



# Growing Up in Ireland

## Cohort 08 at 13 years of age

### Questionnaires for

## Wave 6 of the Infant Cohort

August 2023



## QUESTIONNAIRES

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## Growing Up in Ireland Primary Caregiver Questionnaire for Cohort '08 at 13 years of age

GROUP  H'HOLD  YOUNG PERSON NO.

Interviewer Name \_\_\_\_\_ Interviewer Number

Time Started  Date \_\_\_\_\_  
day mth year

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

### A. Household Composition

**A1. [INTERVIEWER: I'd like to begin by speaking to <primary caregiver at previous wave>. Is <primary caregiver at previous wave> still resident in the household?**

Yes ..... <sub>1</sub> No ..... <sub>2</sub> → Go to A12

**A1b. Do you have a spouse/partner who lives here with you in the household? Include spouse/partner temporarily working away from home.**

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

**A5. At the time of the last interview in [MM/YYYY] you told us that [number of people resident at previous wave] 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.**

**A6\*\*\*The name, sex, date of birth, and relationship of each person to the <PCG at previous wave> and <child> will be checked and edited where necessary and their residency in the household at this wave confirmed.\*\*\***

No.	First name	Sex		Date of Birth	Age if DOB not available	Still resident?		Relationship of each member to PCG and child.		(E) Main activity						
										Not yet at	School/Ed	At	Unemploy	Retired	Home	Other
		M	F													
1		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	///	///							
2		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>		///							
3		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
4		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
5		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
6		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
7		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
8		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	____		<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>			<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

Interviewer: Primary Caregiver should be on line 1.

Child should be on line 2. Secondary Caregiver on line 3 (if relevant).

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

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

Yes ..... 1 No ..... 2 → Go to A8

**INT: RECORD DETAILS OF NEW PERSONS ON HOUSEHOLD GRID BELOW INCLUDING WHEN THEY STARTED LIVING WITH RESPONDENT]**

No	First Name	Sex		Date of Birth	Age If DOB not avail.	Relationship of each member to PCG and child		Since when have they been living with you		Resident Y/N	Main activity						
		M	F			Mother	Child	Month	Year		Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
21		<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
22		<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
23		<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
24		<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
25		<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	__ __ __							<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
		<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

**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 <PREVIOUS WAVE PRIMARY CARER> IS STILL RESIDENT IN THE HOUSEHOLD AT THIS WAVE.**

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

Yes ..... 1 **Go to A20** No ..... 2

**A10. Why is that?** -----  
-----

**IF PRIMARY CAREGIVER FROM PREVIOUS WAVE HAS A RESIDENT SPOUSE PARTNER [IDENTIFIED AT A2 ABOVE] THEN:**

**A11. You mentioned that <spouse/partner> [identified at A2 above] lives here with you as part of the household. This means that we should interview him/her as the primary caregiver of <child> on this occasion. Is that correct?**

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

**Go to A20**

**IF PRIMARY CAREGIVER AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD, ASK A12 – A19.**

**A12. Are you the parent / legal guardian of <child> who usually provides the most care to him/her?**

Yes ..... 1 → **Go to A13** No ... 2 [INT: Ask to speak to PCG; → **Go to A13 with PCG**]

**A13. Can you please tell me which of the following best describes your relationship to <child>?**

[Interviewer use codes only]

- Biological mother/ father ..... 1 Grandparent ..... 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

**A14. Do you have a spouse/partner who lives here with you in the household?** Yes ... 1 No ... 2

**A17. How many people in total (including yourself and <child>) live here regularly as members of the household?** \_\_\_\_ persons

No	First name/ Initial	Sex		Date of Birth	Age If DOB not available	Was this Person Resident at previous wave?		Relationship of each member to mother and child.		(E) Main activity						
										Not yet at school	School/Education	At work/Training	Unemployed	Retired	Home Duties	Other
		M	F			Y	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
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"/> 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"/> 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"/> 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"/> 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"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**A18. Was that person born into the household or did they join for another reason?**

Born into the household ..... 1  
 Joined for another reason (specify) \_\_\_\_\_ 2

**A19. Since when has this person being living here in the household? \_\_\_\_\_(year) [If current or previous year] \_\_\_\_\_ month**

Go to A20

**A20. Does <child> have any full / half / step / adoptive brother(s) or sister(s) who live outside the household?**

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

**A21. How many full / half / step / adoptive brother(s) or sister(s) does <child> have who live outside the household? \_\_\_\_\_**

**A22. For each full/half/step brother/sister who lives outside the household, can you tell me:**

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

1.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___/___/_____	Relationship to <child> _____
2.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___/___/_____	Relationship to <child> _____
3.	Male <input type="checkbox"/> 1	Female <input type="checkbox"/> 2	Date of Birth ___/___/_____	Relationship to <child> _____

## Z: Covid-19 Experiences

Now some questions about your experience during the Covid-19 pandemic.

**Z1 I am now going to ask about any members of your household who are, or were, at increased risk of severe Covid-19 disease due to age or a pre-existing condition?**

a. Are you at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>
b. Is your 13-year-old at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>
c. Is someone else in the household at increased risk of severe Covid-19 disease?	Yes <input type="checkbox"/> <sub>1</sub>	No <input type="checkbox"/> <sub>2</sub>

**Z2 Thinking now of the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.**

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. My family did more activities together .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. It was difficult to balance work and family life .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I had the chance to slow down .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. I worried about the virus infecting me or someone else in my family .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Apart from work, I spent more time online than usual .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. I spent more time than usual taking care of the children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>[Routing: ask next item if PCG has a partner living in household]</b>			
g. My partner spent more time than usual taking care of the children .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?**  
 Yes ... <sub>1</sub> → Go to Z4    No ... <sub>2</sub> → Go to Z5\_check

**Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways? [Tick all that apply]**

a. Loss of employment (losing your job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

**Z5\_Check Does PCG have a partner living in the household?** Yes ... <sub>1</sub> → Go to Z5    No ... <sub>2</sub> → Go to Z7

**Z5. Was your partner in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?**

Yes ... <sub>1</sub> → Go to Z6    No ... <sub>2</sub> → Go to Z7

**Z6. Was your partner's employment situation or way of working affected by Covid-19 in any of the following ways? [Please tick all that apply]**

a. Loss of employment (losing their job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

27. Did your household receive any of the following during the Covid-19 pandemic? [Tick all that apply]

Pandemic Unemployment Payment	<input type="checkbox"/> 1
Other regular social welfare payment (excluding Child benefit)	<input type="checkbox"/> 2
None of these	<input type="checkbox"/> 3

28. Since the start of the Covid-19 pandemic, did your household income ...

Fall a lot	Fall a little	Remain the same	Increase a little	Increase a lot
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

29. Overall, during the most recent Level 5 restrictions when the schools were closed, how much exercise did you get compared to before the restrictions?

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## B. 13-Year-Old's Health and Disabilities

Now I would like to ask you a few questions regarding <child>'s health.

B1. In general, how would you describe <child's> health in the past year?

Very healthy, no problems	Healthy, but a few minor problems	Sometimes quite ill	Almost always unwell
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

B2. Does <child> have any of the following long-lasting conditions or difficulties? [Tick one box on each line]

[Interviewer: If query from respondent on why this is being asked when they said (at B1) young person was 'very healthy, no problems', add "These conditions might not always be linked to a health problem, so we need to specifically ask about them in order to get a full picture."

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
b. Deafness or a hearing impairment .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
g. A difficulty with breathing .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
h. A difficulty with pain .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
i. Any other on-going chronic physical or mental health problem, illness or disability .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3

[Interviewer Prompt: please be sure to include here any conditions not already covered; these might be Autistic Spectrum Disorder, Asperger syndrome, speech impediment, Down syndrome, Tourette syndrome, Acquired Brain Injury, or any other longstanding condition or disability)

[Routing: Is there any 'yes' response to B2 above?

Yes ..  1 → Go to B3

No ...  2 → Go to B7]

B3. What is the nature of this condition or difficulty? Please describe as fully as possible.

[Interviewer: ask B4 to B6 for each condition at B3. Write responses in the table below. Please record diagnosis or assessed condition, if possible. If more than one, record up to three in order of seriousness.

B4. Has this condition or difficulty been diagnosed or assessed by a relevant professional?

B5. Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed

If current or previous year, record month as well

B6. Is <child> hampered in their daily activities by this condition or difficulty?

Condition	B3 Nature (diagnosis/assessment)	B4 Diagnosed/assessed?			B5 Since when? Year Mon*	B6 Hampered? 1. Yes severely, 2. yes to some extent, 3. no.
		Yes	No	Awaiting Consultation		
Condition 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

\*Record month if year=current or previous calendar year.

[Ask all B7-B11]

**B7. Please indicate if <child> receives support from any of the following IN OR THROUGH SCHOOL**

[Tick all that apply]

- a. Resource Teaching/ Learning Support ... 1
- b. Special Needs Assistant..... 2
- c. Assistive technology ..... 3
- d. Psychological/behavioural support..... 4
- e. Other therapeutic support (speech and language/occupational therapy)..... 5
- f. Other support..... 6
- g. Doesn't receive any supports ..... 7

**B8. When the schools are open, Does <child> have a reduced timetable at school or a shorter school day, because of a condition or disability?** Yes ... 1 No ... 2

**B9. Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL**

[Tick all that apply]

- Extra/private tuition ..... 1
- Psychological/behavioural support..... 2
- Other therapeutic support (speech and language/occupational therapy)..... 3
- Other support ..... 4
- Doesn't receive any of these supports outside school ..... 5

[If support received ask B10; Otherwise ask B11.]

**B10. In general, how adequate are the supports <child> receives for [his/her] needs?**

Not adequate	Adequate	Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B11. Which of these best describes your child with respect to supports either inside or outside of school?**

Doesn't receive any supports: none needed <input type="checkbox"/> 1	Doesn't receive any supports, some needed <input type="checkbox"/> 2
--	--

**B12. About how many nights has <child> spent in hospital over the last 12 months for any reason?** [INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] \_\_\_\_\_ nights

**B13. In the last 12months how many visits has <child> made to the Emergency Department of a hospital?** [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] \_\_\_\_\_ visits

**B14. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission?**

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

**B15. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> 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"/> 99	<input type="checkbox"/> 98
B. A practice nurse .....	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98
C. Another medical doctor e.g. in a hospital .....	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98
D. Other professional, psychologist, psychiatrist, counsellor etc. ....	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98
E. A social worker .....	_____	<input type="checkbox"/> 99	<input type="checkbox"/> 98

**B16. How would you rate the health of <child's> teeth and gums?**

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B17. Which of the following best describes how regularly <child> visits the dentist?**

At least once a year	Once every two years	Once every three years	Less often/ Only when there is a problem	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 → Go to B23

**B18. When was the last time <child> saw a dentist? \_\_\_\_\_ (year) [If current or previous year] \_\_\_\_\_ month**

**B19. Was it a HSE or private dentist?** HSE ... 1 Private ... 2

**B20. Did <child> have any treatment other than a routine scale and polish?** Yes ... 1 No ... 2

**B21. Has <child> ever had:**

a. Any permanent / secondary teeth filled?	Yes ... <input type="checkbox"/> 1	No ... <input type="checkbox"/> 2
b. Any permanent / secondary teeth extracted?	Yes ... <input type="checkbox"/> 1	No ... <input type="checkbox"/> 2

**B22. Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following.**

[TICK ONE BOX ON EACH LINE]



	Less than once a week /Never	Once or twice a week	3 or 4 times a week	5 or 6 times a week	Every day - once	Every day - more than once
a. Fresh fruit	<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. Fruit Juice	<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. Meat, chicken, fish	<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. Cooked vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Hamburger, hot dog, sausage or sausage roll, meat pie	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Hot chips or French fries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Crisps or savoury snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Bread	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. Potatoes, Rice, Pasta	<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. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m. Sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n. Cheese / yoghurt / fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o. Water (tap water / still water / fizzy water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
p. Fizzy drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
q. Fizzy drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
r. Milk (including non-dairy or lactose-free milk)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**B23. How many portions of fruit or vegetables would <child> usually have in a day?**

None	1 per day	2 per day	3 per day	4 per day	5 or more
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B24a. Does <child> follow any kind of special diet?** Yes ... 1 → **B24b.** No ... 2 → **B25**

**B24b. Which of these does <child> follow ... [Tick all that apply]**

Vegetarian	Vegan	Gluten-free	Dairy-free	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<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

**B25. How far away is <child's> school from your home (one-way distance)?**

Less than ½mile (less than 1km)	½ to less than 1 mile (1 - less than 2km)	1-5 miles (2 - less than 8km)	More than 5 miles away (8km or more)	Attends boarding school	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7

**B26. How does <child> usually go to school?**

He/she walks	By public transport	School bus/coach	By car	Rides a bicycle	Other (please describe)	Not applicable
<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

**B27. Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February]**

Yes, both doses	Yes, first of two doses	No, but intend to avail of it	No, still thinking about it	No, have decided not to avail of it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## C. Primary Caregiver's Health

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

**C1. In general, how would you say your current health is?**

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**C2. Do you have any of the following long-lasting conditions or difficulties?** [Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**[Routing: Is there any 'yes' response to any item at C2, above? Yes ... 1 → Go to C3 No ... 2 → Go to C6**

**C3. What is the nature of this condition or difficulty? Please describe as fully as possible.**  
[Int. please record diagnosis – not symptoms of the problem.]

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**C4. Are you hampered in your daily activities by any long-lasting condition or difficulty?**  
Yes, severely ..... 1 Yes, to some extent ..... 2 No ..... 3

**C5. Since when have you had this condition or difficulty? If you have more than one condition or difficulty, please tell me since when you have had the one you consider most serious. [Record year parent first became aware of condition (not necessarily diagnosed) \_\_\_\_\_(year)**

**C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <child>?**  
Yes, currently .... 1 Yes, in the past ... 2 No ... 3

**C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing.** Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [None, one to seven]

None	One	Two	Three	Four	Five	Six	Seven
<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

**C8. Is <child> covered by a medical card?** Yes, full card .... 1 Yes, GP visit card..... 2 Not covered ..... 3

**C9. Is <child> covered by private medical insurance?** Yes ..... 1 No..... 2

**C10. Does that insurance include the cost of GP visits?** Yes, in full 1 Yes, partially 2 No 3



## E. Education and School

Now I'd like to ask you some questions about <Child>'s education

### E1. What class did/will <child> start in September 2021?

- 5<sup>th</sup> Class .....  1 Go to E7
- 6<sup>th</sup> Class .....  2 Go to E3
- First Year .....  3 Go to E2
- Second Year .....  4 Go to E2
- 13-year-old is being home schooled.....  5 Go to E7
- 13-year-old attends a special school .....  6 Go to E7
- Special class or unit in second level school.....  7 Go to E2
- Other.....  8 Go to E7

### E2. What school does / will <child> attend from September 2021?

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

Full address of school: \_\_\_\_\_  
 \_\_\_\_\_

### E3. Did/do you have a choice about which second level school <child> would/will go to?

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

[Note: ask with respect to 'special school' if child attends special school and will not attend secondary school] .....

### E4. When thinking about schools that <child> might go to, how important were the following factors?

	Very Important	Somewhat important	Not important
a. It's the local school or nearest to home .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
b. He/she wanted to go there.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
c. His/her friends go or were intending to go there.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
d. His/her brother/sister went/go there .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
e. General good impression of school/good reputation .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
f. The support provided for students with special needs .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
g. The subjects the schools provided.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
h. The school's ranking in newspaper league tables .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
i. The ethos of the school in terms of religion or beliefs .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
j. The school's extracurricular activities (such as sports and music) .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
k. The gender mix of the school (co-educational/single sex) .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3
l. Language of instruction used in the school .....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 3

### E5. How would you describe <child's> current base class – the one they are in from last September? (Tick one box)

Special class or unit	Class which is mixed ability / randomly allocated	Higher stream class in streamed school	Middle stream class in streamed school	Lower stream class in streamed school	Not sure / don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

### E6. Has <child> attended an Open Day at his/her new school

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

**E7. Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months. Please include virtual as well as face-to-face meetings or events.) [Please tick 'Yes' or 'No' to each.]**

	Yes	No
A. You have attended a parent-teacher meeting .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have been asked for your opinion on what is done in the school (such as uniforms or discipline policy) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. You are involved with the Parents' Council or Parents' Association. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**E8. How involved do you personally feel in your child's school life?**

Very involved	Fairly involved	Not very involved	Not at all involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**E9. During the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of their whole school or class being closed due to Covid-19 or bad weather).**

0 days..... <input type="checkbox"/> 1	11 to 20 days..... <input type="checkbox"/> 5
1 - 3 days..... <input type="checkbox"/> 2	More than 20 days..... <input type="checkbox"/> 6
4 to 6 days..... <input type="checkbox"/> 3	Not in school last year..... <input type="checkbox"/> 7
7 to 10 days..... <input type="checkbox"/> 4	

**E10. What was the main reason for <child> being absent from school?**

Health reasons (illness or injuries)..... <input type="checkbox"/> 1	A problem with a teacher..... <input type="checkbox"/> 8
Problems with transportation..... <input type="checkbox"/> 2	A problem with children at school..... <input type="checkbox"/> 9
Problems with the weather..... <input type="checkbox"/> 3	Difficulties with childcare arrangements..... <input type="checkbox"/> 10
A family vacation..... <input type="checkbox"/> 4	Family crisis..... <input type="checkbox"/> 11
Refused to go to school..... <input type="checkbox"/> 5	Child has left school..... <input type="checkbox"/> 12
A fear of school (school phobia)..... <input type="checkbox"/> 6	Quarantine or self-isolation, related to Covid-19..... <input type="checkbox"/> 13
Suspended from school..... <input type="checkbox"/> 7	Other (specify)..... <input type="checkbox"/> 14

**E11. How much time does <child> usually spend doing homework on a weekday during term time?**

0 to 30 minutes..... <input type="checkbox"/> 1	2 to less than 3 hours..... <input type="checkbox"/> 5
31 minutes to less than one hour..... <input type="checkbox"/> 2	3 to less than 4 hours..... <input type="checkbox"/> 6
1 to less than 1.5 hours..... <input type="checkbox"/> 3	4 hours or more..... <input type="checkbox"/> 7
1.5 to less than 2 hours..... <input type="checkbox"/> 4	Doesn't get homework..... <input type="checkbox"/> 8 Go to E14

**E12. How often do you or your spouse/partner provide help with <child>'s homework? Would you say...[INT: READ OUT]**

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**E13. Why is that?**

Child doesn't need help	I / We don't have time	I / We are not able to help	Child doesn't want help	Someone else helps
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E14. Taking everything into account, how far do you expect <child> will go in his/her education or training?**

Junior Certificate or equivalent.....	<input type="checkbox"/> 1
Leaving Certificate or equivalent.....	<input type="checkbox"/> 2
An apprenticeship or trade.....	<input type="checkbox"/> 3
Diploma/Certificate.....	<input type="checkbox"/> 4
Degree.....	<input type="checkbox"/> 5
Postgraduate/higher degree.....	<input type="checkbox"/> 6
Don't know.....	<input type="checkbox"/> 7

**E15. On a typical weekday when the schools are open, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one, indicate the type of care where <child> spends MOST time or is the most frequently used)**

- They come home and take care of themselves .....  1
- Minded at home by an older sibling .....  2
- Minded at home by you or your spouse/partner .....  3
- Minded at home by a relative .....  4
- Minded at home by another adult (not a relative) .....  5
- Attend an after-school programme/club .....  6
- Other (please specify) .....  8

**E16. How many books (including e-books) does <child> have access to in the home? Would you say... [INT: READ OUT]**

- None.....  1                      31 to 50 .....  4
- 1 to 10 .....  2                      51 to 100 .....  5
- 11 to 30 .....  3                      More than 100 .....  6

## F. Internet and Screen Time

Now, I'd like to ask you some questions about access to the internet at home.

**F1. What sort of internet access does your home have? (tick all that apply)**

- a. No internet connection .....
- b. Broadband with wifi .....
- c. Broadband with plugin connection .....
- d. Mobile broadband or 'dongle' from a phone provider
- e. Other type of internet connection .....

**F2. Does <child> have access to the internet through a smartphone, tablet, laptop or other computer?**

Yes ...  1    No ...  2 → Go to F6

**F3. Is <child> supervised by you or another adult when he/she accesses the internet?**

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

**F4. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Qustodio, Net Nanny?**

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

**F5. Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices?**

(Tick all that apply)

- a. Rules about content.....  1
- b. Rules about total time spent on devices .....  2
- c. Rules about the time of day child can watch/use devices.....  3
- d. PIN numbers or passwords to lock or restrict devices .....  4
- e. Child-safe' settings, for example on TV satellite boxes .....  5
- f. Locking devices/modems away (or locking the room they are in) .....  6
- g. Engaging the child in alternative activities (e.g. football, baking) .....  7
- h. Something else (specify) .....  8
- i. None of the above .....  9

**F6. On a normal weekday, during term-time, about how much time does <child> spend using the smartphone, tablet, laptop or computer? Please include time before school as well as time after school. Do not include time spent using computers in school or for online class work.**

None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	5 or more hours
<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

Now, some questions about your own screen-based activities...

**F7. Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these...**

	None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	More than 5 hours
On a WEEKDAY, how much time do you spend on screen-based activities?	<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
On a WEEKEND DAY, how much time do you spend on screen-based activities?	<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

**F8. Thinking about your smartphone, how often, if ever, ...**

	Never	Hardly ever	Sometimes	Often	Very often
a. Do you feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Do you check for messages or notifications as soon as you wake up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Feel distracted by your smartphone when <child> is with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**F9. In the PAST YEAR, how often have these things happened to you?**

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have spent less time than I should with either family, friends or completing tasks because of the time I spent on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## G: Family Relationships and Context

Now some questions about your relationship with <Child>.

**G1.**


**G2. Now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:**

	Every day/7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
a. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Do household activities together (e.g. gardening, cooking, cleaning, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G3. Thinking of an AVERAGE SCHOOL DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the most recent four weeks of term time when the schools were open. \_\_\_\_\_ hours \_\_\_\_\_ minutes**

**G4. Thinking of an AVERAGE WEEKEND DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the last four weeks. \_\_\_\_\_ hours \_\_\_\_\_ minutes**

**G5. How often does <child> get together with, see or spend time with the following people (excluding those living in your home) Please think about the last four weeks.**

	Quite a lot	Now and again	Rarely or never	Live Abroad	Doesn't have
A. Grandparents.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Uncles/Aunts.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Cousins.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Other family members/ close family friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**G6. Thinking about the last 12 months, Please tell me how strongly you agree or disagree with the following statements.**

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

**G7 Did you take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.**

Yes..... 1 No... 2 Not applicable, not in employment since birth of child... 3

## H. Housing and Socio-Demographic Background

Now some questions about the circumstances of your household.

**H1. Does your accommodation have access to a garden or common space (either private or shared)?**

Yes, for sole use of household ... 1 Yes, shared with other household(s) .... 2 No .... 3

**H2. Please tell me which best describes your (and your partner's) occupancy of the accommodation?**

- Owner occupied (with a mortgage, include being purchased on Tenant Purchase Scheme) ..... 1
- Owner occupied (without a mortgage, include purchased on Tenant Purchase Scheme)..... 2
- Rented from a Local Authority or Voluntary Body..... 3
- Rented from a Private Landlord (include paying rent to a relative etc.) ..... 4
- Living with parents/in-laws or occupied free of rent (e.g. provided by employer) ..... 5
- Other (specify) \_\_\_\_\_ 6

**H3. What type of accommodation is this, it is a ...**

Detached house	Semi-detached house	Terraced house/town-house	Apartment/flat/maisonette	Bedsit / studio with shared kitchen and/or bathroom	Mobile home/caravan	Emergency accommodation (hotel, shelter)	Other
<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

**H4. How many rooms are there in the accommodation for the sole use of your family? [Do not count: halls/stairs/ landings, kitchenette too small to eat in, scullery/utility room, bathroom, toilet, garage, consulting rooms, room used solely as an office, shop]**

(rooms)

**H5 And how many of these are bedrooms? [Please include bedrooms that are used for another purpose, e.g. a study]**

(bedrooms)

**H6: Does your accommodation have the following? [Tick one box on each line]**

- a. Double or triple-glazed windows ..... 1 ..... 2
- b. Adequate insulation ..... 1 ..... 2



- H7. Do you have any of the following problems with your accommodation** [Tick one box on each line]
- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Too dark, not enough light.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| b. Leaking roof/ damp walls /rot in windows or door frames .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| c. A problem with noise from neighbours or noise from the street (traffic, business, factories etc) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| d. Pollution, grime or other environmental problems in the area .....                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| e. Too small, not enough space .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**Now some questions about employment.**

**H8. 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'; Code 0 should also be used for respondents who are currently receiving Pandemic Unemployment Payment]

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

[BLAISE: IF CODE 0,1,2,3 at H8, Go to H9]

[BLAISE: IF CODE 4-10 at H8, Go to H11]

**H9. When did you start your current job?**  
 \_\_\_\_\_ year [If current or previous year] \_\_\_\_\_ month

**H10a. Do you work from home?**  
 Yes, but only because of the Covid-19 measures ... 1 → **Go to H10b**  
 Yes, usually work from home (even apart from Covid measures) ... 2 → **Go to H16**  
 No ... 2 → **Go to H10b**

**h10b. On a typical work day [when you are not working from home], how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**  
 \_\_\_\_\_ minutes  
 [Int. if respondent works at home enter '0' for minutes]  
 → **Go to H16**

**H11. Apart from holiday or casual work, have you ever had a full-time job?**  
 Yes ... 1 No ... 2 → **Go to H14**

**H12. In what year did you last work in that full-time job?** \_\_\_\_\_  
 (year)

---

**H13. 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  
 → **Go to H16**

**H14. Do you currently have a part-time job?**  
 Yes ... 1 No ... 2 → **Go to H23**

**H15. In your part-time job are you?**  
 Employee (incl. apprenticeship or Community Employment).... 1  
 Self-employed outside farming ..... 2  
 Farmer ..... 3  
 → **Go to H16**

[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use Past tense]

**H16. How many hours do [did] 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

**H17. What is [was] your occupation in your main job?**

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

Use precise terms such as:

RETAIL STORE MANAGER

SECONDARY TEACHER

ELECTRICAL ENGINEER

Do not use general terms such as:

MANAGER

TEACHER

ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g.

NUN, REGISTERED GENERAL NURSE

PRIEST, HOSPITAL CHAPLAIN

**Write in main OCCUPATION**

---

**H18. What is [was] the main activity of the business /organisation where you work?**

(What did the business mainly make or do?)

---

H19. Are [were] you employed in a public sector organisation?

This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector.

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

**H20\_Check. [BLAISE: CHECK EMPLOYMENT STATUS ]**

<b>Employee</b> (incl. apprenticeship or Community Employment) <input type="checkbox"/> _1 → Go to H20	<b>Self-employed (not farming)</b> <input type="checkbox"/> _2 → Go to H21	<b>Farmer</b> <input type="checkbox"/> _3 → Go to H21
---	---	--

H20. Do [Did] you supervise or manage 10 or more personnel in your job? Yes ... \_1 No ... \_2 → Go to H24\_Check

H21. How many employees (if any) do [did] you have? \_\_\_\_\_ employees [ENTER ZERO if none]

Check H20\_Check = Farmer → Go to H22

Otherwise → Go to H24\_Check

H22. How many acres do [did] you farm? \_\_\_\_\_ acres → Go to H24\_Check

[BLAISE check: Not currently working and never worked [H8=4 to 10 AND H11 = No AND H14=No: → Go to H23; otherwise go to H24\_check]

H23. From the following reasons, could you tell me the most important reason for you not working in a paid job outside the home?

- A. I can't find a suitable job
- B. I prefer be at home to look after my family myself
- C. Problems finding or affording suitable childcare
- D. We would be no better off if I were in employment
- E. My own illness or disability
- F. Other reason (specify)

[H24\_CHECK - BLAISE: CHECK WHETHER THERE IS A PARTNER IN THE HOUSEHOLD; IF YES → Go to H24; IF NO → Go to H26 ]

H24. What is the occupation of your spouse / partner? [If not currently employed, please record last occupation]

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

*Use precise terms such as:*

RETAIL STORE MANAGER

SECONDARY TEACHER

ELECTRICAL ENGINEER

*Do not use general terms such as:*

MANAGER

TEACHER

ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g.

NUN, REGISTERED GENERAL NURSE

PRIEST, HOSPITAL CHAPLAIN

Write in main OCCUPATION [If a farmer or a farm worker, how many acres do you farm? \_\_\_\_\_ acres]

H25. What is [was] the main activity of the business /organisation where your spouse/partner works?  
(What did the business mainly make or do?)

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

**H26. 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 and Pandemic Unemployment Payment?**

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

**H27a. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI/USC as well as the 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 H28. IF EXACT FIGURE GIVEN GO TO H29]

Don't know.....99    € \_\_\_\_\_ **h27b. per** Week.....1    Month .....2    Year    3

**H28. I know that it is difficult to give an exact figure for household income but perhaps you can tell me into which category it falls. I can read categories in amounts per week, per month or per year, whichever you prefer.**

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

<b>Per Week</b>	<b>Per Month</b>	<b>Per Year</b>	<b>Category</b>
Under €230 .....	Under €1,000.....	Under €12,000 .....	A <input type="checkbox"/> 1 → Section A, H29
€231 to under €350 .....	€1,001 to under €1,500.....	€12,001 to under €18,000 .....	B <input type="checkbox"/> 2 → Section B, H29
€351 to under €460 .....	€1,501 to under €2,000.....	€18,001 to under €24,000 .....	C <input type="checkbox"/> 3 → Section C, H29
€461 to under €575 .....	€2,001 to under €2,500.....	€24,001 to under €30,000 .....	D <input type="checkbox"/> 4 → Section D, H29
€576 to under €800 .....	€2,501 to under €3,500.....	€30,001 to under €42,000 .....	E <input type="checkbox"/> 5 → Section E, H29
€801 to under €925 .....	€3,501 to under €4,000.....	€42,001 to under €48,000 .....	F <input type="checkbox"/> 6 → Section F, H29
€926 to under €1,150 .....	€4,001 to under €5,000.....	€48,001 to under €60,000 .....	G <input type="checkbox"/> 7 → Section G, H29
€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, H29
€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, H29
€1,851 or more .....	€8,001 or more.....	€96,001 or more .....	J <input type="checkbox"/> 10 → Section J, H29
Refused .....	<input type="checkbox"/> 77 GO TO H30	Don't Know..... <input type="checkbox"/> 88 GO TO H30	

**H29. Would that be** [Int: Read out amounts and tick 1, 2 or 3 in appropriate section under per wk; per mth or per yr]

	<b>Per week</b>	<b>Per Month</b>	<b>Per Year</b>
<b>A</b>	under €75 <input type="checkbox"/> 1	€0 to €300 <input type="checkbox"/> 1	€0 to €4,000 <input type="checkbox"/> 1
	€75 to €150 <input type="checkbox"/> 2	€301 to €650 <input type="checkbox"/> 2	€4,001 to €8,000 <input type="checkbox"/> 2
	€151 to €230 <input type="checkbox"/> 3	€651 to €1,000 <input type="checkbox"/> 3	€8,001 to €12,000 <input type="checkbox"/> 3
<b>B</b>	€231 to €270 <input type="checkbox"/> 1	€1,001 to €1,150 <input type="checkbox"/> 1	€12,001 to €14,000 <input type="checkbox"/> 1
	€271 to €310 <input type="checkbox"/> 2	€1,151 to €1,350 <input type="checkbox"/> 2	€14,001 to €16,000 <input type="checkbox"/> 2
	€311 to €350 <input type="checkbox"/> 3	€1,351 to €1,500 <input type="checkbox"/> 3	€16,001 to €18,000 <input type="checkbox"/> 3
<b>C</b>	€351 to €390 <input type="checkbox"/> 1	€1,501 to €1,700 <input type="checkbox"/> 1	€18,001 to €20,000 <input type="checkbox"/> 1
	€391 to €420 <input type="checkbox"/> 2	€1,701 to €1,800 <input type="checkbox"/> 2	€20,001 to €22,000 <input type="checkbox"/> 2
	€421 to €460 <input type="checkbox"/> 3	€1,801 to €2,000 <input type="checkbox"/> 3	€22,001 to €24,000 <input type="checkbox"/> 3
<b>D</b>	€461 to €500 <input type="checkbox"/> 1	€2,001 to €2,150 <input type="checkbox"/> 1	€24,001 to €26,000 <input type="checkbox"/> 1
	€501 to €535 <input type="checkbox"/> 2	€2,151 to €2,300 <input type="checkbox"/> 2	€26,001 to €28,000 <input type="checkbox"/> 2
	€536 to €575 <input type="checkbox"/> 3	€2,301 to €2,500 <input type="checkbox"/> 3	€28,001 to €30,000 <input type="checkbox"/> 3
<b>E</b>	€576 to €650 <input type="checkbox"/> 1	€2,501 to €2,800 <input type="checkbox"/> 1	€30,001 to €34,000 <input type="checkbox"/> 1
	€651 to €750 <input type="checkbox"/> 2	€2,801 to €3,250 <input type="checkbox"/> 2	€34,001 to €38,000 <input type="checkbox"/> 2
	€751 to €800 <input type="checkbox"/> 3	€3,251 to €3,500 <input type="checkbox"/> 3	€38,001 to €42,000 <input type="checkbox"/> 3
<b>F</b>	€801 to €850 <input type="checkbox"/> 1	€3,501 to €3,650 <input type="checkbox"/> 1	€42,001 to €44,000 <input type="checkbox"/> 1
	€851 to €880 <input type="checkbox"/> 2	€3,651 to €3,800 <input type="checkbox"/> 2	€44,001 to €46,000 <input type="checkbox"/> 2
	€881 to €925 <input type="checkbox"/> 3	€3,801 to €4,000 <input type="checkbox"/> 3	€46,001 to €48,000 <input type="checkbox"/> 3
<b>G</b>	€926 to €1,000 <input type="checkbox"/> 1	€4,001 to €4,300 <input type="checkbox"/> 1	€48,001 to €52,000 <input type="checkbox"/> 1
	€1,001 to €1,050 <input type="checkbox"/> 2	€4,301 to €4,600 <input type="checkbox"/> 2	€52,001 to €56,000 <input type="checkbox"/> 2

	€1,051 to €1,150 <input type="checkbox"/> _3	€4,601 to €5,000 <input type="checkbox"/> _3	€56,001 to €60,000 <input type="checkbox"/> _3
<b>H</b>	€1,151 to €1,250 <input type="checkbox"/> _1	€5,001 to €5,500 <input type="checkbox"/> _1	€60,001 to €66,000 <input type="checkbox"/> _1
	€1,251 to €1,375 <input type="checkbox"/> _2	€5,501 to €6,000 <input type="checkbox"/> _2	€66,001 to €72,000 <input type="checkbox"/> _2
	€1,376 to €1,500 <input type="checkbox"/> _3	€6,001 to €6,500 <input type="checkbox"/> _3	€72,001 to €78,000 <input type="checkbox"/> _3
<b>I</b>	€1,501 to €1,600 <input type="checkbox"/> _1	€6,501 to €7,000 <input type="checkbox"/> _1	€78,001 to €84,000 <input type="checkbox"/> _1
	€1,601 to €1,750 <input type="checkbox"/> _2	€7,001 to €7,500 <input type="checkbox"/> _2	€84,001 to €90,000 <input type="checkbox"/> _2
	€1,751 to €1,850 <input type="checkbox"/> _3	€7,501 to €8,000 <input type="checkbox"/> _3	€90,001 to €96,000 <input type="checkbox"/> _3
<b>J</b>	€1,851 to €2,100 <input type="checkbox"/> _1	€8,001 to €9,250 <input type="checkbox"/> _1	€96,000 to €110,000 <input type="checkbox"/> _1
	€2,101 to €2,400 <input type="checkbox"/> _2	€9,251 to €10,500 <input type="checkbox"/> _2	€110,001 to €125,000 <input type="checkbox"/> _2
	€2,401 or more <input type="checkbox"/> _3	€10,501 or more <input type="checkbox"/> _3	€125,001 or more <input type="checkbox"/> _3

**H30. Can I just check, does anyone in your household receive income from farming?** Yes ....\_1 No ....\_2

**H31. 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 \_1      With difficulty \_2      With some difficulty \_3      Fairly easily \_4      Easily \_5      Very easily \_6

**H32. Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are ... [INTERVIEWER: READ OUT]**

Much better off now	Somewhat better off now	No change	Somewhat worse off now	Much worse off now
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5

**H33. Ds your family have access to a car?**

Yes .....\_1 → Go to **H35**      No.....\_2 → Go to **H34**

**H34. Would your family like to have a car but you cannot afford it?**

Yes .....\_1      No.....\_2

**H35. Can your household afford an unexpected expense of €1,000 without borrowing?** [If using credit card, then the amount should be paid within 1 month.]

Yes .....\_1      No.....\_2

## J. About You

**Now some more questions about yourself**

**J1. [Forward feed of parental education from last interview] What is the highest level of education (full-time or part-time) which you have completed to date?**

1. Primary education or less ..... \_1

**Second Level**

2. Lower Secondary ..... \_2

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

3. Upper Secondary ..... \_3

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

4. Technical or Vocational qualification..... \_4

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

5. Both Upper Secondary and Technical or Vocational qualification ..... \_5

**Third Level**

6. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree)..... \_6

7. Primary Degree ..... \_7

(Third Level Bachelor Degree)

8. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor)..... \_8

9. Both a Degree and a Professional qualification ..... \_9

10. Postgraduate Diploma or Postgraduate Degree (Masters)..... \_10

11. Doctorate (Ph.D) or Higher Doctorate ..... 11

**J2. What language do you speak most often at home?**

English.....1 Irish.....2 Other.....3

**J3. Do you belong to any religion?** Yes.....1 No.....2

**J4. Which religion?**

Christian – no denomination	Roman Catholic	Anglican / Church of Ireland / Episcopalian	Other Protestant	Jewish	Muslim	Other (please specify)
<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

**J5. Are you a citizen of Ireland?** Yes.....1 No.....2

**J6. What citizenship do you hold?** \_\_\_\_\_

[BLAISE Condition ASK J7—J8 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**J7. Were you born in Ireland?** Yes.....1 No.....2

**J8. In which country were you born?** \_\_\_\_\_

**J9. How long ago did you first come to live in Ireland?**

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

**J10. Can you tell me, what is your ethnic or cultural background?**  
Please choose ONE section from 1 to 4 then tick the appropriate box.

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

## K. Neighbourhood/Community

Now we have some questions about your local area.

**K1. How long have you lived in your local area?** \_\_\_\_\_ years OR \_\_\_\_\_ months

**K2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations?**  
Yes.....1 No.....2

**K3. 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
e. Crime or violence.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**K4. 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 13-year-old .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. There are places in this area where teenagers can safely hang out .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area (even if they are closed at the moment due to Covid measures).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Most people in your neighbourhood can be trusted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You feel a strong sense of identity with your neighbourhood.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**K5 Is there a park, beach or green space within 2 kilometers (about a mile) of home where your family can walk or exercise?**

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

**Time Ended**

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**Date** \_\_\_\_\_  
day

\_\_\_\_\_ mth  
\_\_\_\_\_ year

***Growing Up in Ireland***  
**STRICTLY CONFIDENTIAL**  
**Primary Caregiver Self-Complete Questionnaire**  
**Cohort '08 at 13 years of age**

CSO Identifier 

--	--	--	--	--	--	--	--

 PIN 

--	--	--	--	--

Time Started 

--	--	--	--

 Date 

day	mth	year

*Preliminaries*

**Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey:**

**Yes, I agree to take part** .....  <sub>1</sub>  
**No, I do not wish to take part** .....  <sub>2</sub> Go to end

**S1. Are you male or female?**

Male .....  <sub>1</sub>      Female.....  <sub>2</sub>      Other  <sub>3</sub>

**S2. What is your date of birth?**       /    /        
DD / MM / YYYY

*Couple relationship*

**S3. Because the issue of family life is so important, we would now like to ask some questions about your family and marital history. Can you tell me which of these best describes your current marital status?**

Married and living with husband / wife .....  <sub>1</sub> **Go to S5**  
 Married and separated from husband / wife .....  <sub>2</sub> **Go to S4**  
 Divorced.....  <sub>3</sub> **Go to S4**  
 Widowed.....  <sub>4</sub> **Go to S4**  
 Never married (including living with partner) .....  <sub>5</sub> **Go to S4**

S4. May I just check whether you are currently living with someone in the household as a couple?

Yes ..... 1 → Go to S5

No ..... 2 → Go to S6

S5. Since what year have you and your spouse / partner been living together? \_\_\_\_\_ (mth) \_\_\_\_\_ (year) →Go to S7

S6. Are you currently in a relationship with someone outside the household?

Yes ..... 1 → Go to S7

No ..... 2 → Go to S10

**[Questions for PCG who is in a relationship]**

S7. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

Most days..... 1

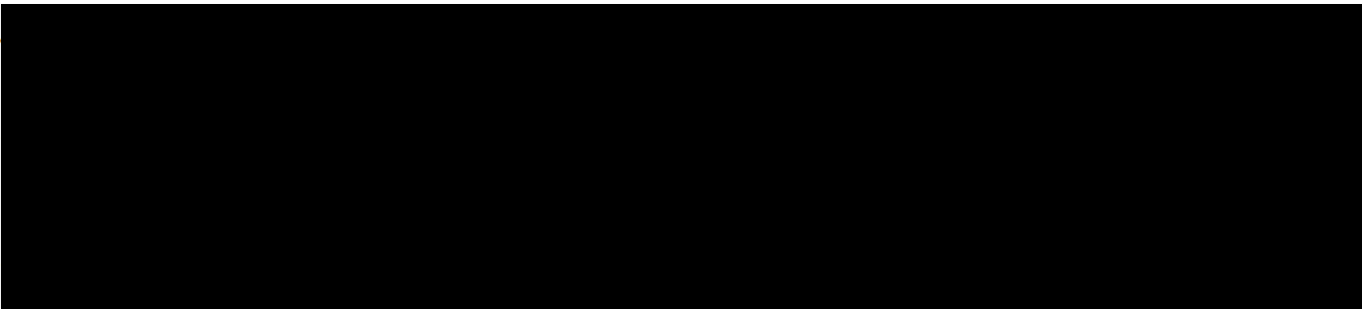
At least once a week ..... 2

Less than once a week ..... 3

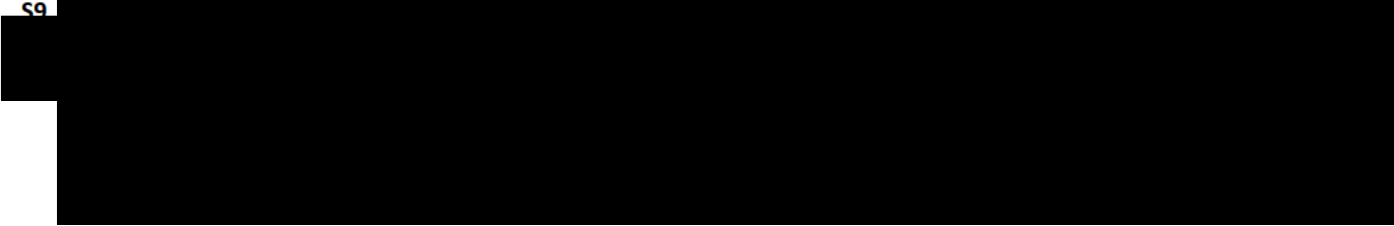
Hardly ever..... 4

Never..... 5

S8



S9



*Parenting stress*

S10.



*Weight*

S11a. What is your weight at the moment? [Tick one Kilos 1 Pounds 2 Stone and Pounds 3 \_\_\_\_ \_\_\_\_ [weight]

S11b. Is this an estimate or have you weighed yourself in the last month? Estimate 1 Weighed self in last month 2



*Alcohol, smoking, other substances*

<p><b>S12. Which of the following best describes how often you usually drink alcohol?</b></p> <p>1. Never ..... <input type="checkbox"/> <sub>1</sub> <b>Go to S16</b></p> <p>2. Less than once a month ..... <input type="checkbox"/> <sub>2</sub> <b>Go to S14/S15</b></p> <p>3. 1-2 times a month ..... <input type="checkbox"/> <sub>3</sub> <b>Go to S14/S15</b></p> <p>4. 1-2 times a week ..... <input type="checkbox"/> <sub>4</sub> <b>Go to S13</b></p> <p>5. 3-4 times a week ..... <input type="checkbox"/> <sub>5</sub> <b>Go to S13</b></p> <p>6. 5-6 times a week ..... <input type="checkbox"/> <sub>6</sub> <b>Go to S13</b></p> <p>7. Every day ..... <input type="checkbox"/> <sub>7</sub> <b>Go to S13</b></p>	<p><i>If they currently drink alcohol between every day and 1-2 times a week ask:</i></p> <p><b>S13. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, or other alcohol would you drink?</b></p> <p>(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____</p> <p>(c) Measures of Spirits ____ (d) Other alcohol (number) ____</p> <p style="text-align: right;"><b>→ Go to S14/S15</b></p>
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For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S14 ONLY OF FEMALE RESPONDENTS]

**S14. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

[ASK S15 ONLY OF MALE RESPONDENTS]

**S15. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**S16. 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.....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

**S17. About how many cigarettes or cigars do you smoke on average each day?**

\_\_\_\_\_ [Int. enter ‘0’ if less than 1 on average]

**S18. Do you currently use ‘vapes’ or e-cigarettes?**

Daily.....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

**S19. Including yourself, how many members of the household smoke? \_\_\_\_ N**

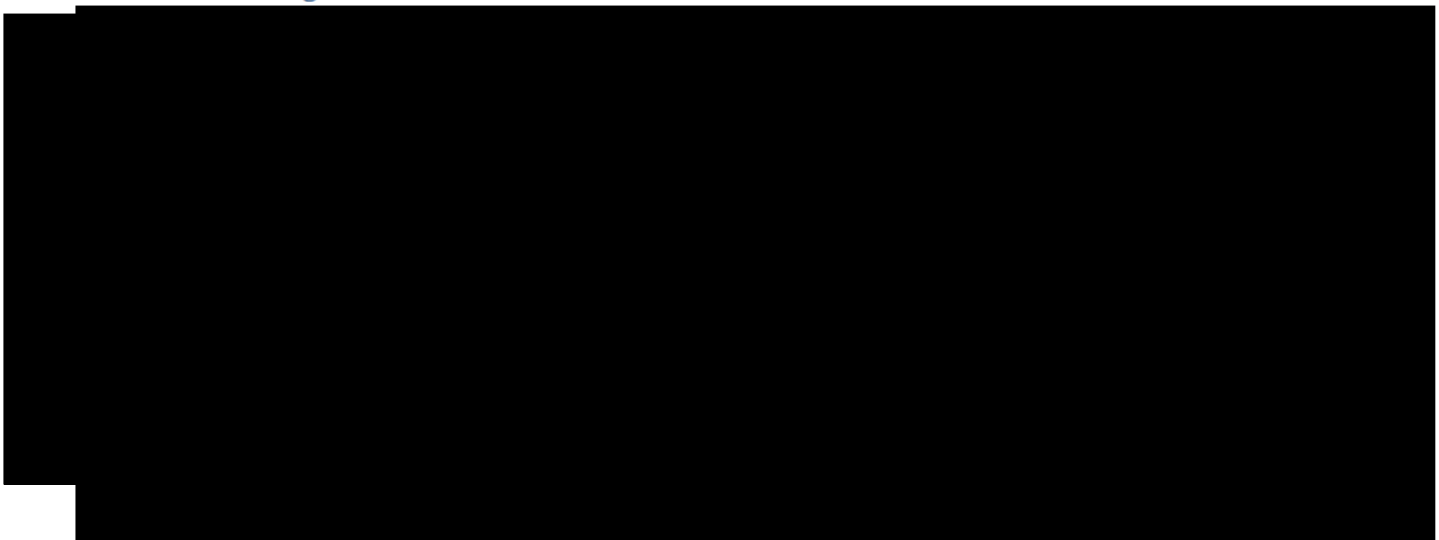
**S20. Do you smoke cannabis?**

Regularly .....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

**S21. Do you take any drugs such as ecstasy, speed, heroin, methadone, crack or cocaine?**

Regularly .....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

*Emotional wellbeing*



## Talking about sexual health

**S23. Have you spoken to your 13-year-old personally about the following sexual health issues?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a) Sex and sexual intercourse .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b) Sexual feelings, relationships and emotions.....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c) Contraception .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d) Safer sex/sexually transmitted infections/ venereal diseases.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e) Sexual orientation (e.g. homosexuality, heterosexuality etc) ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f) Sharing explicit sexual texts (sexting) or images.....             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

## Non-resident parent

**S24. Can we check, does your 13-year-olds biological father/ mother live here with you or elsewhere?**

- Lives here ..... <sub>1</sub> → **Go to S32**  
 Deceased..... <sub>2</sub> → **Go to S32**  
 Temporarily lives elsewhere ..... <sub>3</sub> → **Go to S32**  
 Lives elsewhere..... <sub>4</sub> → **Go to S25**

### Parent Living Elsewhere Section (S25-S31)

**S25. Were you ever married to or did you ever live with your 13-year-olds biological father / mother?**

- Yes, married to.... <sub>1</sub>    Yes, lived with..... <sub>2</sub>    No <sub>3</sub> **Go to S27**    Adoptive / Foster parent <sub>4</sub> **Go to S32**

**S26. What age was your 13-year-old when you split or separated from their biological father / mother? \_\_\_\_\_**

**S27. How often does your 13-year-old have face-to-face contact with his / her biological father / mother?**

- |                                   |                                       |                              |                                       |
|-----------------------------------|---------------------------------------|------------------------------|---------------------------------------|
| Daily .....                       | <input type="checkbox"/> <sub>1</sub> | Monthly.....                 | <input type="checkbox"/> <sub>5</sub> |
| More than once a week .....       | <input type="checkbox"/> <sub>2</sub> | Less than once a month ..... | <input type="checkbox"/> <sub>6</sub> |
| Weekly .....                      | <input type="checkbox"/> <sub>3</sub> | No contact.....              | <input type="checkbox"/> <sub>7</sub> |
| Every second week / weekend ..... | <input type="checkbox"/> <sub>4</sub> |                              |                                       |

**S28. How often does your 13-year-old have other contact (not face-to-face) with his / her biological father / mother?**

- |                                   |                                       |                              |                                       |
|-----------------------------------|---------------------------------------|------------------------------|---------------------------------------|
| Daily .....                       | <input type="checkbox"/> <sub>1</sub> | Monthly.....                 | <input type="checkbox"/> <sub>5</sub> |
| More than once a week .....       | <input type="checkbox"/> <sub>2</sub> | Less than once a month ..... | <input type="checkbox"/> <sub>6</sub> |
| Weekly .....                      | <input type="checkbox"/> <sub>3</sub> | No contact.....              | <input type="checkbox"/> <sub>7</sub> |
| Every second week / weekend ..... | <input type="checkbox"/> <sub>4</sub> |                              |                                       |

**S28a Did the amount of face-to-face contact between your 13-year-old and his/her biological father/mother living elsewhere change because of the Covid pandemic?**

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Reduced a lot                         | Reduced a little                      | Stayed the same                       | Increased a little                    | Increased a lot                       |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

**S29. Does your 13-year-olds biological father / mother make ANY financial contribution to your household and the maintenance of the child? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

- No, he/she never makes any payment ..... <sub>1</sub>  
 Yes, he/she makes a regular payment..... <sub>2</sub>  
 Yes, he/she makes payments from time to time..... <sub>3</sub>  
 Doesn't make a payment but regularly buys things for child (e.g. clothes, toys, meals out) ..... <sub>4</sub>

**S30. How often do you talk to your 13-year-olds biological father/ mother about them?**

- |                                       |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Every day                             | Several times a week                  | About once a week                     | A few times a month                   | Several times a year                  | Never                                 |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

**S31. How well do you get on with your 13-year-olds biological father/ mother? Would you say your relationship is?**

- |                                       |                                       |                                       |                                       |                                       |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Very positive                         | Positive                              | Neither positive nor negative         | Somewhat negative                     | Very negative                         |
| <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

*Final Section (Pregnancy, if female; How survey completed)*

**[ASK ONLY OF FEMALE RESPONDENTS]**

**S32 [If Male go to S33]** Can I check, are you currently pregnant? [This information is collected to put other responses – such as health and weight - in context]    Yes.....<sub>1</sub>    No.....<sub>2</sub>

**S33. Can you tell us on which type of device you completed this survey:**

- Desktop computer .....<sub>1</sub>
- Laptop computer .....<sub>2</sub>
- Tablet / iPad.....<sub>3</sub>
- Smartphone .....<sub>4</sub>

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

*If you have any queries about the survey please email [growing.up@esri.ie](mailto:growing.up@esri.ie) or visit [www.growingup.ie](http://www.growingup.ie) for further information.*

*If you would like to talk to someone about any issues raised in this Questionnaire, please see <https://www.growingup.ie/pubs/Parent-Support-Services.pdf> for resources*

Time Ended

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Date \_\_\_\_ \_\_\_\_ \_\_\_\_ day    \_\_\_\_ mth    \_\_\_\_ year

# Growing Up in Ireland

## Young Person Main Questionnaire

### Cohort '08 at 13 years of age

ID 

--	--	--	--	--	--	--	--

Time Started 

--	--	--	--

 (24 hour clock)

Date                 
          day            mth            year

### A. Preliminaries

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

**A1. Please confirm that you have read the Information Sheet, discussed participating with your guardian and agree to take part in the survey:**

Yes, I agree to take part ..... <sub>1</sub>  
No, I do not wish to take part..... <sub>2</sub> Go to end

### B. Activities and Time at Home During Covid-19 Restrictions

First, some questions about your recent experience during the Covid-19 pandemic.

**B1. Thinking of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.**

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. I had a quiet space to study .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I missed my friends.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I had a chance to attend school lessons with my teacher on the internet .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. My parent(s) helped with my school work.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**B2. Still thinking now of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.**

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. I enjoyed the extra time with my family .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I worried about the virus infecting me or someone else in my family .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I learned some new skills or improved existing skills.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. I was able to keep in touch with my friends.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. I ate more snack foods than usual .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**B3. Thinking about how much exercise you got during the most recent Level 5 restrictions when the schools were closed, how did this compare to before the restrictions?**

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## C. Activities

Please indicate (a) how often you do each of these activities and (b) if you never do them or do them less often than once a month, the main reason.

	(a) How often			(b) less often/never, what is the main reason		
	At least once a week	At least once a month	Less often or never	No interest	Covid restrictions	Other reason
<b>C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C2. Take part in dance lessons</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C4. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**C5. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary, etc.?**

Yes ..... <sub>1</sub>      No..... <sub>2</sub>      Don't do any of the activities..... <sub>3</sub>

**C6. How many times a week do you do these activities for fun or to relax?**

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
a. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Singing or playing a musical instrument	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Going to the cinema	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Spending time with pets	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Hanging out with friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## D. Internet and Screen Time

**D1. Do you have any of the following that you can use to access the internet?**

	Yes, for my sole use	Yes, but shared with someone else	No
a. Smartphone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Tablet (no keyboard)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Tablet with a keyboard	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Laptop computer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Other computer (including desktop)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
f. Other device, such as gaming console	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**D2. I am now going to ask you about how much time you spend on each of the following activities on a typical day (where it is your main activity at the time)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. Do not include time spent using computers in school or for online class work. For each, please answer separately for weekdays and weekend days.**

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
<b>On a Weekday during term time, how much time do you spend....?</b>							
a. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b. Playing video/computer games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
c. Other online or screen-based activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
<b>On a Weekend day or holiday, how much time do you spend...?</b>							
d. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

e. Playing video/computer games	<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. Other online or screen-based activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

**D3. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?** Yes ... 1 No ... 2

**D4. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)?** Yes ... 1 No ... 2

**D5. In the PAST YEAR, how often have these things happened to you?**

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I have spent less time than I should with either family, friends or doing schoolwork because of the time I spent on the internet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I have gone online to look for information to help me with a problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**D6. How much do you think your parent/guardian knows about what you do on the internet?**

Nothing	Just a little	Quite a bit	A lot
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**ROUTING – ask D7 and D8 if 1 or 2 for any device at D1 (has internet device); Otherwise go to D9]**

**D7. Thinking about your phone or other internet device, how often, if ever do you . . .**

	Never	Hardly ever	Sometimes	Often	Very often	
a. Feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
b. Feel safer when you are out and about because you have your phone with you	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	No phone <input type="checkbox"/> 6
c. Have your smartphone or other internet device in your bedroom and connected to the internet during the night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

**D8. To what extent do you use your smartphone or tablet while doing any of these other activities?**

	Never	Hardly Ever	Sometimes	Often	Very often	Activity does not apply
a. Travelling (to/from school / other activities)	<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. Eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
c. Watching TV or movies on another device	<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. Doing homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
e. Relaxing with family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
f. Hanging out with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**D9. How often, if ever, do you feel that your parent or caregiver is distracted by their smartphone when you are trying to have a conversation with them?**

Never .....1 Hardly ever .....2 Sometimes .....3 Often .....4 Very often .....5

## *E. School and Education*

**Now some questions about your experiences of school and education**

**E1. What class did/will you start in September 2021?**

- Home schooled .....1 → Go to E12
- 5<sup>th</sup> class.....2 → Go to E9
- 6<sup>th</sup> class.....3 → Go to E9
- 1<sup>st</sup> year .....4
- 2<sup>nd</sup> year.....5
- Other class at second level .....6
- Other class at primary level .....7 → Go to E9

Section for Students in Second Level Schools since last September

**E2 Please tick the subjects you are taking from last September . For Irish, English and Maths, please tick which level you are studying.**

- a. Irish ..... Higher ..... <sub>1</sub> Ordinary ..... <sub>2</sub> Not sure yet ..... <sub>3</sub> Don't take Irish .... <sub>4</sub>
- b. English ..... Higher ..... <sub>1</sub> Ordinary ..... <sub>2</sub> Not sure yet ..... <sub>3</sub>
- c. Mathematics ..... Higher ..... <sub>1</sub> Ordinary ..... <sub>2</sub> Not sure yet ..... <sub>3</sub>
- d. History ..... <sub>1</sub>
- e. Geography ..... <sub>1</sub>
- f. French ..... <sub>1</sub>
- g. German ..... <sub>1</sub>
- h. Spanish ..... <sub>1</sub>
- i. Religious Education ..... <sub>1</sub>
- j. Visual Art ..... <sub>1</sub>
- k. Music ..... <sub>1</sub>
- l. Science..... <sub>1</sub>
- m. Home Economics ..... <sub>1</sub>
- n. Wood Technology ..... <sub>1</sub>
- o. Engineering..... <sub>1</sub>
- p. Graphics ..... <sub>1</sub>
- q. Business Studies ..... <sub>1</sub>
- r. Civic, Social and Political Education (CSPE) ..... <sub>1</sub>
- s. Physical Education..... <sub>1</sub>
- t. Social, Personal and Health Education (SPHE)..... <sub>1</sub>
- u. Other (please specify)..... <sub>1</sub>

**E3. Did you take any short courses this year? Yes ... <sub>1</sub> No ... <sub>2</sub>**

**E4. Did you have any choice over what subjects you did this year? Yes, a lot ... <sub>1</sub> Yes, a little ... <sub>2</sub> No ... <sub>3</sub>**

**E5. How many of your friends from primary school are ... [tick one box on each line]**

	None	One	Two	3 or more	Still at primary school
... in your secondary <u>school</u>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**E6. Here are some views about how you settled into your secondary school. There are no right or wrong answers. For each statement please select an answer to show whether you agree or disagree with these views.**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I feel I am settling in well into secondary school.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. I miss my old friends from primary school.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. I worry about making new friends.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. I am getting on well with the school work.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. I have made new friends.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. I am involved in organised activities after school or at lunchtime.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. I get too much homework at this school.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**E7. In general, thinking about all your subjects, how regularly do the following take place in your classes when schools are open? [TICK ONE BOX ON EACH LINE]**

- |  | Very regularly                        | Quite regularly                       | Now and again                         | Never or hardly ever                  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. We copy notes from the whiteboard .....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b. I work in a group with other students .....                                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c. We use computers or tablets in class .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d. I make a presentation to the class.....   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e. I can show what I have learnt in different ways<br>-- not just written tests..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| f. We have projects to do outside class time .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| g. We get a say in what happens in class .....                                       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

**E8. In general, thinking about all your teachers, how regularly do they do the following in your classes when schools are open? [TICK ONE BOX ON EACH LINE]**

- |  | Very regularly                        | Quite regularly                       | Now and again                         | Never or hardly ever                  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. The teacher reads from the textbook .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| b. The teacher goes too slowly with the class.....     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| c. The teacher explains things really well .....       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| d. The teacher does most of the talking .....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| e. The teacher gives me feedback on how I'm doing..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| f. The teacher goes too quickly with the class         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

E9 for Students in fifth or sixth class since last September

E9. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I am excited about starting secondary school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I am looking forward to making new friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I am nervous about moving to a new school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E10 for all except Home Schooled since last September

E10. How do you feel about school in general? [TICK ONE BOX ONLY]

I like it very much	I like it quite a bit	I like it a bit	I don't like it very much	I hate it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

E11. In general, how often do the following things happen to you in school, when schools are open? [TICK ONE BOX ON EACH LINE]

	Very often	Often	A few times	Never
a. You are told by a teacher that your work is good .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You are encouraged to ask questions in class .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. A teacher praises you for answering a question .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. You are given out to by a teacher because your work is untidy or not done on time .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. You are asked questions in class by the teacher .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. You are given out to by a teacher for misbehaving in class .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E12. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]	Don't do homework
<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

E13. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject. [TICK ONE BOX ON EACH LINE]

	Difficult	OK	Not difficult	Don't take
a. Maths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Irish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Science.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E14. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

	Interesting	OK	Not interesting	Don't take
a. Maths.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Irish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. English.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. Science.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E15. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

Yes ..... 1 No ..... 2 → Go to E17

E16. What subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading ..... 1 Maths ..... 2 Irish ..... 3 Other subject ..... 4



E17. Over the last 12 months, how often have the following things happened to you? **[TICK ONE BOX ON EACH LINE]**

	Never	Now & Again	Quite Often	All the time
a. I was late for school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I got into trouble for not following school rules.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I skipped classes or mitched.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I 'messed' in class.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. I had to do extra work as punishment (including lines).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I had to do detention (after school or at lunch-time).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I was suspended from school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

E18. How many days were you absent from school in the last 12 months (not counting any time the whole school or your whole class was closed because of holidays, Covid-19 or any other reason)? \_\_\_\_\_

E19. What is the highest qualification you expect to get by the time you finish your education? **[TICK ONE BOX ONLY]**

Junior Cert.	Leaving Cert.	Certificate or Diploma (including PLC, apprenticeship)	Degree or higher degree
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### *F. Parent Supervision and Discipline; Pocket Money*

F1. On an average school day, when schools are open, how much time in a day do you spend alone at home while nobody else is home? **[TICK ONE BOX ONLY]**

None	Up to one hour [Less than 1 hour a day]	1 to 2 hours [1 to less than 2 hours a day]	2 to 3 hours [2 to less than 3 hours a day]	3 to 4 hours [3 to less than 4 hours a day]	4 to 6 hours [4 to less than 6 hours a day]	6 hours or more [6 or more hours a 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

F2. [REDACTED]

F3. When you misbehave, how often do your parents do the following? **[TICK ONE BOX ON EACH LINE]**

	Always	Sometimes	Never
a. Explain to you what you have done wrong.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Ignore you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Shout at you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Send you out of the room or to your bedroom.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Stop your treats or pocket money.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Give out to you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Offer you treats to be good.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Ground you.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Remove your phone/tablet/internet access.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

F4. Do you get money to spend on yourself from any of the following? **[TICK ALL THAT APPLY]**

- a. Regular pocket money .....  1
- b. Doing chores (or babysitting) in the home .....  2
- c. Given money by parents when I need it .....  3
- d. Doing occasional jobs (e.g. babysitting) outside the home .....  4
- e. Have a regular part-time job .....  5

F5. About how much money, in total, do you receive when you put all these sources together? € \_\_\_\_\_ per [week/month] \_\_\_\_\_

## G. Physical activities, Chores, Food and Self-Care

**Now some questions about exercise and sport.**

**G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (60 minutes) per day?**

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.**

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**G3. Over the last week, how much time did you spend ...**

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**We would now like to ask some questions about the things that you eat.**

**G4. How often do you**

	Every day	5 or 6 days a week	3-4 days a week	1-2 times a week	Less than once a week /Never
a. Have breakfast (either at home or at school)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Have lunch	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Have dinner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Have a snack between meals	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**[If snack every day or 5-6 days a week → Go to G5; Otherwise → Go to G7]**

**G5. About how many snacks most days? \_\_\_\_\_**

**G6. How many of these snacks are sugary foods or drinks (e.g. sweets, chocolate, sugary drinks, juices \_\_\_\_\_)?**

**G7. How often do you brush your teeth? [TICK ONE BOX ONLY]**

More than twice a day	Twice a day	Once a day	Less often than once a day	Rarely	Not at all
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**Now some questions about sleep. Please think about a week night during term time, when the schools are open.**

**G8. What time do you normally go to sleep on a week-night? Give the time of going to sleep rather than going to bed if these are different). \_\_\_\_ [hour] : \_\_\_\_ [minutes after the hour, 0 if none]**

**G9. And what time do you normally wake up on a week-day \_\_\_\_ [hour] : \_\_\_\_ [minutes after the hour, 0 if none]**

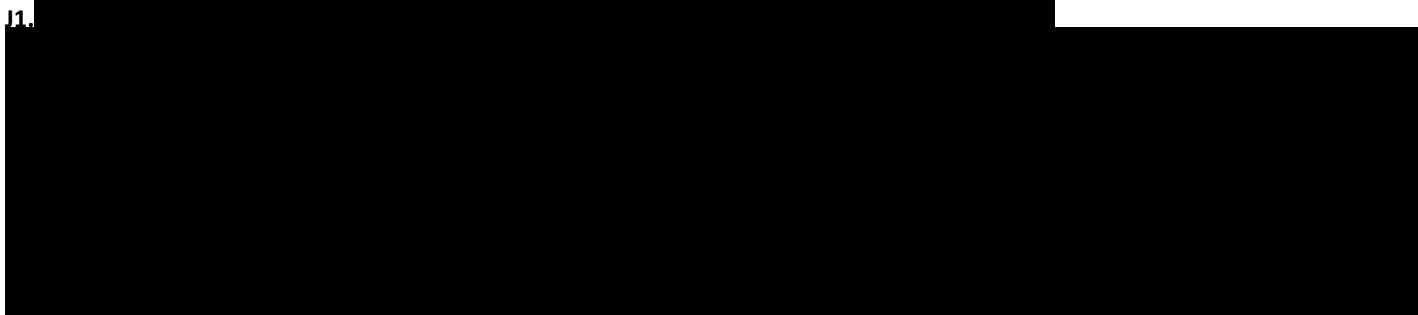
## H. Things You Have or Can do

Now some questions about things you have or can do

H1. Young people differ in the kinds of things they have or can do. For each of the following, please select the answer that best describes your situation

	Yes, I have	No, but do not want or need	No, but would like to have
a. Do you have the right kind of clothes to fit in with other people your age	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Do you have books (including e-books) at home suitable for your age	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Do you have your own bed or bunk bed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Do you have the right kind of electronic devices to keep in touch, or play games, with other people your age	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. Do you have a suitable place at home to study or do your homework	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
	Yes, I can	No, but do not want to	No, but would like to
f. Can you invite friends over from time to time	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
g. Can you have a celebration for your birthday or special events	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Can you go on school trips or to school events	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Can you have a meal out with your family at least once a month	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Can you go on a family holiday at least once a year (in Ireland or elsewhere)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## J. Feelings and How you See Yourself



And now, some more questions about you ...

J2. How would you describe yourself? Would you say you are:

Very skinny	A bit skinny	Just the right size	A bit overweight	Very overweight
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

J3. Have you ever exercised to lose weight or to avoid gaining weight? Yes.....<sub>1</sub> No.....<sub>2</sub>

J4. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?

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

J5. On a scale of 0 to 10 where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days?

0	1	2	3	4	5	6	7	8	9	10
Not at all satisfied										Completely Satisfied
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>



### K. Siblings and Friends

Now some questions about your brothers and sisters and your friends

**K1. Do you have any brothers or sisters living at home?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**K2. [If yes] How often do you do any of the following with any of your brothers or sisters?**

	Never	Less than once a week	Once a week	2-5 times a week	Nearly every day
a. Play computer or video games together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Listen to music together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Spend time together on another hobby or interest	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Go out together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Argue with one another	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. Push, shove or hit one another	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. Play sports (e.g. football, gymnastics) together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Help each other with homework	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**K3. How many friends do you normally hang around with? [TICK ONE BOX ONLY]**

- a. None ..... <sub>1</sub> **Go to K9**  
 b. One or two ..... <sub>2</sub>  
 c. Between 3 and 5 ..... <sub>3</sub>  
 D. Between 6 and 10 ..... <sub>4</sub>  
 E. More than 10 ..... <sub>5</sub>

**K4. How many of these would you describe as CLOSE friends? \_\_\_\_\_**

**K5. How old are the friends you usually go about with? [TICK ONE BOX ON EACH LINE]**

- |                                    | None                                  | Some                                  | Most or all                           |
|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| a. A year or more younger .....    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| b. About the same age .....        | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| c. A year or two older .....       | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| d. More than two years older ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

**K6. How many of your friends have your parents met? [TICK ONE BOX ONLY]**

- None of them .... <sub>1</sub>    Some of them .... <sub>2</sub>    Most or all of them .... <sub>3</sub>

**K7. When you need to talk to your friends about something, how do you do it?**

	Often	Sometimes	Never
a. By phone or voice call or video call	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. By text message (including WhatsApp)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Through post on social media	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. In person	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**K8: Thinking about how you get on with your friends, would you say the following things are 'always true', 'sometimes true' or 'not true'?**

**ALWAYS TRUE    SOMETIMES TRUE    NOT TRUE**

- a. I have fun with my friends..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>  
 b. My friends would help me out if I needed them ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

**K9 (was S1). If you had a problem or needed support, would you talk about it to any of the following?**

**[Tick all that apply]**

- a. Parent(s) .....  1
- b. Teacher .....  2
- c. Some other adult in the school (such as guidance counsellor, class tutor).....  3
- d. Friends .....  4
- e. Brother or sister.....  5
- f. Grandmother/grandfather .....  6
- g. Someone else.....  7
- h. Nobody .....  8

**K10 (Was L1). Looking to the future, what job would you really like to get? \_\_\_\_\_**

**Ending Script:**

**If this interview (or the web survey) has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].**

**There is also a list of support services you can contact that we sent you by post.**

**This list of support services also be found on the website. Go to [www.growingup.ie](http://www.growingup.ie) and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.**

## *Growing Up in Ireland*

### Young Person Self-Complete Questionnaire [if consent given by PCG] Cohort '08 at 13 years of age

#### *Preliminaries*

Welcome to this survey from the **Growing Up in Ireland** study.

If there is any question you do not wish to answer, you can select 'Save and continue' to skip it and move on to the next question.

**S1. Please enter your unique ID, given to you by your interviewer \_\_\_\_\_ S1.**

**S1a. Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey**

[Yes, I agree to take part; No, I do not wish to take part]

**S1b. Can you tell us on which type of device you completed this survey?**

[Desktop, Laptop, Tablet/iPad, Smartphone]

**S1c. What is your date of birth? [dd/mm/yyyy] \_\_\_\_\_**

#### *Sources of Information*

**S2. This school year have you been taught the following in your school:**

- |   |         |                          |   |       |                          |   |
|---|---------|--------------------------|---|-------|--------------------------|---|
| a. Relationships and Sexuality Education (RSE)  | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |
| b. How to stay healthy (e.g. diet and exercise) | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |
| c. How to feel good about myself and my life    | Yes ... | <input type="checkbox"/> | 1 | No... | <input type="checkbox"/> | 2 |

**S3. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)?** Yes ...  1 No...  2

**S4. Where would you be MOST likely to go to get information or advice on sex or relationship issues?**

[TICK ONE BOX ONLY]

- |                      |                          |   |                                |                          |    |
|----------------------|--------------------------|---|--------------------------------|--------------------------|----|
| Nowhere .....        | <input type="checkbox"/> | 1 | Boyfriend/ Girlfriend .....    | <input type="checkbox"/> | 8  |
| Mum .....            | <input type="checkbox"/> | 2 | Teacher .....                  | <input type="checkbox"/> | 9  |
| Dad .....            | <input type="checkbox"/> | 3 | Internet .....                 | <input type="checkbox"/> | 10 |
| Brother/sister ..... | <input type="checkbox"/> | 4 | Magazines .....                | <input type="checkbox"/> | 11 |
| Aunts/ Uncles .....  | <input type="checkbox"/> | 5 | Books .....                    | <input type="checkbox"/> | 12 |
| Friends .....        | <input type="checkbox"/> | 6 | TV/ Films/ DVDs .....          | <input type="checkbox"/> | 13 |
| Cousins .....        | <input type="checkbox"/> | 7 | Other <input type="checkbox"/> | 14                       |    |

#### *Sexual Orientation, Puberty*

**S5a Do you have a boyfriend or girlfriend at the moment? Yes ...  1 No...  2**

**S5b. Are you attracted to ...[Please indicate which best describes you]**

Girls	Boys	Both girls and boys	I am not attracted to anyone	Not sure / still deciding	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

**S6 We now have one or two questions which are different for boys and girls. Please indicate which questions are appropriate for you: [Tick one box]**

Questions for boys .....  1 → Go to S7b

Questions for girls .....  2 → Go to S7g1

Neither.....  3 → Go to S8

**BOYS ONLY [‘Questions for boys’ at S6]**

**S7b. Boys’ bodies develop at different rates. We would like to ask you about your stage of development at the moment.**

**Has your voice changed at all? [TICK ONE BOX ONLY]**

- |   |                          |   |                                      |                          |   |
|---|--------------------------|---|--------------------------------------|--------------------------|---|
| No, it is the same .....                  | <input type="checkbox"/> | 1 | Yes, it is now totally changed ..... | <input type="checkbox"/> | 3 |
| Yes, occasionally it is a lot lower ..... | <input type="checkbox"/> | 2 | Not sure.....                        | <input type="checkbox"/> | 4 |

GIRLS ONLY ['Questions for girls' at S6]

S7g1. Girls can start their periods at different ages. Have you started your periods yet?

Yes ..... 1 No ..... 2 - Go to Question S8

S7g2. What age were you when you had your first period? \_\_\_\_\_ years \_\_\_\_\_ months

Anti-social behaviour

S8. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE]

- |  | Never                      | Once                       | 2 or more<br>times         |
|--|----------------------------|----------------------------|----------------------------|
| a) Not paid the correct fare on a bus or train.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b) Taken something from a shop or store without paying for it.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c) Behaved badly in public so that people complained and you got into trouble.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d) Taken money or something else that did not belong to you from school.....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e) Carried a knife or weapon with you in case it was needed in a fight .....   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f) Written things or sprayed paint on things that do not belong to you<br>(for example, a phone box, car, building, bus shelter) ..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g) Taken money or something else that did not belong to you from your home<br>without permission.....                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h) Hit, kicked or punched someone on purpose in order to hurt or injure them.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

The people responsible for the study must remind you that these activities are risky (some are also against the law) and could result in you or somebody else getting hurt.

S9. Have you ever been in trouble with the Gardai? Yes ..... 1 No ..... 2

Mental Health

S10\_1

S10\_2. Have you ever heard voices or sounds that no-one else can hear? No, never 1 Maybe 2 Yes, definitely 3

*Experience of Bullying and Bullying Others*

**S11. Have you been bullied in the last 3 months?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**S12. Have you experienced any of the following from a child or young person in the last 3 months? Please indicate the number of times.**

	Never	Once	2 or more times
A. Been hit, kicked or punched .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
B. Been pushed, shoved or slapped .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
C. Name-calling, hurtful slugging .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
D. Been sent hurtful message by text, email or other message app. ....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E. Had something hurtful posted online about you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
F. Someone circulating upsetting note/ photo/video or graffiti about you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
G. Someone taking / damaging your personal possessions .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
H. Exclusion (being left out) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
I. Gossip, spreading rumours about you .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
J. Threatened / forced to do things you didn't want to do .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

[If 'No' to S11 and 'Never' to all items at S12, Go to S17]

**S13. Did any of these experiences involve the same person or people on more than one occasion?** Yes ... <sub>1</sub> No ... <sub>2</sub>

**S14. Did this person or people intend to be hurtful?** Yes ... <sub>1</sub> No ... <sub>2</sub> Not sure ... <sub>3</sub>

**S15. When these things happened, how did this make you feel ... ? [TICK ONE BOX ON EACH LINE]**

- a. **Upset?** .....Not at all ... <sub>1</sub> A little ... <sub>2</sub> A lot ... <sub>3</sub>
- b. **Afraid?** .....Not at all ... <sub>1</sub> A little ... <sub>2</sub> A lot ... <sub>3</sub>
- c. **Angry?** .....Not at all ... <sub>1</sub> A little ... <sub>2</sub> A lot ... <sub>3</sub>

**S16. Have you told a parent, teacher or other adult about this experience?** Yes ..... <sub>1</sub> No.....<sub>2</sub>

**S17. In the last 3 months have you bullied someone?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

*Cigarettes, alcohol and other substances*

**S18. Have you ever smoked a cigarette?** Yes ..... <sub>1</sub> No ..... <sub>2</sub> – Go to S21

**S19. How often do you smoke cigarettes at present?**

- Every day..... <sub>1</sub>
- At least once a week but not every day..... <sub>2</sub>
- Less than once a week ..... <sub>3</sub>
- I do not smoke at present..... <sub>4</sub>

**S20. How many cigarettes do you usually smoke in a week?**

\_\_\_\_\_ cigarettes a week

**S21. Have you ever smoked an e-cigarette (also known as 'vaping')?** Yes ..... <sub>1</sub> No ..... <sub>2</sub>

**S22. Compared to cigarettes, do you think that e-cigarettes are:**

- More harmful ..... <sub>1</sub> Equally harmful ..... <sub>2</sub> Less harmful ..... <sub>3</sub> Don't know ..... <sub>4</sub>

**S23. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc.)**

Yes ..... <sub>1</sub> No.....<sub>2</sub> – Go to Question S25

**S24. How often do you drink alcohol now? Try to include even those times when you only drink a small amount.**

Never	Rarely	Only on special occasions	At least once a month	At least once a week	Every day
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**S25. Have you ever used cannabis? [also called 'hash', 'grass', 'weed' or 'pot']** Yes ... <sub>1</sub> No ... <sub>2</sub>

**S26. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high?**

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

**S27. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)?** Yes ... <sub>1</sub> No ... <sub>2</sub>

*The people responsible for the study must remind you that these activities are risky (some are also against the law) and could result in you or somebody else getting hurt. Drinking alcohol, taking drugs, fighting and so on always cause lots of damage and pain for everyone involved.*



*(Parenting Style Questionnaire for main person who looks after 13-year-old)*

We would now like to ask you some questions about the parent or guardian whom you live with and usually looks after you. Even if you live with two parents/guardians, please just keep one of them in mind when answering the next set of questions.

[Redacted]

[Redacted]

[Redacted]

*You may remember that we asked you and your parent/guardian to measure your height and weight so that you could tell us in this survey. Please fill in those measurements here if you have them. If you don't, please give us your best estimate here.*

**S29a. What is your height at the moment? You can use either 'feet and inches' or 'centimetres' but let us know which it is.**

Tick one [centimetres <sub>1</sub>; inches <sub>2</sub>; Feet and inches <sub>3</sub> \_\_ [height]\_\_\_\_\_

**S29b Is this an actual measurement taken in the last month or your best guess?**

Best guess <sub>1</sub> GO TO S30a Measured in last month <sub>2</sub> GO TO S29c

**S29c [if measured] Did your parent/guardian or another adult help you take this measurement?**

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

**S30a And what is your weight? You can use 'kilos', 'pounds' or 'stone and pounds' but let us know which one.**

[Tick one [Kilos <sub>1</sub>; Pounds <sub>2</sub>; Stone and Pounds <sub>3</sub> \_\_\_\_\_ [weight]

**S30b Is this an actual measurement taken in the last month or your best guess?**

Best guess <sub>1</sub> GO TO S31 Measured in last month <sub>2</sub> Go to S30c

**S30c [if measured] Did your parent/guardian or another adult help you take this measurement?**

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

**S31. Thinking ahead to when you will be an adult, which of the following do you most look forward to [Please tick one box]:**

- a. Studying, training or doing an apprenticeship..... <sub>1</sub>
- b. Getting a job ..... <sub>2</sub>
- c. Living in my own place..... <sub>3</sub>
- d. Travelling to different countries ..... <sub>4</sub>
- e. Deciding for myself things like what to eat or wear ..... <sub>5</sub>
- f. Making new friends ..... <sub>6</sub>
- g. Having my own money to spend as I wish..... <sub>7</sub>

S32. Were you alone when completing the questionnaire?

Yes .....  1

No.....  2

S33. Were any of the following people in the room with you? **[TICK ALL THAT APPLY]**

Parent .....  1

Brother / sister .....  3

Other adult .....  2

Other child.....  4

Time Ended

--	--	--	--

Date \_\_\_\_\_  
          day        mth        year

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

If you have any queries about the survey please email [growingupat13@esri.ie](mailto:growingupat13@esri.ie) or visit [www.growingup.ie](http://www.growingup.ie) for further information.

If this survey has raised any issue that you are concerned about, perhaps you could talk it over with your [mother/father/guardian].

There is also a list of support services you can contact that we sent you by post.

This list of support services also be found on the website. Go to [www.growingup.ie](http://www.growingup.ie) and either click on the red button at the top of the home page or open the 'menu' if you are using a smartphone.

## Growing Up in Ireland Secondary Caregiver Questionnaire Cohort '08 at 13 years of age

GROUP

H'HOLD

YOUNG PERSON NO.

Interviewer Name \_\_\_\_\_

Interviewer Number

Time Started

Date \_\_\_\_\_  
day mth year

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

### Z: Covid-19 Experiences

Now some questions about your experience during the Covid-19 pandemic.

**Z2 Thinking now of the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.**

- |  | ALWAYS TRUE                | SOMETIMES TRUE             | NOT TRUE                   |
|--|----------------------------|----------------------------|----------------------------|
| a. My family did more activities together .....                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. It was difficult to balance work and family life.....                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. I had the chance to slow down.....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. I worried about the virus infecting me or someone else<br>in my family..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Apart from work, I spent more time online than usual.....                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. I spent more time than usual taking care of the children .....              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. My partner spent more time than usual taking care of the children ...       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

**Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?** Yes ... 1 → Go to Z4 No ... 2 → Go to Z5\_check

**Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways?** [Tick all that apply]

a. Loss of employment (losing your job or temporary lay-off)	<input type="checkbox"/>
b. Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment)	<input type="checkbox"/>
c. Increase in usual hours worked	<input type="checkbox"/>
d. Started remote working from home	<input type="checkbox"/>
e. Increased number of remote hours working from home	<input type="checkbox"/>
f. Other change (including starting a new job, being assigned to different work)	<input type="checkbox"/>
g. None of the above	<input type="checkbox"/>

**Z9. Overall, during the most recent Level 5 restrictions when the schools were closed, how much exercise did you get compared to before the restrictions?**

A lot more	A little more	About the same	A little less	A lot less
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## C.Caregiver's Health

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

**C1. In general, how would you say your current health is?**

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**C2. Do you have any of the following long-lasting conditions or difficulties?**[Tick one box on each line]

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**[Routing: Is there any 'yes' response to any item at C2, above? Yes ... 1 → Go to C3 No ... 2 → Go to C6**

**C3. What is the nature of this condition or difficulty? Please describe as fully as possible.  
[Int. please record diagnosis – not symptoms of the problem.]**

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**C4. Are you hampered in your daily activities by any long-lasting condition or difficulty?**  
Yes, severely ..... 1 Yes, to some extent ..... 2 No ..... 3

**C5. Since when have you had this condition or difficulty? If you have more than one condition or difficulty, please tell me since when you have had the one you consider most serious. [Record year parent first became aware of condition (not necessarily diagnosed) \_\_\_\_\_(year)  
[Pilot also asked for month of onset if current or previous year.]**

**C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <child>?**  
Yes, currently .... 1 Yes, in the past ... 2 No ... 3

**C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing.** Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [None, one to seven]

None	One	Two	Three	Four	Five	Six	Seven
<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. Internet and Screen Time

Now, some questions about your own screen-based activities...

**F7. Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these...**

	None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	More than 5 hours
On a WEEKDAY, how much time do you spend on screen-based activities?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
On a WEEKEND DAY, how much time do you spend on screen-based activities?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

**F8. Thinking about your smartphone, how often, if ever, ...**

	Never	Hardly ever	Sometimes	Often	Very often
a. Do you feel as if you have to respond to messages/posts from other people immediately	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Do you check for messages or notifications as soon as you wake up	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Feel distracted by your smartphone when <child> is with you?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**F9. In the PAST YEAR, how often have these things happened to you?**

	Never	A few times	At least once a month	At least once a week	Daily or almost daily
a. I have felt bothered when I cannot be on the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. I have spent less time than I should with either family, friends or completing tasks because of the time I spent on the internet	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## G: Family Relationships and Context

Now some questions about your relationship with <Child>.

**G1.**



**G2. Now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:**

	Every day/7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
a. Sit down to eat together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Do household activities together (e.g. gardening, cooking, cleaning, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**G3. Thinking of an AVERAGE SCHOOL DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the most recent four weeks of term time when the schools were open. \_\_\_\_\_ hours \_\_\_\_\_ minutes**

**G4. Thinking of an AVERAGE WEEKEND DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the last four weeks. \_\_\_\_\_ hours \_\_\_\_\_ minutes**

**G6. Thinking about the last 12 months, Please tell me how strongly you agree or disagree with the following statements.**

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

**G7 Did you take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.**

Yes..... 1    No... 2    Not applicable, not in employment since birth of child... 3

## H. Housing and Socio-Demographic Background

Now some questions about employment.

**H8. 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'; Code 0 should also be used for respondents who are currently receiving Pandemic Unemployment Payment]

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

[BLAIS: IF CODE 0,1,2,3 at H8, Go to H9]

**H9. When did you start your current job?**

\_\_\_\_\_ year [If current or previous year] \_\_\_\_\_ month

**H10a. Do you work from home?**

Yes, but only because of the Covid-19 measures ... 1 → Go to H10b

Yes, usually work from home (even apart from Covid measures) ... 2 → Go to H16

No ... 2 → Go to H10b

**H10b. On a typical work day [when you are not working from home], how much time in minutes do you spend commuting to and from work (outward and return journey combined)?**

\_\_\_\_\_ minutes

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

→ Go to H16

**H11. Apart from holiday or casual work, have you ever had a full-time job?**

Yes ... 1    No ... 2 → Go to H14

**H12. In what year did you last work in that full-time job? \_\_\_\_\_ (year)**

**H13. 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

→ Go to H16

**H14. Do you currently have a part-time job?**

Yes ... 1    No ... 2 → Go to H23

**H15. In your part-time job are you?**

Employee (incl. apprenticeship or Community Employment) ... 1

Self-employed outside farming ..... 2

Farmer ..... 3

→ Go to H16

[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use Past tense]

H16. How many hours do [did] 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

H17. What is [was] your occupation in your main job?

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

Use precise terms such as:

RETAIL STORE MANAGER  
SECONDARY TEACHER  
ELECTRICAL ENGINEER

Do not use general terms such as:

MANAGER  
TEACHER  
ENGINEER

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

Write in main OCCUPATION

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H18. What is [was] the main activity of the business /organisation where you work?  
(What did the business mainly make or do?)

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H19. Are [were] you employed in a public sector organisation?

This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector.

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

H20 Check. [BLAISE: CHECK EMPLOYMENT STATUS ]

Employee (incl. apprenticeship or Community Employment)	Self-employed (not farming)	Farmer
<input type="checkbox"/> <sub>1</sub> → Go to H20	<input type="checkbox"/> <sub>2</sub> → Go to H21	<input type="checkbox"/> <sub>3</sub> → Go to H21

H20. Do [Did] you supervise or manage 10 or more personnel in your job? Yes ... <sub>1</sub> No ... <sub>2</sub> → Go to H24\_Check

H21. How many employees (if any) do [did] you have? \_\_\_\_\_ employees [ENTER ZERO if none]

Check H20\_Check = Farmer → Go to H22

Otherwise → Go to H24\_Check

H22. How many acres do [did] you farm? \_\_\_\_\_ acres → Go to H24\_Check

[BLAISE check: Not currently working and never worked [H8=4 to 10 AND H11 = No AND H14=No: → Go to H23; otherwise go to H24\_check]

H23. From the following reasons, could you tell me the most important reason for you not working in a paid job outside the home?

- A. I can't find a suitable job
- B. I prefer be at home to look after my family myself
- C. Problems finding or affording suitable childcare
- D. We would be no better off if I were in employment
- E. My own illness or disability
- F. Other reason (specify)

H25. What is [was] the main activity of the business /organisation where your spouse/partner works?  
(What did the business mainly make or do?)

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# J. About You

## Now some more questions about yourself

**J1. [Forward feed of parental education from last interview] What is the highest level of education (full-time or part-time) which you have completed to date?**

1. Primary education or less ..... 1

**Second Level**

2. Lower Secondary ..... 2  
(Junior/Intermediate/Group Cert. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Cert. or equivalent).

3. Upper Secondary ..... 3  
(Leaving Cert. (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent)

4. Technical or Vocational qualification..... 4  
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Cert. Course/FETAC Level 5, Teagasc Cert./Diploma or equivalent).

5. Both Upper Secondary and Technical or Vocational qualification ..... 5

**Third Level**

6. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree) ..... 6

7. Primary Degree ..... 7  
(Third Level Bachelor Degree)

8. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor) ..... 8

9. Both a Degree and a Professional qualification ..... 9

10. Postgraduate Diploma or Postgraduate Degree (Masters)..... 10

11. Doctorate (Ph.D) or Higher Doctorate ..... 11

**J2. What language do you speak most often at home?**

English..... 1    Irish..... 2    Other..... 3

**J3. Do you belong to any religion?**    Yes..... 1    No ..... 2

**J4. Which religion?**

Christian – no denomination	Roman Catholic	Anglican / Church of Ireland / Episcopalian	Other Protestant	Jewish	Muslim	Other (please specify)
<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

**J5. Are you a citizen of Ireland?**    Yes ..... 1    No..... 2

**J6. What citizenship do you hold?** \_\_\_\_\_

[BLAISE Condition ASK J7—J8 IF NON RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]

**J7. Were you born in Ireland?**    Yes ..... 1    No..... 2

**J8. In which country were you born?** \_\_\_\_\_

**J9. How long ago did you first come to live in Ireland?**

Within the last year	1-5 years ago	6-10 years ago	11-20 years ago	More than 20 years ago	Don't Know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

**J10. Can you tell me, what is your ethnic or cultural background?**

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

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

Time Ended

Date \_\_\_\_\_ day \_\_\_\_\_ mth \_\_\_\_\_ year





S4. May I just check whether you are currently living with someone in the household as a couple?

Yes ..... 1 → Go to S5

No ..... 2 → Go to S6

S5. Since what year have you and your spouse / partner been living together? \_\_\_\_\_ (mth) \_\_\_\_\_ (year) →Go to S7

S6. Are you currently in a relationship with someone outside the household?

Yes ..... 1 → Go to S7

No ..... 2 → Go to S10

**[Questions for SCG who is in a relationship]**

S7. 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

S8. [Redacted]

S9. [Redacted]

*Parenting stress*

S10. [Redacted]

*Weight*

S11a. What is your weight at the moment? [Tick one Kilos 1 Pounds 2 Stone and Pounds 3 \_\_\_\_ \_\_\_\_ [weight]

S11b. Is this an estimate or have you weighed yourself in the last month? Estimate 1 Weighed self in last month 2

*Alcohol, smoking, other substances*

<p><b>S12. Which of the following best describes how often you usually drink alcohol?</b></p> <p>1. Never ..... <input type="checkbox"/> <sub>1</sub> <b>Go to S16</b></p> <p>2. Less than once a month ..... <input type="checkbox"/> <sub>2</sub> <b>Go to S14/S15</b></p> <p>3. 1-2 times a month ..... <input type="checkbox"/> <sub>3</sub> <b>Go to S14/S15</b></p> <p>4. 1-2 times a week ..... <input type="checkbox"/> <sub>4</sub> <b>Go to S13</b></p> <p>5. 3-4 times a week ..... <input type="checkbox"/> <sub>5</sub> <b>Go to S13</b></p> <p>6. 5-6 times a week ..... <input type="checkbox"/> <sub>6</sub> <b>Go to S13</b></p> <p>7. Every day ..... <input type="checkbox"/> <sub>7</sub> <b>Go to S13</b></p>	<p><i>If they currently drink alcohol between every day and 1-2 times a week ask:</i></p> <p><b>S13. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, or other alcohol would you drink?</b></p> <p>(a) Pints of Beer/Cider ____ (b) Glasses of Wine ____</p> <p>(c) Measures of Spirits ____ (d) Other alcohol (number) ____</p> <p style="text-align: right;"><b>→ Go to S14/S15</b></p>
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For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits

[ASK S14 ONLY OF FEMALE RESPONDENTS]

**S14. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

[ASK S15 ONLY OF MALE RESPONDENTS]

**S15. 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"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**S16. 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.....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

**S17. About how many cigarettes or cigars do you smoke on average each day?**

\_\_\_\_\_ [Int. enter ‘0’ if less than 1 on average]

**S18. Do you currently use ‘vapes’ or e-cigarettes?**

Daily.....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

**S19. Including yourself, how many members of the household smoke? \_\_\_\_ N**

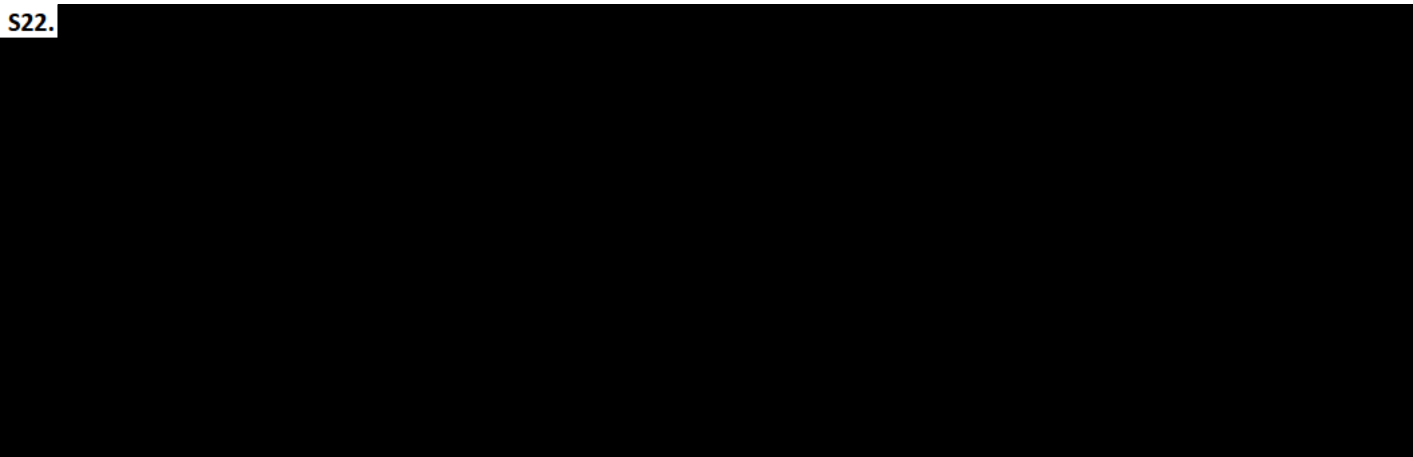
**S20. Do you smoke cannabis?**

Regularly .....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

**S21. Do you take any drugs such as ecstasy, speed, heroin, methadone, crack or cocaine?**

Regularly .....  <sub>1</sub>      Occasionally .....  <sub>2</sub>      Not at all .....  <sub>3</sub>

*Emotional wellbeing*



*Talking about sexual health*

**S23. Have you spoken to your 13-year-old personally about the following sexual health issues?**

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a) Sex and sexual intercourse .....                                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b) Sexual feelings, relationships and emotions.....                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c) Contraception .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d) Safer sex/sexually transmitted infections/ venereal diseases.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e) Sexual orientation (e.g. homosexuality, heterosexuality etc) ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f) Sharing explicit sexual texts (sexting) or images.....             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

*Final Section (Pregnancy, if female; How survey completed)*

**[ASK ONLY OF FEMALE RESPONDENTS]**

**S32 [If Male go to S33] Can I check, are you currently pregnant? [This information is collected to put other responses – such as health and weight - in context]** Yes.....<sub>1</sub> No.....<sub>2</sub>

**S33. Can you tell us on which type of device you completed this survey:**

- Desktop computer ..... <sub>1</sub>
- Laptop computer ..... <sub>2</sub>
- Tablet / iPad..... <sub>3</sub>
- Smartphone ..... <sub>4</sub>

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

*If you have any queries about the survey please email [growing.up@esri.ie](mailto:growing.up@esri.ie) or visit [www.growingup.ie](http://www.growingup.ie) for further information.*

*If you would like to talk to someone about any issues raised in this Questionnaire, please see <https://www.growingup.ie/pubs/Parent-Support-Services.pdf> for resources*

**Time Ended**

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**Date** \_\_\_ day \_\_\_ mth \_\_\_ year

# Growing Up in Ireland

## Young Person Survey – Short and Proxy Interview Questionnaires

### Cohort '08 at 13 years of age

### Short Interview

ID

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Time Started

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(24 hour clock)

Date

Day	mth	year

### A. Preliminaries

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

**A1. Please confirm that you have read the Information Sheet, discussed participating with your or guardian and agree to take part in the survey:**

Yes, I agree to take part ..... <sub>1</sub>

No, I do not wish to take part ..... <sub>2</sub> Go to end

### B. Activities and Time at Home During Covid-19 Restrictions

First, some questions about your recent experience during the Covid-19 pandemic.

**B1. Thinking of the time during the most recent Level 5 restrictions when the schools were closed, please say whether each of the following was always true, sometimes true or not true for you.**

	ALWAYS TRUE	SOMETIMES TRUE	NOT TRUE
a. I had a quiet space to study .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. I missed my friends .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. I had a chance to attend school lessons with my teacher on the internet .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. My parent(s) helped with my school work.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
a. I was able to keep in touch with my friends .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

### C. Activities

Please indicate (a) how often you do each of these activities and (b) if you never do them or do them less often than once a month, the main reason.

	(a) How often			(b) less often/never, what is the main reason		
	At least once a week	At least once a month	Less often or never	No interest	Covid restrictions	Other reason
<b>C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C2. Take part in dance lessons</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C4. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**C6. How many times a week do you do these activities for fun or to relax.**

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
a. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
b. Singing or playing a musical instrument	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
d. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
e. Going to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
f. Spending time with pets	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7
g. Hanging out with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 7

### **D. Internet and Screen Time**

**D1. Do you have any of the following that you can use to access the internet?**

	Yes, for my sole use	Yes, but shared with someone else	No
a. Smartphone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Tablet (no keyboard)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Tablet with a keyboard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Laptop computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Other computer (including desktop)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Other device, such as gaming console	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**D2. 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)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. Do not include time spent using computers in school or for online class work. For each, please answer separately for weekdays and weekend days.**

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
<b>Weekday during term time</b>							
a. Watching television /films/ videos (on TV set, tablet or other device)	<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. Playing video/computer games	<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. Other online or screen-based activities	<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>Weekend day or holiday</b>							
d. Watching television /films/ videos (on TV set, tablet or other device)	<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	<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. Other online or screen-based activities	<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

**D4. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?**

Yes ... 1 No ... 2

**D5. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)?** Yes ... 1 No ... 2

### **E. School and Education**

**Now some questions about your experiences of school and education**

**E1. What class are you in since last September?**

- Home schooled ..... 1 → Go to E14
- 5<sup>th</sup> class..... 2 → Go to E11
- 6<sup>th</sup> class..... 3 → Go to E11
- 1<sup>st</sup> year ..... 4
- 2<sup>nd</sup> year..... 5
- Other class at second level ..... 6
- Other class at primary level ..... 7 → Go to E11

*Section for Students in Second Level Schools since last September*

**E2 Please tick the subjects you are taking from September 2019. For Irish, English and Maths, please tick which level you are studying.**

- Irish ..... Higher ..... 1 Ordinary ..... 2 Not sure yet ..... 3 Don't take Irish .... 4
- English ..... Higher ..... 1 Ordinary ..... 2 Not sure yet ..... 3

Mathematics ..... Higher ..... <sub>1</sub> Ordinary ..... <sub>2</sub> Not sure yet ..... <sub>3</sub>

History ..... <sub>1</sub> Business Studies ..... <sub>1</sub>

Geography ..... <sub>1</sub> Civic, Social and Political Education (CSPE)..... <sub>1</sub>

French ..... <sub>1</sub> Physical Education ..... <sub>1</sub>

German ..... <sub>1</sub> Social, Personal and Health Education (SPHE)..... <sub>1</sub>

Spanish ..... <sub>1</sub> Other (please specify)..... <sub>1</sub>

Religious Education ..... <sub>1</sub>

Visual Art ..... <sub>1</sub>

Music ..... <sub>1</sub>

Science ..... <sub>1</sub>

Home Economics ..... <sub>1</sub>

Wood Technology ..... <sub>1</sub>

Engineering ..... <sub>1</sub>

Graphics ..... <sub>1</sub>

E3. Did you take any short courses this year? Yes ... <sub>1</sub> No ... <sub>2</sub>

E5. Did you have any choice over what subjects you did this year? Yes, a lot ... <sub>1</sub> Yes, a little ... <sub>1</sub> No ... <sub>2</sub>

E8. How many of your friends from primary school are ... [tick one box on each line]

	None	One	Two	3 or more	Still at primary school
a.... in your secondary school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

E11 for Students in fifth or sixth class since last September

E11. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. I am excited about starting secondary school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. I am looking forward to making new friends.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. I am nervous about moving to a new school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

E12 for all except Home Schooled since September 2020

E12. How do you feel about school in general? [TICK ONE BOX ONLY]

I like it very much	I like it quite a bit	I like it a bit	I don't like it very much	I hate it
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

E14. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]	Don't do homework
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

E16. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject.

[TICK ONE BOX ON EACH LINE]

	Difficult	OK	Not difficult	Don't take
Maths.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Irish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
English.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Science.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

E17. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

	Interesting	OK	Not interesting	Don't take
Maths.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Irish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
English.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Science.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

E18. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

Yes ..... <sub>1</sub> No ..... <sub>2</sub> → Go to E20

E19. What subjects did you get extra help in? **[TICK ALL THAT APPLY]**

English/Reading ..... <sub>1</sub> Maths ..... <sub>2</sub> Irish ..... <sub>3</sub> Other subject ..... <sub>4</sub>

F4. Do you get money to spend on yourself from any of the following? **[TICK ALL THAT APPLY]**

- a. Regular pocket money ..... <sub>1</sub>
- b. Doing chores (or babysitting) in the home ..... <sub>2</sub>
- c. Given money by parents when I need it ..... <sub>3</sub>
- d. Doing occasional jobs (e.g. babysitting) outside the home ..... <sub>4</sub>
- e. Have a regular part-time job ..... <sub>5</sub>

F5. About how much money, in total, do you receive when you put all these sources together? € \_\_\_\_\_ per [week/month] \_\_\_\_\_

### *G. Physical activities, Chores, Food and Self-Care*

*Now some questions about exercise and sport.*

G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (60 minutes) per day?

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

G5\_1. Over the last week, how much time did you spend ...

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>



## K. Siblings and Friends

Now some questions about your brothers and sisters and your friends

**K1. Do you have any brothers or sisters living at home?**

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

No ..... <sub>2</sub>

**K2. [If yes] How often do you do any of the following with any of your brothers or sisters?**

	Never	Less than once a week	Once a week	2-5 times a week	Nearly every day
a. Play computer or video games together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Listen to music together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Spend time together on another hobby or interest	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Go out together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Argue with one another	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. Push, shove or hit one another	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
g. Play sports (e.g. football, gymnastics) together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
h. Help each other with homework	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

**K3. How many friends do you normally hang around with? [TICK ONE BOX ONLY]**

A. None ..... <sub>1</sub> **Go to S1**

B. One or two ..... <sub>2</sub>

C. Between 3 and 5 ..... <sub>3</sub>

D. Between 6 and 10 ..... <sub>4</sub>

E. More than 10 ..... <sub>5</sub>

**K4. How many of these would you describe as CLOSE friends? \_\_\_\_\_**

**K5. How old are the friends you usually go about with? [TICK ONE BOX ON EACH LINE]**

**None      Some      Most or all**

A. A year or more younger ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

B. About the same age ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

C. A year or two older ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

D. More than two years older ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

**K6. How many of your friends have your parents met? [TICK ONE BOX ONLY]**

None of them .... <sub>1</sub>      Some of them .... <sub>2</sub>      Most or all of them .... <sub>3</sub>

**K8. When you need to talk to your friends about something, how do you do it?**

	Often	Sometimes	Never
a. By phone or voice call or video call	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. By text message (including WhatsApp)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Through post on social media	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. In person	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**K9: Thinking about how you get on with your friends, would you say the following things are 'always true', 'sometimes true' or 'not true'?**

**ALWAYS TRUE      SOMETIMES TRUE      NOT TRUE**

• I have fun with my friends ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

• My friends would help me out if I needed them ..... <sub>1</sub> ..... <sub>2</sub> ..... <sub>3</sub>

## Proxy Interview

ID 

--	--	--	--	--	--	--	--

Time Started 

--	--	--	--

 (24 hour clock)

Date                       
          day           mth           year

### B. Preliminaries

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

**A1. Please confirm that you have read the Information Sheet, discussed participating with your or guardian and agree to take part in the survey:**

Yes, I agree to take part ..... <sub>1</sub>

No, I do not wish to take part ..... <sub>2</sub> Go to end

### C. Activities

Please indicate (a) how often you do each of these activities and (b) if you never do them or do them less often than once a month, the main reason.

	(a) How often			(b) less often/never, what is the main reason		
	At least once a week	At least once a month	Less often or never	No interest	Covid restrictions	Other reason
<b>C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C2. Take part in dance lessons</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<b>C4. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**C6. How many times a week do you do these activities for fun or to relax.**

	Every day	3 to 6 times a week	Once or twice a week	Less than once a week / Never
h. Reading for fun (include Kindle or other e-book reader) (not for school)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
i. Singing or playing a musical instrument	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
j. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
k. Drawing/painting/crafts (such as model-making, knitting)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
l. Going to the cinema	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
m. Spending time with pets	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
n. Hanging out with friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

## D. Internet and Screen Time

**D1. Do you have any of the following that you can use to access the internet?**

	Yes, for my sole use	Yes, but shared with someone else	No
g. Smartphone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. Tablet (no keyboard)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. Tablet with a keyboard	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. Laptop computer	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
k. Other computer (including desktop)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
l. Other device, such as gaming console	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**D2. 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)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. Do not include time spent using computers in school or for online class work. For each, please answer separately for weekdays and weekend days.**

	None	Up to one hour [less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more
<b>Weekday during term time</b>							
g. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
h. Playing video/computer games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
i. Other online or screen-based activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
<b>Weekend day or holiday</b>							
j. Watching television /films/ videos (on TV set, tablet or other device)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
k. Playing video/computer games	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
l. Other online or screen-based activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**D4. Do you have your own account or profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)?**

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

**D5. Do you have your own account or profile on a gaming site that you currently use (such as Fortnite)?** Yes ... <sub>1</sub> No ... <sub>2</sub>

## E. School and Education

**Now some questions about your experiences of school and education**

**E1. What class are you in since last September?**

- Home schooled ..... <sub>1</sub> → Go to E14
- 5<sup>th</sup> class..... <sub>2</sub> → Go to E11
- 6<sup>th</sup> class..... <sub>3</sub> → Go to E11
- 1<sup>st</sup> year ..... <sub>4</sub>
- 2<sup>nd</sup> year..... <sub>5</sub>
- Other class at second level ..... <sub>6</sub>
- Other class at primary level ..... <sub>7</sub> → Go to E11

*Section for Students in Second Level Schools since last September*

**E2 Please tick the subjects you are taking from September 2019. For Irish, English and Maths, please tick which level you are studying.**

- Irish ..... Higher ..... <sub>1</sub> Ordinary ..... <sub>2</sub> Not sure yet ..... <sub>3</sub> Don't take Irish .... <sub>4</sub>
- English ..... Higher ..... <sub>1</sub> Ordinary ..... <sub>2</sub> Not sure yet ..... <sub>3</sub>
- Mathematics ..... Higher ..... <sub>1</sub> Ordinary ..... <sub>2</sub> Not sure yet ..... <sub>3</sub>
- History ..... <sub>1</sub> Business Studies ..... <sub>1</sub>
- Geography ..... <sub>1</sub> Civic, Social and Political Education (CSPE)..... <sub>1</sub>
- French ..... <sub>1</sub> Physical Education ..... <sub>1</sub>
- German ..... <sub>1</sub> Social, Personal and Health Education (SPHE)..... <sub>1</sub>
- Spanish ..... <sub>1</sub> Other (please specify)..... <sub>1</sub>
- Religious Education ..... <sub>1</sub>
- Visual Art ..... <sub>1</sub>
- Music ..... <sub>1</sub>
- Science ..... <sub>1</sub>
- Home Economics ..... <sub>1</sub>

Wood Technology ..... <sub>1</sub>  
 Engineering ..... <sub>1</sub>  
 Graphics ..... <sub>1</sub>

E3. Did you take any short courses this year? Yes ... <sub>1</sub> No ... <sub>2</sub>

E5. Did you have any choice over what subjects you did this year? Yes, a lot ... <sub>1</sub> Yes, a little ... <sub>1</sub> No ... <sub>2</sub>

E8. How many of your friends from primary school are ... [tick one box on each line]

	None	One	Two	3 or more	Still at primary school
a.... in your secondary school	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

E11 for Students in fifth or sixth class since last September

E11. For each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
d. I am excited about starting secondary school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. I am looking forward to making new friends.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. I am nervous about moving to a new school.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

E14. On average how much time do you spend doing homework and/or study on a normal weekday during term-time when schools are open?

Half an hour or less [0 to 30 minutes]	Half to one hour [31 minutes to less than 1 hour]	1 to 2 hours [1 to less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	[4 or more hours]	Don't do homework
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

E16. For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject.

[TICK ONE BOX ON EACH LINE]

	Difficult	OK	Not difficult	Don't take
Maths.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Irish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
English.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Science.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

E17. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE]

	Interesting	OK	Not interesting	Don't take
Maths.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Irish.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
English.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
Science.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

E18. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject?

Yes ..... <sub>1</sub> No ..... <sub>2</sub> → Go to E20

E19. What subjects did you get extra help in? [TICK ALL THAT APPLY]

English/Reading ..... <sub>1</sub> Maths ..... <sub>2</sub> Irish ..... <sub>3</sub> Other subject ..... <sub>4</sub>

F4. Do you get money to spend on yourself from any of the following? [TICK ALL THAT APPLY]

f. Regular pocket money ..... <sub>1</sub>  
 g. Doing chores (or babysitting) in the home ..... <sub>2</sub>  
 h. Given money by parents when I need it ..... <sub>3</sub>  
 i. Doing occasional jobs (e.g. babysitting) outside the home..... <sub>4</sub>  
 j. Have a regular part-time job ..... <sub>5</sub>

F5. About how much money, in total, do you receive when you put all these sources together? € \_\_\_\_\_ per [week/month] \_\_\_\_\_

## G. Physical activities, Chores, Food and Self-Care

*Now some questions about exercise and sport.*

**G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (60 minutes) per day?**

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football.

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.**

None / zero days	1 day	2 days	3 days	4 days	5 days	6 days	7 days / every day
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

**G5\_1. Over the last week, how much time did you spend ...**

	None	Up to one hour [Less than 1 hour]	1 to 2 hours [less than 2 hours]	2 to 3 hours [2 to less than 3 hours]	3 to 4 hours [3 to less than 4 hours]	4 to 5 hours [4 to less than 5 hours]	5 hours or more [5 or more hours]
<b>a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members?</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>
<b>b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>

## Growing Up in Ireland Primary Caregiver Twin and Triplet Questionnaire Cohort '08 at 13 Years of Age

GROUP  H'HOLD  YOUNG PERSON NO.

Interviewer Name \_\_\_\_\_ Interviewer Number

Time Started  Date \_\_\_\_\_ day \_\_\_\_\_ mth \_\_\_\_\_ year

[Script at beginning of survey takes the respondent through the main points on the Information Sheet and affirms their consent to participate]

### B. 13-Year-Old's Health and Disabilities

Now I would like to ask you a few questions regarding <child>'s health.

**B1. In general, how would you describe <child>'s health in the past year?**

Very healthy, no problems	Healthy, but a few minor problems	Sometimes quite ill	Almost always unwell
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B2. Does <child> have any of the following long-lasting conditions or difficulties? [Tick one box on each line]**

[Interviewer: If query from respondent on why this is being asked when they said (at B1) young person was 'very healthy, no problems', add "These conditions might not always be linked to a health problem, so we need to specifically ask about them in order to get a full picture."

	Yes to a great extent	Yes to some extent	No
a. Blindness or a vision impairment .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Deafness or a hearing impairment .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. An intellectual disability or general learning disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. A difficulty with learning, remembering or concentrating .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. A psychological or emotional condition or mental health issue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. A difficulty with breathing .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. A difficulty with pain .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Any other on-going chronic physical or mental health problem, illness or disability .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**[Interviewer Prompt: please be sure to include here any conditions not already covered; these might be Autistic Spectrum Disorder, Asperger syndrome, speech impediment, Down syndrome, Tourette syndrome, Acquired Brain Injury, or any other longstanding condition or disability]**

**[Routing: Is there any 'yes' response to B2 above?**

Yes ..  1 → Go to B3

No ...  2 → Go to B7]

**B3. What is the nature of this condition or difficulty? Please describe as fully as possible.**

[Interviewer: ask B4 to B6 for each condition at B3. Write responses in the table below. Please record diagnosis or assessed condition, if possible. If more than one, record up to three in order of seriousness.

**B4. Has this condition or difficulty been diagnosed or assessed by a relevant professional?**

**B5. Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well**

**B6. Is <child> hampered in their daily activities by this condition or difficulty?**

Condition	B3 Nature (diagnosis/assessment)	B4 Diagnosed/assessed?			B5 Since when? Year Mon*	B6 Hampered? 1. Yes severely, 2. yes to some extent, 3. no.
		Yes	No	Awaiting Consultation		
Condition 1		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Condition 3		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

\*Record month if year=current or previous calendar year.

**[Ask all B7-B11]**

**B7. Please indicate if <child> receives support from any of the following IN OR THROUGH SCHOOL**

[Tick all that apply] [Note: Longer list was used in pilot – see Pilot Report]

- Resource Teaching/ Learning Support.....1 Psychological/behavioural support.....4  
 Special Needs Assistant.....2 Other therapeutic support (speech and language/occupational therapy) ..5  
 Assistive technology.....3 Other support.....6  
 Doesn't receive any supports.....7

**B8. When the schools are open, Does <child> have a reduced timetable at school or a shorter school day, because of a condition or disability?** Yes ...1 No ...2

**B9. Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL**

[Tick all that apply] [Note: see longer list used in Pilot in Pilot Report]

- Extra/private tuition .....1 Other therapeutic support (speech and language/occupational therapy).....3  
 Psychological/behavioural support.....2 Other support .....4  
 Doesn't receive any of these supports outside school .....5

[If support received ask B10; Otherwise ask B11.]

**B10. In general, how adequate are the supports <child> receives for [his/her] needs?**

Not adequate	Adequate	Good	Excellent
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B11. Which of these best describes your child with respect to supports either inside or outside of school?**

Doesn't receive any supports: none needed <input type="checkbox"/> 1	Doesn't receive any supports, some needed <input type="checkbox"/> 2
--	--

**B12. About how many nights has <child> spent in hospital over the last 12 months for any reason?** [INTERVIEWER: IF NONE, ENTER '0' – DO NOT LEAVE BLANK] \_\_\_\_\_ nights

**B13. In the last 12 months how many visits has <child> made to the Emergency Department of a hospital?** [INTERVIEWER: IF 'NONE' ENTER '0' DO NOT LEAVE BLANK] \_\_\_\_\_ visits

**B14. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission?**

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

**B15. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical, emotional or mental health?** [Int. if 'none' write '0' do not leave blank]

	N times	Don't know	Refused
A. A general practitioner (GP).....	_____	<input type="checkbox"/> 3	<input type="checkbox"/> 4
B. A practice nurse.....	_____	<input type="checkbox"/> 3	<input type="checkbox"/> 4
C. Another medical doctor e.g. in a hospital.....	_____	<input type="checkbox"/> 3	<input type="checkbox"/> 4
D. Other professional, psychologist, psychiatrist, counsellor etc.....	_____	<input type="checkbox"/> 3	<input type="checkbox"/> 4
E. A social worker.....	_____	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**B16. How would you rate the health of <child's> teeth and gums?**

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B17. Which of the following best describes how regularly <child> visits the dentist?**

At least once a year	Once every two years	Once every three years	Less often/ Only when there is a problem	Never
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 → Go to B23

**B18. When was the last time <child> saw a dentist? \_\_\_\_\_(year) [If current or previous year] \_\_\_\_\_ month**

**B19. Was it a HSE or private dentist?** HSE ... 1 Private ... 2

**B20. Did <child> have any treatment other than a routine scale and polish?** Yes ...1 No ...2

**B21. Has <child> ever had:**

a. Any permanent / secondary teeth filled?	Yes ... <input type="checkbox"/> 1	No ... <input type="checkbox"/> 2
b. Any permanent / secondary teeth extracted?	Yes ... <input type="checkbox"/> 1	No ... <input type="checkbox"/> 2

**B22. Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following.**

[TICK ONE BOX ON EACH LINE]

	Less than once a week /Never	Once or twice a week	3 or 4 times a week	5 or 6 times a week	Every day - once	Every day - more than once
a. Fresh fruit	<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. Fruit Juice	<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. Meat, chicken, fish	<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. (Dropped)						
e. Cooked vegetables	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Raw vegetables or salad	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Hamburger, hot dog, sausage or sausage roll, meat pie	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Hot chips or French fries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Crisps or savoury snacks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
j. Bread	<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. Potatoes, Rice, Pasta	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
l. Cereals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
m. Biscuits, doughnuts, cake, pie or chocolate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
n. Sweets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
o. Cheese / yoghurt / fromage frais	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
p. Water (tap water / still water / fizzy water)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
q. Fizzy drinks / minerals / cordial / squash (diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
r. Fizzy drinks / minerals / cordial / squash (not diet)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
s. Milk (including non-dairy or lactose-free milk)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**B23. How many portions of fruit or vegetables would <child> usually have in a day?**

None	1 per day	2 per day	3 per day	4 per day	5 or more
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**B24a. Does <child> follow any kind of special diet?** Yes ... 1 → **B24b.** No ... 2 → **B25**

[Pilot Version: Does <child> follow any of these special diets? [list as per B24b; Tick all that apply]

**B24b. Which of these does <child> follow ... [Tick all that apply]**

Vegetarian	Vegan	Gluten-free	Dairy-free	Other restriction because of food allergy or food intolerance	Other special diet because of a diagnosed condition	Other special diet for religious reasons
<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

**B25. How far away is <child's> school from your home (one-way distance)?**

Less than ½mile (less than 1km)	½ to less than 1 mile (1 - less than 2km)	1-5 miles (2 - less than 8km)	More than 5 miles away (8km or more)	Attends boarding school	Not applicable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 7

**B26. How does <child> usually go to school?**

He/she walks	By public transport	School bus/coach	By car	Rides a bicycle	Other (please describe)	Not applicable
<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

**B27. Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February]**

Yes, both doses	Yes, first of two doses	No, but intend to avail of it	No, still thinking about it	No, have decided not to avail of it
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



## C. Primary Caregiver's Health

C8. Is <child> covered by a medical card?      Yes, full card .... <sub>1</sub>    Yes, GP visit card..... <sub>2</sub>    Not covered ..... <sub>3</sub>

C9. Is <child> covered by private medical insurance?      Yes ..... <sub>1</sub>    No..... <sub>2</sub>

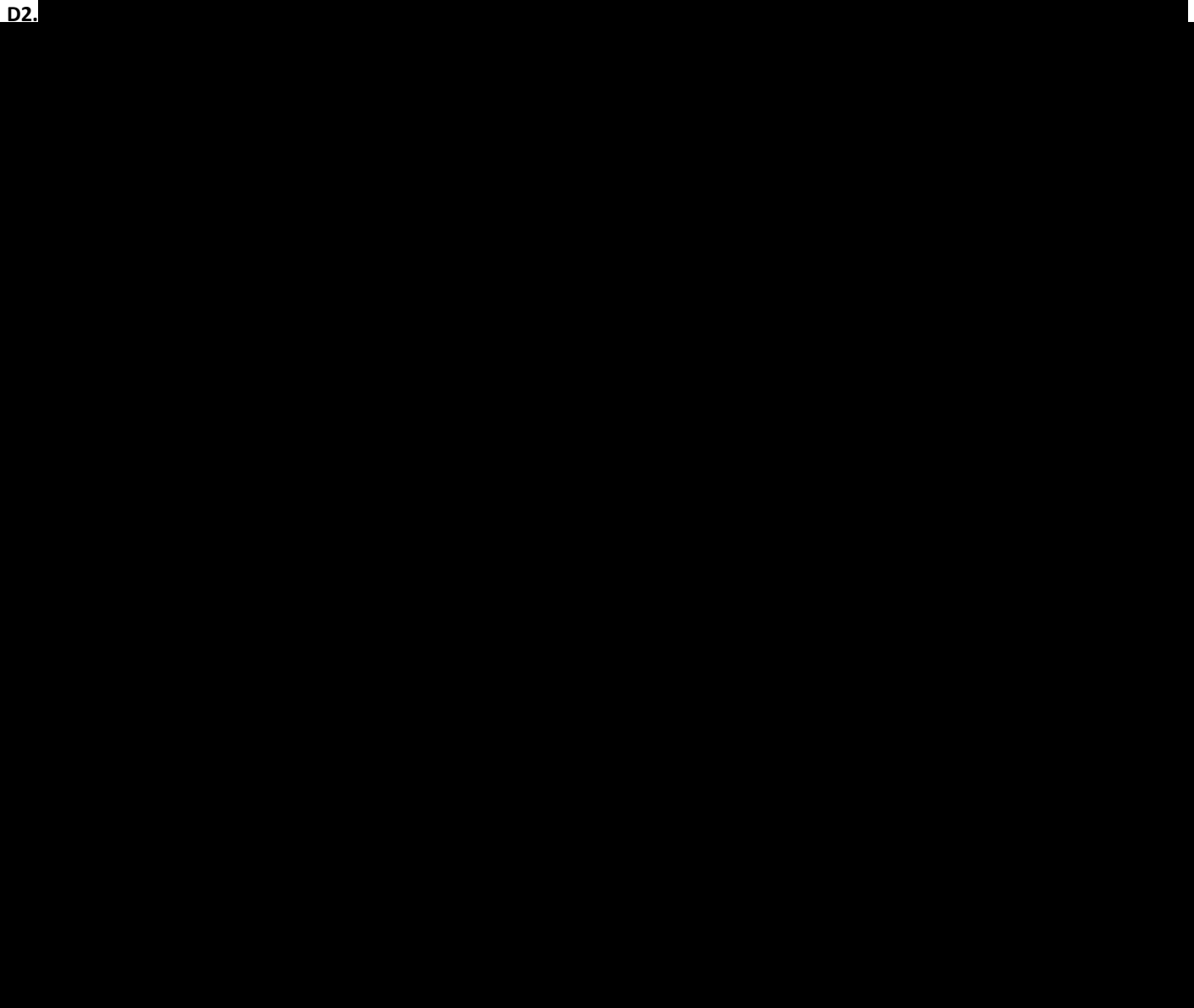
C10. Does that insurance include the cost of GP visits?      Yes, in full      <sub>1</sub>      Yes, partially      <sub>2</sub>      No      <sub>3</sub>

## D. 13-Year-Old's Emotional Health and Well-being

Now I'd like to ask you some questions about <child>'s emotional health and well-being.

**D1. Has <child> experienced any of the following since we last interviewed you in <year of last interview> [Read out]:**

A. Death of a parent ..... <input type="checkbox"/> <sub>1</sub>	I. Serious illness/injury of a family member ..... <input type="checkbox"/> <sub>9</sub>
B. Death of a close family member (other than a parent) please specify ..... <input type="checkbox"/> <sub>2</sub>	J. Drug taking/alcoholism in the immediate family..... <input type="checkbox"/> <sub>10</sub>
C. Death of close friend ..... <input type="checkbox"/> <sub>3</sub>	K. Mental disorder in immediate family..... <input type="checkbox"/> <sub>11</sub>
D. Divorce/separation of parents ..... <input type="checkbox"/> <sub>4</sub>	L. Your home being broken into ..... <input type="checkbox"/> <sub>12</sub>
E. Moving house within Ireland ..... <input type="checkbox"/> <sub>5</sub>	M. Conflict between parents ..... <input type="checkbox"/> <sub>13</sub>
F. Moving country ..... <input type="checkbox"/> <sub>6</sub>	N. Parent in prison ..... <input type="checkbox"/> <sub>14</sub>
G. Stay in foster home/ residential care ..... <input type="checkbox"/> <sub>7</sub>	O. Other disturbing event (apart from the general stress of the Covid-19 pandemic; please specify) ..... <input type="checkbox"/> <sub>15</sub>
H. Serious illness/injury ..... <input type="checkbox"/> <sub>8</sub>	P. None of the above..... <input type="checkbox"/> <sub>16</sub>



**D3. About how many close friends does <child> have?**

None..... 1      1 ..... 2      2 or 3 ..... 3      4 or 5 ..... 4      6 or more ..... 5

**D4. To your knowledge, has <child> been a victim of bullying in the last 3 months?** Yes ... 1      No ... 2

### E. Education and School

Now I'd like to ask you some questions about <Child>'s education

**E1. What class did/will <child> start in September 2021?**

- 5<sup>th</sup> Class ..... 1 Go to E7
- 6<sup>th</sup> Class ..... 2 Go to E7
- First Year ..... 3 Go to E2
- Second Year ..... 4 Go to E2
- 13-year-old is being home schooled..... 5 Go to E7
- 13-year-old attends a special school ..... 6 Go to E7
- Special class or unit in second level school..... 7 Go to E2
- Other ..... 8 Go to E7

**E3. Did/do you have a choice about which second level school <child> would/will go to?**

Yes..... 1      No ..... 2

[Note: ask with respect to 'special school' if child attends special school and will not attend secondary school].....

**E4. When thinking about schools that <child> might go to, how important were the following factors?**

	Very Important	Somewhat important	Not important
a. It's the local school or nearest to home .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. He/she wanted to go there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. His/her friends go or were intending to go there.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. His/her brother/sister went/go there .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. General good impression of school/good reputation .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. The support provided for students with special needs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. The subjects the schools provided.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. The school's ranking in newspaper league tables .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. The ethos of the school in terms of religion or beliefs .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. The school's extracurricular activities (such as sports and music) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k. The gender mix of the school (co-educational/single sex) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l. Language of instruction used in the school .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**E5. How would you describe <child's> current base class – the one they are in from last September? (Tick one box)**

Special class or unit	Class which is mixed ability / randomly allocated	Higher stream class in streamed school	Middle stream class in streamed school	Lower stream class in streamed school	Not sure / don't know
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**E6. Has <child> attended an Open Day at his/her new school** Yes..... 1      No ..... 2

**E7. Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months. Please include virtual as well as face-to-face meetings or events.) [Please tick 'Yes' or 'No' to each.]**

	Yes	No
A. You have attended a parent-teacher meeting .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
B. You have attended a school concert, play or other event (such as sports day) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
C. You have been asked for your opinion on what is done in the school (such as uniforms or discipline policy) .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
D. You have <u>been to see</u> the principal or another teacher about child's behaviour or school performance .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
E. You have spoken to the principal or another teacher <u>on the phone</u> about child's behaviour or school performance.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
F. You are involved with the Parents' Council or Parents' Association. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

**E8. How involved do you personally feel in your child's school life?**

Very involved	Fairly involved	Not very involved	Not at all involved
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**E9. During the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of their whole school or class being closed due to Covid-19 or bad weather).**

0 days..... <input type="checkbox"/> 1	11 to 20 days..... <input type="checkbox"/> 5
1 - 3 days..... <input type="checkbox"/> 2	More than 20 days..... <input type="checkbox"/> 6
4 to 6 days..... <input type="checkbox"/> 3	Not in school last year..... <input type="checkbox"/> 7
7 to 10 days..... <input type="checkbox"/> 4	

**E10. What was the main reason for <child> being absent from school?**

Health reasons (illness or injuries)..... <input type="checkbox"/> 1	A problem with a teacher..... <input type="checkbox"/> 8
Problems with transportation..... <input type="checkbox"/> 2	A problem with children at school..... <input type="checkbox"/> 9
Problems with the weather..... <input type="checkbox"/> 3	Difficulties with childcare arrangements..... <input type="checkbox"/> 10
A family vacation..... <input type="checkbox"/> 4	Family crisis..... <input type="checkbox"/> 11
Refused to go to school..... <input type="checkbox"/> 5	Child has left school..... <input type="checkbox"/> 12
A fear of school (school phobia)..... <input type="checkbox"/> 6	Quarantine or self-isolation, related to Covid-19..... <input type="checkbox"/> 13
Suspended from school..... <input type="checkbox"/> 7	Other (specify)..... <input type="checkbox"/> 14

**E11. How much time does <child> usually spend doing homework on a weekday during term time?**

0 to 30 minutes..... <input type="checkbox"/> 1	2 to less than 3 hours..... <input type="checkbox"/> 5
31 minutes to less than one hour..... <input type="checkbox"/> 2	3 to less than 4 hours..... <input type="checkbox"/> 6
1 to less than 1.5 hours..... <input type="checkbox"/> 3	4 hours or more..... <input type="checkbox"/> 7
1.5 to less than 2 hours..... <input type="checkbox"/> 4	Doesn't get homework..... <input type="checkbox"/> 8 Go to E14

**E12. How often do you or your spouse/partner provide help with <child>'s homework? Would you say...[INT: READ OUT]**

Always/ Nearly Always	Regularly	Now and Again	Rarely	Never	Never gets homework
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**E13. Why is that?**

Child doesn't need help	I / We don't have time	I / We are not able to help	Child doesn't want help	Someone else helps
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**E14. Taking everything into account, how far do you expect <child> will go in his/her education or training?**

Junior Certificate or equivalent.....	<input type="checkbox"/> 1
Leaving Certificate or equivalent.....	<input type="checkbox"/> 2
An apprenticeship or trade.....	<input type="checkbox"/> 3
Diploma/Certificate.....	<input type="checkbox"/> 4
Degree.....	<input type="checkbox"/> 5
Postgraduate/higher degree.....	<input type="checkbox"/> 6
Don't know.....	<input type="checkbox"/> 7

**E15. On a typical weekday when the schools are open, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one, indicate the type of care where <child> spends MOST time or is the most frequently used)**

- They come home and take care of themselves ..... 1
- Minded at home by an older sibling ..... 2
- Minded at home by you or your spouse/partner ..... 3
- Minded at home by a relative ..... 4
- Minded at home by another adult (not a relative) ..... 5
- Attend an after-school programme/club ..... 6
- Other (please specify) ..... 8

**E16. How many books (including e-books) does <child> have access to in the home? Would you say... [INT: READ OUT]**

- None..... 1
- 1 to 10..... 2
- 11 to 30..... 3
- 31 to 50..... 4
- 51 to 100..... 5
- More than 100..... 6

## F. Internet and Screen Time

**F2. Does <child> have access to the internet through a smartphone, tablet, laptop or other computer?**

- Yes ... 1    No ... 2 → Go to F6

**F3. Is <child> supervised by you or another adult when he/she accesses the internet?**

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

**F4. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Qustodio, Net Nanny?**

- Yes ..... 1    No ..... 2

**F5. Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (Tick all that apply)**

- Rules about content..... 1
- Rules about total time spent on devices ..... 2
- Rules about the time of day child can watch/use devices ..... 3
- PIN numbers or passwords to lock or restrict devices ..... 4
- 'Child-safe' settings, for example on TV satellite boxes ..... 5
- Locking devices/modems away (or locking the room they are in) ..... 6
- Engaging the child in alternative activities (e.g. football, baking) ..... 7
- Something else (specify) ..... 8
- None of the above ..... 9

**F6. On a normal weekday, during term-time, about how much time does <child> spend using the smartphone, tablet, laptop or computer? Please include time before school as well as time after school. Do not include time spent using computers in school or for online class work.**

None	1 to 30 minutes	31 minutes to less than 1 hour	1 to less than 1.5 hours	1.5 to less than 2 hours	2 to less than 3 hours	3 to less than 4 hours	4 to less than 5 hours	5 or more hours
<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

## G: Family Relationships and Context

Now some questions about your relationship with <Child>.

G1

Redacted content	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> </table>							1	2	3	4	5	6
1	2	3	4	5	6								

G2. Now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

	Every day/7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

G3. Thinking of an **AVERAGE SCHOOL DAY**, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the most recent four weeks of term time when the schools were open. \_\_\_\_\_ hours \_\_\_\_\_ minutes

G4. Thinking of an **AVERAGE WEEKEND DAY**, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) Please think of the last four weeks. \_\_\_\_\_ hours \_\_\_\_\_ minutes

G7 Did you take **parental leave** in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12.

Yes.....  1      No...  2      Not applicable, not in employment since birth of child...  3



## *Growing Up in Ireland* – the National Longitudinal Study of Children

STRICTLY CONFIDENTIAL

### PRINCIPAL'S QUESTIONNAIRE

School ID: <MERGE 4 Digit ID>

<Merge Date>

**Growing Up in Ireland** is the national longitudinal study of children and young people. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child's development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The study is funded by Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and is managed by the Department in association with the Central Statistics Office. The Department of Education is represented on the Steering Group which oversees the study. The study is carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin (TCD).

The young people who are participating in the study were randomly selected when they were 9 months old and the Study Team has collected information from them and their families and schools at a number of points since then (9 months, 3 years, 5 years, 7/8 years, 9 years). We are now carrying out a follow-up interview with them to see how they have developed by the age of 13 years, when they are mostly in 1st year in second level.

**All** principals of second-level schools are being asked to complete the questionnaire because the 13-year-olds have dispersed to almost every second-level school in the country. With the parents' cooperation, we can match the information on the schools being attended by the young people with the information we collect from them and their families in their own homes.

All information provided in the course of the Study will be treated in the strictest confidence and would not be passed on to anyone or any body outside the **Growing Up in Ireland** Study Team, unless we record information which leads us to be concerned about the health or safety of the child or other vulnerable person, as outlined in Children First guidelines for the protection and welfare of children.

## SECTION A: YOUR SCHOOL'S EXPERIENCES OF THE COVID-19 PANDEMIC

1. Compared to the period before the COVID-related school closures, how would you rate your students in relation to the following:

	Much better	Better	About the same	Worse	Much worse
a. Engagement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Motivation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Wellbeing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
d. Attendance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
e. Behaviour in class	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

2. We would like you to rate students' curriculum learning after the school closures compared to how you would expect them to be in normal times. What proportion of the students are:

- a. Not behind at all \_\_\_\_\_%
- b. Behind by about 1-2 months \_\_\_\_\_%
- c. Behind by about 3-5 months \_\_\_\_\_%
- d. 6 or more months behind \_\_\_\_\_%

3. (a) How satisfied were you with the remote learning your school was able to provide to students during the first period of school closures (around April 2020)?

Very satisfied <sub>1</sub>      Fairly satisfied <sub>2</sub>      Not very satisfied <sub>3</sub>      Not at all satisfied <sub>4</sub>

3. (b) How satisfied were you with the remote learning your school was able to provide to students during the second period of school closures (around January 2021)?

Very satisfied <sub>1</sub>      Fairly satisfied <sub>2</sub>      Not very satisfied <sub>3</sub>      Not at all satisfied <sub>4</sub>

4. What impact has the COVID situation and associated public health requirements had on the following:

	Very little (continuing as normal)	A little (mostly as normal, with some changes)	A lot (severely curtailed)	A great deal (activity suspended)
a. Day-to-day teaching and learning	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Use of group-work in class	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Doing practical work (e.g. lab work, cooking, metalwork)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. PE classes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Extra-curricular sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Other extra-curricular activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Interaction between students and staff	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Interaction among students	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>





13. What type of school is it?

- Fee-paying secondary ..... <sub>1</sub>
- Non-fee-paying secondary ..... <sub>2</sub>
- ETB school ..... <sub>3</sub>
- Educate Together school ..... <sub>4</sub>
- Community college ..... <sub>5</sub>
- Community school ..... <sub>6</sub>
- Comprehensive school..... <sub>7</sub>

14. How would you describe the ethos of your school?

- Catholic..... <sub>1</sub>
- Church of Ireland ..... <sub>2</sub>
- Presbyterian ..... <sub>3</sub>
- Methodist..... <sub>4</sub>
- Muslim..... <sub>5</sub>
- Jewish ..... <sub>6</sub>
- Multi-denominational ..... <sub>7</sub>
- Interdenominational ..... <sub>8</sub>
- Other (please specify) \_\_\_\_\_ <sub>9</sub>

15. What is the main language medium of your school?

English ..... <sub>1</sub>

Gaeilge ..... <sub>2</sub>

16. Does your school take part in the DEIS Support Programme?

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

No ..... <sub>2</sub>

17. In your opinion, how important is each of the following to the ethos of the school?

	Very important	Fairly important	Not important	Not sure
a. Sports	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Religion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Music	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Drama	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Social justice	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Environmental awareness	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Irish language and culture	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

18. How many full-time and part-time teachers work in this school? Please indicate how many are male and how many are female.

Teachers	Full-time	Part-time
Male		
Female		
Total		

19. Does your school provide the following resources?

- |  | No                                    | Yes                                   | If Yes, how many (full-time equivalent)? |
|--|---------------------------------------|---------------------------------------|--|
| a. Special Education Teachers.....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | .....                                    |
| b. Language Support Teachers.....                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | .....                                    |
| c. Home-School Community Liaison Co-ordinator .. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | .....                                    |
| d. Special Needs Assistants .....                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | .....                                    |
| e. Other Teaching Assistants.....                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | .....                                    |
| f. Guidance Counsellor .....                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | .....                                    |

20. If your school has a Guidance Counsellor, how many hours a week does s/he spend on career guidance and counselling? \_\_\_\_\_

21. Does your school participate in the School Completion Programme? Yes .....<sub>1</sub> No.....<sub>2</sub>

22. Compared to other second-level schools in the country, how adequate to the needs of the school and the students are the school's resources in each of the following areas?

	Poor	Fair	Good	Excellent
a. Number of teachers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Number of classrooms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Computing facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Broadband access	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Sports facilities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Science labs/equipment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Learning support provision	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Language support provision	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. Guidance counselling	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j. Extra-curricular activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

23(a) In what year was the school built? Year \_\_\_\_\_

23(b) Approximately how many students do you feel the school is designed for? \_\_\_\_\_ students

## SECTION D CURRICULUM, TEACHING AND LEARNING

24. Does your school offer the following programmes?

	Yes	No
a. Level 1 Learning Programmes .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Level 2 Learning Programmes .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Transition Year (TY) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Leaving Certificate Applied (LCA) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Leaving Certificate Vocational Programme (LCVP) .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Post-Leaving Certificate (PLC) courses .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

25. How many students in your school are on reduced timetables/shorter school days?  
(If None, please state.) \_\_\_\_\_

26. Which of the following are taught as full subjects in junior cycle in the school? (Please tick all that apply)

SUBJECT		LEVEL
a. Irish .....	Higher .....	<input type="checkbox"/> <sub>1</sub> ..... Ordinary .....
b. English .....	Higher .....	<input type="checkbox"/> <sub>1</sub> ..... Ordinary .....
c. Mathematics .....	Higher .....	<input type="checkbox"/> <sub>1</sub> ..... Ordinary .....
d. History .....	Common .....	<input type="checkbox"/> <sub>1</sub>
e. Geography .....	Common .....	<input type="checkbox"/> <sub>1</sub>
f. Modern Foreign Languages: French .....	Common .....	<input type="checkbox"/> <sub>1</sub>
g. Modern Foreign Languages: German .....	Common .....	<input type="checkbox"/> <sub>1</sub>
h. Modern Foreign Languages: Spanish .....	Common .....	<input type="checkbox"/> <sub>1</sub>
i. Modern Foreign Languages: Italian .....	Common .....	<input type="checkbox"/> <sub>1</sub>
j. Visual Art .....	Common .....	<input type="checkbox"/> <sub>1</sub>
k. Music .....	Common .....	<input type="checkbox"/> <sub>1</sub>
l. Science .....	Common .....	<input type="checkbox"/> <sub>1</sub>
m. Home Economics .....	Common .....	<input type="checkbox"/> <sub>1</sub>
n. Wood Technology .....	Common .....	<input type="checkbox"/> <sub>1</sub>
o. Engineering .....	Common .....	<input type="checkbox"/> <sub>1</sub>
p. Graphics .....	Common .....	<input type="checkbox"/> <sub>1</sub>
q. Applied Technology .....	Common .....	<input type="checkbox"/> <sub>1</sub>
r. Business Studies .....	Common .....	<input type="checkbox"/> <sub>1</sub>
s. Latin .....	Common .....	<input type="checkbox"/> <sub>1</sub>
t. Ancient Greek .....	Common .....	<input type="checkbox"/> <sub>1</sub>
u. Classics .....	Common .....	<input type="checkbox"/> <sub>1</sub>
v. Jewish Studies .....	Common .....	<input type="checkbox"/> <sub>1</sub>
w. Religious Education .....	Common .....	<input type="checkbox"/> <sub>1</sub>
x. Civic, Social and Political Education (CSPE) .....	Common .....	<input type="checkbox"/> <sub>1</sub>
y. Physical Education .....	Common .....	<input type="checkbox"/> <sub>1</sub>
z. Social, Personal and Health Education (SPHE) .....	Common .....	<input type="checkbox"/> <sub>1</sub>
aa. Other (please specify) _____		<input type="checkbox"/> <sub>1</sub>

27. Which of the following are taught as short courses in junior cycle in the school? (Please tick all that apply)

- a. Coding .....
- b. Civic, Social and Political Education (CSPE).....
- c. Physical Education (PE) .....
- d. Digital Media Literacy (DML).....
- e. A Personal Project: Caring for Animals (Level 2).....
- f. Social, Personal and Health Education (SPHE) .....
- g. Artistic Performance .....
- h. CSI: Exploring Forensic Science (Level 2) .....
- i. Chinese Language and Culture.....
- j. Philosophy.....
- k. Other please specify \_\_\_\_\_

28. If there is more than 1 class in any year group in junior cycle, on what basis are students in the school allocated to their base classes?

- a. Only 1 class per year-group ..... 1
- b. Randomly / alphabetically..... 2
- c. Performance on standardised tests. 3
- d. Performance on other tests ..... 4
- e. Special educational need/disability 5
- f. Other [please specify] \_\_\_\_\_ 6

29. What proportion of students use an individual electronic device for educational purposes in the classroom? Tick one box for each row. Devices may be owned by either the school or the student.

	Most/all	More than half	About half	Less than half	None
a. Laptops/ netbooks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Tablets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Smartphones/mobile phones	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Other electronic device	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

30. The following statements are about how the revised junior cycle operates in this school. Please state the extent you agree or disagree with each of these statements by ticking one box on each line.

	Strongly agree	Agree	Disagree	Strongly disagree
a. Teachers use a broader range of methodologies since the revised junior cycle	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. Teachers are positive about the revised junior cycle curriculum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. It is challenging to timetable classroom-based assessments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. The school has developed its own short course(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. It is challenging to timetable the required hours for wellbeing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

SECTION E: STUDENT PROFILE AND SCHOOL SUPPORTS

31. Are there any other local schools to which students in your school might go?

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

32. In general, do more students apply to come to this school than there are places available?

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

33. If yes, what criteria are used to admit students? [Please tick all that apply]

- a. Proximity to the school .....
- b. Other siblings in the school .....
- c. Parents attended the school .....
- d. Language spoken by the child .....
- e. Date of application .....
- f. Religion .....
- g. Attended attached or feeder primary school .....
- h. Other (Please specify below) \_\_\_\_\_

34. In your assessment, approximately what proportion of students in the school would have such literacy, numeracy, or emotional-behavioural difficulties as to adversely impact on their educational development? Please tick one box on each line to indicate the approximate percentage.

Approximate percentage of students with each problem					
	None	Less than 10%	10 – 25%	26 – 40%	More than 40%
a. Literacy Problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
b. Numeracy Problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
c. Emotional / Behavioural problems	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

35. Approximately, what is the Average Daily Attendance for your school this year (2021/22)?

\_\_\_\_\_ % Average Daily Attendance OR \_\_\_\_\_ Average number attending daily

36. What percentage of students missed 20 days or more in the 2020/21 academic year when the school was open (as per the Tusla figures)? \_\_\_\_\_ %

37. Approximately how many of each of the following groups of students do you have in your school? If none, please write 'NONE' – do not leave blank – the same student can be recorded more than once.

Number

- a. Students from an immigrant background..... \_\_\_\_\_
- b. Students from a Traveller background ..... \_\_\_\_\_
- c. Students whose native language is other than English / Gaeilge ..... \_\_\_\_\_
- d. Students with physical / sensory disabilities. .... \_\_\_\_\_
- e. Students with learning / intellectual disabilities..... \_\_\_\_\_

38. What proportion of students in your school usually go on to higher (third-level) education (university, technological university or institute of technology)?

\_\_\_\_\_ %

39. Schools take different approaches to helping first year students to adapt to second-level education. In column (a) below please tick Yes or No to indicate whether or not your school adopts each of the approaches listed. In column (b) please tick one box only to indicate the approach which you think is most important in your school.

	(a) Adopted by the school		(b) Single Most Important Approach
	Yes	No	
a. Induction day .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
b. Class Tutor .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>
c. Student Mentors .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. Study skills programme .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>4</sub>
e. Other (please specify) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>5</sub>

40. Different school personnel can be involved in providing personal and social support to students across the school. In column (a) below please tick the extent to which these staff members are involved in providing support to students. In column (b) please tick one box only to indicate the most important source of support in your school.

	(a) Staff involved?				(b) Single most important source of support
	To a great extent	To some extent	Not to any great extent	Not at all	
a. You as principal	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>1</sub>
b. Guidance Counsellor(s)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>2</sub>
c. Pastoral care/student support team	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>
d. Year heads	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>
e. Class tutors	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>
f. Other (please specify) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>6</sub>

41. Does your school provide any of the following activities outside formal class time? (If activities are currently curtailed because of COVID, please answer in relation to the pre-COVID period.)

	Yes	No
a. Homework club/supervised study .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. Team sports.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. Individual sports.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. Choir.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. Learning musical instruments.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. Drama.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. Dance .....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. Debating.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. Computer club.....	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j. Other (please specify) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

42. Does the school provide: (If activities are currently curtailed because of COVID, please answer in relation to the pre-COVID period.)

- |   | Yes                                   | No                                    |
|---|---------------------------------------|---------------------------------------|
| a. A breakfast club .....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Free school meals at lunchtime ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

43. Does the school have a healthy eating policy? Yes....<sub>1</sub> No..<sub>2</sub>

44. Please tick Yes or No to indicate whether or not your school adopts each of the following:

- |  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| a. Certain foods/drinks are prohibited in school .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Pupils are given guidelines on healthy eating .....           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Parents are given guidelines on healthy eating .....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Mostly healthy foods/drinks are provided in the school .....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Students are not allowed to leave the school at lunchtime ... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| f. Healthy eating is addressed during subject lessons .....      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| g. Other (please specify) _____                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

45. (a) Does the school have a vending machine for food and drink of any sort? Yes.<sub>1</sub> → Go to 45b No..<sub>2</sub> → Go to 46

45. (b) Does the vending machine include sugary drinks? Yes....<sub>1</sub> No ....<sub>2</sub>

45. (c) Does the vending machine include diet drinks, unsweetened fruit juices and/or water? Yes....<sub>1</sub> No..<sub>2</sub>

46. Do you use a formal anti-bullying programme in your school (such as the Cool School Programme)?  
Yes....<sub>1</sub> No..<sub>2</sub>

47. How much are students' opinions taken into account when decisions in the school are made about the following:

	To a large extent	To a moderate extent	To a small extent	Not at all
a. School rules	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. The way classes are taught	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Teaching/learning materials	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. School uniforms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>



48. To what extent are the following forms of discipline used in your school?

	Often	Occasionally	Rarely	Never
a. Extra classwork	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. Extra homework	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
c. Writing of 'lines'	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. Detention	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
e. Exclusion from sports or other popular activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Verbal (phone or otherwise) report to parents	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
g. Written report to parents	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
h. Warning card/'points' system	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
i. Restorative justice (i.e. a focus on mediation and agreement rather than punishment)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
j. Suspension	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
k. Expulsion/permanent exclusion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
l. Other (specify) _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

## SECTION F: PARENTAL INVOLVEMENT

49. Does the school usually hold formal parent-teacher meetings at least once per year? Yes... <sub>1</sub> No..... <sub>2</sub>

50. Approximately what percentage of parents attend parent-teacher meetings? \_\_\_\_\_ per cent

51. Does the school have the following facilities?

- |  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| a. An active parents' association/council .....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. A parents' room within the school.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Parenting courses.....  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Other courses for parents (e.g. literacy, art/craft) .....                    | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Access to health or social service professionals on the school premises ..... | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

52. (a) Does the school receive voluntary contributions from parents? Yes.... <sub>1</sub> No .. <sub>2</sub>

52. (b) If yes, how much is each family asked to give per year? € \_\_\_\_\_ per family

52. (c) What proportion of parents pay? \_\_\_\_\_%



SECTION G: YOUR OWN EXPERIENCES AS PRINCIPAL

53. What are the main challenges facing you as principal?


54. In general terms (a) how stressed do you feel by your job and (b) how satisfied do you feel with your job?

	Very	Fairly	Not Very	Not at All
a. How stressed do you feel by your job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. How satisfied do you feel with your job	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

Thank you very much for having completed this part of *Growing Up in Ireland*