throw something at each other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Push, hit or slap each other | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

S11. How often would you say the following happen in your relationship?

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

S12. 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.



S13. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.

1	2	3	4	5	6	7	8	9	10.
We don't get on at all									→ We get on very well
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

SECTION C: PARENTAL ALCOHOL SCREEN

S14. 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:

S15. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

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

For the following questions please consider that 1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits

S16a. [ONLY OF FEMALE RESPONDENTS] How often do you have 6 or more alcoholic drinks on one occasion?

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

S16b. [ONLY OF MALE RESPONDENTS] How often do you have 8 or more alcoholic drinks on one occasion?

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

S16c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

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

S16d. How often during the last year have you failed to do what was expected of you because of drinking?

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

S16e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

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

SECTION D: PARENTAL SMOKING AND DRUGS

S17a. Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)

Daily ₁ Occasionally ₂ Not at all ₃

S17b. About how many cigarettes or cigars do you smoke on average each day?

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

S18a. Have you ever tried an e-cigarette or "vaping"?

Yes ₁ No ₂

S18b. How often, if at all, do you currently use an electronic cigarette?

Daily	Less than daily, but at least once a week	Less than weekly, but at least once a month	Less than monthly	Not at all
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

S19. Including yourself, how many members of the household smoke? _____

S20a. Do you take any drugs such as cannabis, marijuana, ecstasy or speed?

Regularly ₁ Occasionally ₂ Not at all ₃

S20b. Do you take any drugs such as heroin, methadone, crack or cocaine?

Regularly ₁ Occasionally ₂ Not at all ₃

SECTION E: PARENTAL EMOTIONAL WELL-BEING

S21. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way *during the past week*.

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

SECTION F: PARENTAL AND RELATIVES' TROUBLE WITH THE GARDAÍ (POLICE)

S22. Have you ever been in trouble with the Gardaí or Police in Ireland or elsewhere (other than for traffic offences)?

Yes.....₁ No.....₂

S23. Have you ever been to prison? Yes₁ No ₂

S24. Have any of <young adult>'s brothers or sisters ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?

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

S25. Have any of them ever been to prison? Yes₁ No.....₂

S26. Have any of <young adult>'s aunts or uncles ever been in trouble with the Gardaí or Police (in Ireland or elsewhere) other than for traffic offences?

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

S27. Have any of them ever been to prison? Yes₁ No.....₂

SECTION G: PARENT'S RELATIONSHIP WITH YOUNG ADULT

S28. There are various ways that parents deal with serious disagreements with their sons and daughters. How often do you handle disagreements with <young adult> by:

Never Seldom Sometimes Often Always Don't have any serious disagreements

- a. Refusing to talk about it ₁.....₂.....₃.....₄.....₅.....₆
- b. Letting <young adult> have his/her way without much argument ₁.....₂.....₃.....₄.....₅.....₆
- c. Discussing your disagreements calmly ₁.....₂.....₃.....₄.....₅.....₆
- d. Arguing heatedly or shouting at each other ₁.....₂.....₃.....₄.....₅.....₆

S29. Tell me if you strongly agree, agree, disagree, or strongly disagree with each of the following statements.

	Strongly Agree	Agree	Neither agree nor disagree	Strongly Disagree	Disagree
a. It's easy for me to laugh and have a good time with <young adult>.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I feel on edge or tense when I'm with <young adult>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. <young adult> is not very interested in my life or what happens to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I could talk to <young adult> if I was unhappy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I would like more influence over <young adult>'s decisions.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. <young adult> is a loving and affectionate person.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. <young adult> is often critical of me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. I could talk to <young adult> if I had a big decision to make	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S30. How happy are you with each of the following aspects of (young adult)'s life:

	Extremely Unhappy	Somewhat unhappy	Somewhat happy	Extremely happy	Doesn't care/ not interested/ not involved	Neither happy nor unhappy
a. How well <young adult> has done in school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. <his/her> boyfriend/girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. The occupation or career <he/she> wants.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

S31. Taking things all together, on a scale from 0 to 10, where 0 is really bad and 10 is absolutely perfect, how would you describe your relationship with <young adult>?

0 Really Bad	1	2	3	4	5	6	7	8	9	10. Absolutely Perfect
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10

Thank you very much for taking part in the *Growing Up in Ireland* Study



An Roinn Leanaí
agus Gnóthaí Óige
Department of Children
and Youth Affairs



C4M

Growing Up in Ireland

Strictly Confidential

Parent/Guardian – Main Questionnaire –20-year-old Cohort

TWIN / TRIPLET SUPPLEMENT

Area Household YA no.

Interviewer Name _____ Interviewer Number

Date _____
day month year

Almost three years have passed since you and your family were interviewed as part of ***Growing Up in Ireland***. At that time we explained that we would like to make a return visit for a follow-up interview to see how things have changed over the last few years. We are now seeking to interview <20-year-old> , if they are still resident here, and the parent who was interviewed at the last interview - <NAME OF PARENT>.

The interview with you will take about 1 hour to complete [Interviewer: Adjust as appropriate for you in the field].

As with the previous interviews, all the information given to a ***Growing Up in Ireland*** interviewer in the course of the survey is treated in the strictest confidence. However, if the interviewer observes something or is told something other than in answer to direct survey questions which causes them or the people running the Study to have serious concerns for the welfare of the 20-year-old or any other person, they may have to tell someone who can help.

SECTION C: FAMILY CONTEXT

Now some questions about your relationship with <20-year-old>.

C1. Is <20-year-old> still in education, finished within the last six months or left education more than six months ago?

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

C2. [CARD C2] [If YP still in education or finished in last 6 months] In this/most recent college year, how often have you or your spouse/partner (where relevant) done the following with <20-year-old>: [int: if <20-year-old> has only just finished school, the question refers to school]

(Please tick ONE box on each line.)

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

SECTION D: 20-YEAR-OLD'S EMOTIONAL HEALTH AND WELL-BEING

Now I'd like to ask some questions on the 20-year-old's emotional health and well-being.

D1. [CARD D1] Could you tell me whether or not you would describe the following as an immediate major concern or worry for you about <20-year-old>?

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

D2.[CARD D2] Over the last 3 months, about how often have you:

	Almost every day	Several times a week or more	About once a week	1 to 3 times a month	Once a month or less	Never	Have not seen him/her in last 3 months	Don't Know/No answer.
a. Spent time with <20-year-old> in leisure activities, working on something together, or just having private talks?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. Had a meal together with (him/her)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Had an especially enjoyable time with (him/her)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Argued or fought or had a lot of difficulty with (him/her)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

D3. [CARD D3] In the last three months, how often have you and <20-year-old> had open disagreements about each of the following?

	Never or rarely	Once a month or less	Several times a month	About once a week	Several times a week	Almost every day	No contact with child in last three months	Not applicable
a. how he/she dresses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. (his/her) boyfriend/girlfriend	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. (his/her) friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. (him/her) getting a job or a better job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
e. (his/her) sexual behavior	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
f. (his/her) drinking, smoking, or drug use	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
g. money	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
h. (his/her) helping around the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
i. how late (he/she) stays out at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

SECTION G: HOUSEHOLD INCOME

G13. [CARD G13] Which of the following forms of financial support do you or your spouse / partner currently provide to <20-year-old>, either directly or indirectly? [TICK ALL THAT APPLY]

- a. You pay for some or all of his/her education costs (fees, books, etc)
- b. You pay for some or all of his/her accommodation costs if living away from home
- c. You pay for some or all of his/her transport costs (e.g. car insurance, train fare)
- d. You give him/her money (to spend as he/she wishes)..... **Go to G14a**
- e. You loan him/her money and he/she pays you back.....
- f. Other financial support (please specify).....

G14a. [If you give 20-year-old money at G13d] Is the money you give him/her to spend as they wish a regular payment like an allowance, irregular payments or both?

Regular payment Irregular payment Both regular and irregular
₁ ₂ ₃

G14b. How much money would you give him/her to spend as they wish in an average month?
€ _____ (amount per month)

G15. [CARD G15] Do you or your spouse/partner currently receive any of the following payments from <20-year-old>? [TICK ALL THAT APPLY]

- a. He/she gives you money on a regular basis (i.e. a set amount per week or month)
- b. He/she gives you some money towards his/her 'keep' now and then.....
- c. He/she gives you money if you ask for it because you need it.....
- d. He/she pays for particular household bills (e.g. a utility bill or for petrol in the car) .
- e. He/she loans you money and you pay them back.....
- f. Other financial support from the 20-year-old (please specify).....