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PFL 6 MONTH QUESTIONNAIRE



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Note that throughout this survey, Don’t Know and Refusals are coded as follows (unless otherwise noted):

997 Don't Know
998 Refuse

THIS VERSION OF THE SURVEY HAS BEEN PREPARED FOR THE ARCHIVE BY THE CHILDREN’S RESEARCH NETWORK PREVENTION AND EARLY INTERVENTION RESEARCH INITIATIVE (2017). SOME OF THE CONTENT OF THIS SURVEY HAS BEEN REDACTED DUE TO COPYRIGHT RESTRICTIONS ON STANDARDISED INSTRUMENTS THAT WERE USED IN THE PFL STUDY. REDACTED CONTENT IS MARKED IN THE TEXT IN YELLOW BOXES.

0: INTERVIEW DETAILS

WELCOME TO THE PFL 6 MONTH QUESTIONNAIRE!!!

1 (*PFL_Control*) PFL code number _____

2(*Interview_Date*) Date of interview _____

3*NOT STORED IN DATABASE* Baby's Name _____

4(*Multiples*)(*Multiples_o*) Is this baby a:

- 1 Singleton
- 2 Twin
- 3 Triplet
- 4 Other Multiple (please specify)

5(*Location*) Interview Location

- 1 Participant's Home
- 2 Other Home
- 3 Village Center

Thank you for agreeing to meet with me today. This questionnaire will be a bit like the first time we met. I would like to talk to you about several aspects of your life such as how you are feeling and your thoughts on parenting, how you are getting on since ^babyname has arrived, the types of activities you and ^babyname do together, and the types of things ^babyname can do. This information will help us understand how mothers and young babies are doing during the baby's first few months of life.

Please remember that all of your answers will be kept private (confidential). If any question is not clear to you or if you don't understand a question, please ask me to repeat it. Also, if you do not want to answer a question, let me know. Your honesty and sharing will really help us learn what it is like to raise a child in today's world.

The average amount of time to complete this interview is about an hour and a half, but some people take longer and some people finish the questionnaire more quickly. During the interview we can move at a comfortable pace for you and take breaks if you need them. If you need to go to the bathroom, get a drink or take a break for any reason, just let me know and we'll stop for a few minutes and we can pick up where we left off.

Section A: YOUR BABY'S DEVELOPMENT

This section is about ^babyname. I am going to ask you questions about activities children do. Your child may have already done some of the activities, and there may be some your child has not begun doing yet. For each item, please tell me whether your child is doing the activity regularly, sometimes, or not yet. If you're not sure, just let me know and you can try that activity with ^babyname.

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Ages and Stages Questionnaire (ASQ; Squires et al., 1999)

Part 1: Communication

- 1 (*aasqcomm1*) Ages & Stages Questionnaire (ASQ): Communication Item 1
- 2 (*aasqcomm2*) Ages & Stages Questionnaire (ASQ): Communication Item 2
- 3 (*aasqcomm3*) Ages & Stages Questionnaire (ASQ): Communication Item 3
- 4 (*aasqcomm4*) Ages & Stages Questionnaire (ASQ): Communication Item 4
- 5 (*aasqcomm5*) Ages & Stages Questionnaire (ASQ): Communication Item 5
- 6 (*aasqcomm6*) Ages & Stages Questionnaire (ASQ): Communication Item 6

Part 2: Gross Motor

- 1(*aasqgross1*) Ages & Stages Questionnaire (ASQ): Gross Motor Item 1
- 2(*aasqgross2*) Ages & Stages Questionnaire (ASQ): Gross Motor Item 2
- 3(*aasqgross3*) Ages & Stages Questionnaire (ASQ): Gross Motor Item 3
- 4(*aasqgross4*) Ages & Stages Questionnaire (ASQ): Gross Motor Item 4
- 5 (*aasqgross5*) Ages & Stages Questionnaire (ASQ): Gross Motor Item 5
- 6(*aasqgross6*) Ages & Stages Questionnaire (ASQ): Gross Motor Item 6

Part 3: Fine Motor

- 1 (*aasqfine1*) Ages & Stages Questionnaire (ASQ): Fine Motor Item 1
- 2 (*aasqfine2*) Ages & Stages Questionnaire (ASQ): Fine Motor Item 2
- 3(*aasqfine3*) Ages & Stages Questionnaire (ASQ): Fine Motor Item 3
- 4(*aasqfine4*) Ages & Stages Questionnaire (ASQ): Fine Motor Item 4
- 5(*aasqfine5*) Ages & Stages Questionnaire (ASQ): Fine Motor Item 5
- 6(*aasqfine6*) Ages & Stages Questionnaire (ASQ): Fine Motor Item 6

Part 4: Problem Solving

- 1(*aasqprob1*) Ages & Stages Questionnaire (ASQ): Problem Solving Item 1
- 2(*aasqprob2*) Ages & Stages Questionnaire (ASQ): Problem Solving Item 2
- 3(*aasqprob3*) Ages & Stages Questionnaire (ASQ): Problem Solving Item 3
- 4(*aasqprob4*) Ages & Stages Questionnaire (ASQ): Problem Solving Item 4
- 5(*aasqprob5*) Ages & Stages Questionnaire (ASQ): Problem Solving Item 5
- 6(*aasqprob6*) Ages & Stages Questionnaire (ASQ): Problem solving Item 6

Part 5: Personal Social

- 1(*aasqpers1*) Ages & Stages Questionnaire (ASQ): Personal-Social Item 1
- 2(*aasqpers2*) Ages & Stages Questionnaire (ASQ): Personal-Social Item 2
- 3(*aasqpers3*) Ages & Stages Questionnaire (ASQ): Personal-Social Item 3
- 4(*aasqpers4*) Ages & Stages Questionnaire (ASQ): Personal-Social Item 4
- 5(*aasqpers5*) Ages & Stages Questionnaire (ASQ): Personal-Social Item 5
- 6(*aasqpers6*) Ages & Stages Questionnaire (ASQ): Personal-Social Item 6

Part 7: ASQ-SE

Next, I am going to ask you some questions about your child's behaviour. For each behaviour, please tell me:

1. The option that best describes your child's behaviour (Most of the time, Sometimes, Rarely or Never)

AND

2. If that behaviour is a concern for you

Please use **CARD 1** to help you answer (*Interviewer please point to this card as you explain it to the mother*)

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Ages and Stages Questionnaire: Social-Emotional (ASQ:SE; Squires, Bricker, & Twombly, 2003).

SHOW CARD 1

- 1(*aasqse1*) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 1
(*aasqse1a*) Check if this is a concern

2(*aasqse2*) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 2
(*aasqse2a*) Check if this is a concern

3(*aasqse3*) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 3
(*aasqse3a*) Check if this is a concern

4(*aasqse4*) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 4
(*aasqse4a*) Check if this is a concern

5(*aasqse5*) Ages & Stages Questionnaire: Social-Emotional (ASQ:SE) Item 5
(*aasqse5a*) Check if this is a concern

6 (*aasqse6*) Ages & Stages Questionnaire (ASQ): SE Item 6
(*aasqse6a*) Check if this is a concern

7 (*aasqse7*) Ages & Stages Questionnaire (ASQ): SE Item 7
(*aasqse7a*) Check if this is a concern

8 (*aasqse8*) Ages & Stages Questionnaire (ASQ): SE Item 8
(*aasqse8a*) Check if this is a concern

9 (*aasqse9*) Ages & Stages Questionnaire (ASQ): SE Item 9
(*aasqse9a*) Check if this is a concern

10 (*aasqse10*) Ages & Stages Questionnaire (ASQ): SE Item 10
(*aasqse10a*) Check if this is a concern

11 (*aasqse11*) Ages & Stages Questionnaire (ASQ): SE Item 11
(*aasqse11a*) Check if this is a concern

12 (*aasqse12*) Ages & Stages Questionnaire (ASQ): SE Item 12
(*aasqse12a*) Check if this is a concern

13 (*aasqse13*) Ages & Stages Questionnaire (ASQ): SE Item 13
(*aasqse13a*) Check if this is a concern

14 (*aasqse14*) Ages & Stages Questionnaire (ASQ): SE Item 14
(*aasqse14a*) Check if this is a concern

15 (*aasqse15*) Ages & Stages Questionnaire (ASQ): SE Item 15
(*aasqse15a*) Check if this is a concern

16 (*aasqse16*) Ages & Stages Questionnaire (ASQ): SE Item 16
(*aasqse16a*) Check if this is a concern

17 (*aasqse17*) Ages & Stages Questionnaire (ASQ): SE Item 17

(aasqse17a) Check if this is a concern

18 (aasqse18) Ages & Stages Questionnaire (ASQ): SE Item 18

(aasqse18a) Check if this is a concern

19 (aasqse19) Ages & Stages Questionnaire (ASQ): SE Item 19

(aasqse19a) Check if this is a concern

[

(aasq19exp) If you checked “sometimes” or “most of the time”, please explain:

20 (a20) Have you heard of mutual gaze?

1 Yes

2 No

997 Don't Know

998 Refuse

If answered 1 to Q20 continue to Q21. If answered 2 to Q20 go to Module 2.

21 (a21; a21oth) What are the best times for you and your baby to share a mutual gaze?

(interviewer do not read out responses, code all that apply)

1 Feeding time

2 Bath time

3 Nappy change

4 Other (please specify)

5 Don't Know

6 Refuse

THAT'S THE END OF SECTION A.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE
NEXT SECTION IS ABOUT ^CHILDNAME.

Section B: YOUR BABY

Part 1: Baby's Health

Now, I'd like just a brief update on ^babyname's health in the last few months.

1 (*bhealth1lb; bhealth1oz; bhealth1dkr*) What weight was ^babyname's when he/she was born?

_____ lbs _____ ozs

2 (*bhealth2lb; ba2oz; bhealth2dkr*) What is ^babyname's current weight?

_____ lbs _____ ozs

3 (*bhealth3; bhealth3dkr*) How old was ^babyname when he/she returned home from the hospital after he/she was born?

_____ days

4 (*bhealth4*) How would you say ^babyname's health has been since birth? Would you say his/her health has been excellent, very good, good, fair, or poor?

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

5(*bhealth5; bhealth5oth*) Has ^babyname ever been taken to the GP, Health Centre, or to Casualty for any of the health problems listed on CARD 2? Please tell me all that apply.

SHOW CARD 2

- 1 Chest infections
- 2 Ear infections
- 3 Feeding problems
- 4 Sleeping problems
- 5 Wheezing or asthma
- 6 Skin problems
- 7 Sight or eye problems
- 8 Failure to gain weight or to grow
- 9 Persistent or severe vomiting
- 10 Persistent or severe diarrhoea
- 11 Fits or convulsions
- 12 Excessive crying
- 13 Accident
- 14 None of the above
- 15 Other health problems (please specify _____)
- 16 Don't Know
- 17 Refuse

6(*bhealth6*) During the last 6 months, has ^babyname ever stayed in hospital for at least one night for any illness (not hospital outpatient or emergency department visits)?

- 1 Yes
- 2 No

If answered 1 to Q6 go to Q7. If answered 2 to Q6 go to Q9.

7(*bhealth7; bhealth7dkr*) How many times?

_____times

8(*bhealth8*) For what main reasons? Please look at CARD 3 and tell me all that apply.

SHOW CARD 3

- 1 Fever or viral illness
- 2 Asthma
- 3 Gastroenteritis
- 4 Pneumonia
- 5 Bronchitis
- 6 Urine infection
- 7 Croup
- 8 Febrile convulsion
- 9 Grommets/tympanostomy tubes
- 10 Tonsillectomy and/or adenoidectomy
- 11 Accident
- 12 Other illness/condition, surgery needed (please specify_____)
- 13 Other illness/condition, surgery not needed (please specify_____)
- 14 Don't Know
- 15 Refuse

If ticked option 13 (accidents) to Q5 or option 11(accidents) to Q8 or go to Q9. Otherwise skip to Q10.

9 (*bhealth9; bhealth9oth; bhealth9illsurg; bhealth9illnosurg*) What type of injury or accident did ^babyname have that required medical attention? Please look at CARD 4 and tell me all that apply.

SHOW CARD 4

- 1 Broken or fractured bones
- 2 Swallowed object
- 3 Swallowed household cleaner/other poison/pills
- 4 Cut needing stitches
- 5 Something stuck in eye, throat, nose, ear or other part of body
- 6 Animal or insect bite or sting
- 7 Burn or scald
- 8 Dislocation
- 9 Cut or scrape
- 10 Loss of consciousness
- 11 Bang on the head
- 12 Concussion or internal head injury
- 13 Internal injury (not head)
- 14 Dental injury
- 15 Other (please specify_____)
- 16 Don't Know
- 17 Refuse

10(*bhealth10*) Has ^babynname ever received any vaccinations (immunizations)?

- 1 Yes
- 2 No

If answered 1 to Q10 go to Q11. If answered 2 to Q10 skip to Q12.

11 Which vaccines (immunisations) has he/she received? Please look at CARD 5 and tell me all that apply.

SHOW CARD 5

Childs age	Vaccine type		
Birth to 1 month (<i>bhealth11a</i>)	Bacillus Calmette Guerin (to protect against TB)	BCG	<input type="checkbox"/>
2 months (<i>bhealth11b</i>)	Diphtheria, Tetanus, Whooping cough, Haemophilus influenzae b (Hib), Inactivated Polio, Hepatitis B, Pneumococcal Conjugate Vaccine (PCV)	6 in 1 + PCV	<input type="checkbox"/>
4 months (<i>bhealth11c</i>)	Diphtheria, Tetanus, Whooping cough, Hib, Inactivated Polio, Hepatitis B, Meningococcal C	6 in 1 + Men C	<input type="checkbox"/>
6 months (<i>bhealth11d</i>)	Diphtheria, Tetanus, Whooping cough, Hib, Inactivated Polio, Hepatitis B, Meningococcal C, Pneumococcal Conjugate Vaccine (PCV)	6 in 1 + Men C + PCV	<input type="checkbox"/>
Other (<i>bhealth11e</i>)	Please specify (<i>bhealth11eoth</i>)		<input type="checkbox"/>

12(*bhealth12*) Overall in the last 30 days how much of a problem has ^babynname had breathing?

SHOW CARD 6

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

Thank you for answering those questions regarding ^babynname's health. We will now move on and I'll ask you questions about his/her eating, sleeping, and crying patterns.

Part 2: Baby's Eating Patterns

1 (*beat1*) How many times per day does ^babyname eat including overnight feedings?

(READ OUT OPTIONS)

- 1 3-5 times
- 2 6-10 times
- 3 11-15 times
- 4 16 or more times per day

2 (*beat2*) Did you ever try to breastfeed ^babyname?

- 1 Yes
- 2 No

If answered 1 to Q2 go to Q5. If answered 2 to Q2 go to Q3.

3 (*beat3; beat3oth*) When did you decide to only bottle-feed ^babyname?

(interviewer do not read out responses)

- 1 Before pregnancy
- 2 During the first 6 months of pregnancy
- 3 During the last 3 months of pregnancy
- 4 In hospital before delivery
- 5 In hospital within hours of delivery (in the hours following delivery)
- 6 Other (please specify_____)

4 (*beat4; beat4oth*) What was the main reason you decided to bottle-feed ^babyname?

(interviewer do not read out responses)

- 1 Baby sick
- 2 Mother short of time
- 3 Mother sick/fatigued
- 4 Practical
- 5 Previous breast-feeding problems
- 6 Insufficient milk or problems with breast-feeding
- 7 Long hospital stay
- 8 Advertising
- 9 Formula samples received from hospitals (or birthing centres)
- 10 I didn't want to breastfeed
- 11 Other (please specify_____)

If answered 2 to Q2, then go to Q12.

5 (*beat5; beat5oth*) When did you decide to breastfeed ^babyname?

(interviewer do not read out responses)

- 1 Before pregnancy
- 2 During the first 6 months of pregnancy
- 3 During the last 3 months of pregnancy
- 4 In hospital before delivery
- 5 In hospital within hours of delivery (in the hours following delivery)
- 6 Other (please specify_____)
- Do not know
- Refusal

6 (*beat6; beat6oth*) What was the main reason you decided to breastfeed ^babyname?

(interviewer do not read out responses)

- 1 Baby's physical wellbeing
- 2 To experience breast-feeding
- 3 It's cheaper
- 4 Special bond created with baby
- 5 It's easy and practical
- 6 Following my mother's example
- 7 Other (please specify_____)
- Do not know
- Refuse

7 (*beat7*) Are you still breastfeeding ^babyname?

- 1 Yes
- 2 No

If answered 1 to Q7 go to Q8. If answered 2 to Q7 go to Q9.

8 (*beat8*) Does ^babyname drink anything other than just breast milk?

- 1 Yes
- 2 No

If answered 1 to Q8 go to Q9. If answered 2 to Q8 go to Q13.

9 (*beat9wk; beat9mth*) What age did you stop exclusively feeding your baby breast milk? That is, you continued to breastfeed ^babyname, but also gave him/her other food or drink.

_____ weeks/months

If answered 1 to Q8 go to Q12.

10(*beat10mth; beat10wk; beat10day; beat10dkr*) How old was ^babyname when you completely stopped breast-feeding?

_____month(s)

_____week(s)

_____day(s)

Do not know

Refusal

11(*beat11; beat11oth*) What was the main reason for your stopping to breast-feed ^babyname?
(interviewer do not read out responses)

1 Baby sick

2 Mother short of time

3 Mother sick/fatigued

4 Baby unwilling to suck at breast

5 Insufficient milk or problems with breastfeeding

6 Advertising

7 Formula samples received from hospital (or birthing centres)

8 I didn't want to

9 Other (please specify_____)

12(*beat12; beat12oth*) Have you ever fed ^babyname any of the following foods? Please look at CARD 7 and tell me all that apply.

SHOW CARD 7

1 Water

2 Breast milk

3 Commercial infant formula (*formula bought in a shop*)

4 Cow's Milk

5 Fruit juice

6 Juice with water added

7 Tea

8 Infant cereal

9 Vegetables

10 Fruits

11 Meat

12 Other (please specify)

13 Don't Know

14 Refuse

13(*beat13*) Were you breastfed as a baby?

1 Yes

2 No

3 Don't know

The next few questions are about ^babyname's sleeping patterns.

Part 3: Baby's Sleeping Patterns

1(*bsleep1*) When putting ^babyname down for the night how often does he/she have difficulty falling asleep?

- 1 Never
- 2 Sometimes
- 3 Often
- 4 Always

2(*bsleep2*) In general, how long does it take ^babyname to go to sleep?
(interviewer do not read out responses)

- 1 Less than 15 minutes
- 2 From 15 minutes to less than 30 minutes
- 3 From 30 minutes to less than 45 minutes
- 4 From 45 minutes to less than 60 minutes
- 5 60 minutes and more

3(*bsleep3*) Does ^babyname sleep undisturbed (straight) through the night (*most of the time*)?

- 1 Yes
- 2 No

If answered 1 to Q3 go to Q4. If answered 2 to Q3 go to Q5.

4(*bsleep4; bsleep4oth*) Since what age has ^babyname slept undisturbed through the night?
(interviewer do not read out responses)

- 1 From birth to less than 2 weeks old
- 2 From 2 weeks old to less than one month
- 3 From 1 month to 1 ½ months
- 4 From 1 ½ months old to less than 2 months
- 5 From 2 months to less than 2 ½ months
- 6 From 2 ½ months to less than 3 months
- 7 From 3 months to less than 3 ½ months
- 8 From 3 ½ months to less than 4 months
- 9 From 4 months to less than 4 ½ months
- 10 From 4 ½ months to less than 5 months
- 11 From 5 months to less than 5 ½ months
- 12 From 5 ½ months to less than 6 months
- 13 Since the age of 6 months
- 14 If older than 6 months:
Specify how old: _____ months

5(*bsleep5*) In general, how many hours in a row does ^babyname sleep AT NIGHT?
(interviewer do not read out responses)

- 1 Less than 4 hours
- 2 From 4 hours to less than 5 hours
- 3 From 5 hours to less than 6 hours
- 4 From 6 hours to less than 7 hours
- 5 From 7 hours to less than 8 hours
- 6 8 hours and more

6(*bsleep6*) When you put your baby to bed do you usually:

- 1 lull him/her to sleep before putting him/her down
- 2 put him/her to bed awake and stay with him/her until he/she falls asleep
- 3 put him/her to bed awake and let him/her fall asleep on his/her own

7(*bsleep7*) In general, where does your baby sleep?

(interviewer do not read out responses)

Probe mother's response as necessary and code appropriately.

- 1 Alone in his/her bedroom
- 2 In your bedroom BUT not in your bed
- 3 In your bedroom AND in your bed
- 4 Shares his/her bedroom with another family member (brother, sister, grand-parents etc.)

8 (*bsleep8*) How much of a problem has ^babyname's awakening been for you? Would you say it was not much of a problem, somewhat of a problem, or quite a bit of a problem?

- 1 Not much
- 2 Somewhat
- 3 Quite a bit

Part 4: Crying

All babies fret and cry sometimes. The next few questions are about what ^babyname's crying patterns have been like.

1(*bcry1*) Are you finding ^babyname's crying to be a problem or upsetting?

- 1 Yes
- 2 No

2(*bcry2*) Have you tried leaving your baby to "cry out"?

- 1 Yes once
- 2 Yes a few times
- 3 Yes frequently
- 4 No

If answered 1, 2, or 3 to Q2 go to Q3. If answered 4 to Q2 go to Q4.

3(*bcry3; bcry3dkr*) For how long?

Probe: *On average, how long do you leave ^babyname to cry out?*

_____ (please indicate minutes or hours)

4(*btemp1*) How many times per day, on average, does he/she get fussy (*cranky*) and irritable – for either long or short periods of time?

(interviewer do not read out responses)

- 1 Never
- 2 1-2 times per day
- 3 3-4 times per day
- 4 5-6 times per day
- 5 7-9 times per day
- 6 10-14 times per day
- 7 15 times per day or more

The following questions are about how ^babyname behaves. Please answer each question for him/her in comparison to other children. Answering “About Average” or telling me number 4 means that you think your baby behaves in the same way as the typical child.

5(*btemp2*) How much does he/she cry and fuss in general?

SHOW CARD 8

- | | | | | | | |
|--|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very little;
much less than
the average baby | | | | | | A lot;
much more than
the average baby |

6(*btemp3*) How easily does he/she get upset?

SHOW CARD 9

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very hard to upset –
even by things that
upset most babies | | | | | | Very easily
upset by things
that wouldn't bother
most babies |

7(*btemp4*) When he/she gets upset (e.g., before feeding, during feeding, nappie changing, etc.), how vigorously or loudly does he/she cry and fuss?

SHOW CARD 10

- | | | | | | | |
|------------------------------------|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Very mild
intensity or loudness | | | | | | Very loud or
intense, really
cuts loose (<i>cries very loud</i>) |

8(*btemp5*) How excited does he/she become when people play with or talk to him/her?

SHOW CARD 11

1	2	3	4	5	6	7
Very excited						Not at all

9(*btemp6*) On average, how much attention does he/she require (*need*), other than for caregiving (feeding, bathing, nappie changes etc.)?

SHOW CARD 12

1	2	3	4	5	6	7
Very little – much less than the average baby				A lot- much more than the average baby		

10(*btemp7*) When left alone, he/she plays well by him/herself?

SHOW CARD 13

1	2	3	4	5	6	7
Almost always					Almost never - won't play by self	

11(*btemp8*) How does he/she typically respond to a new person?

SHOW CARD 14

1	2	3	4	5	6	7
Almost always responds favourably				Almost always responds negatively at first		

12(*btemp9*) How does he/she typically respond to being in a new place?

SHOW CARD 14

1	2	3	4	5	6	7
Almost always responds favourably				Almost always responds negatively at first		

13(*btemp10*) How well does he/she adapt to new experiences (such as new playthings, new foods, new people, etc.) eventually?

SHOW CARD 15

1	2	3	4	5	6	7
Very well – always likes it eventually					Almost always dislikes it in the end	

Section C: THOUGHTS ABOUT PARENTING 1

For the next section, I would like you to answer the questions on your own using this pen and clicking on the computer. Let's have a quick practice session!

PLEASE HAND COMPUTER TO PARTICIPANT

LAPTOP PRACTICE SECTION

This practice section will help you get used to the computer and the pen. None of the answers you give here will ever be looked at by the researchers: it is just a way of helping you get comfortable with the pen and the computer.

1. Hold the pen as you would a normal pen
2. Tap or press the pen on the computer screen against the circle you want to mark as your answer.
3. Let's try it out with the following activity

Q1. Here is a word:

SKY

Which of the following words is the same colour as the word above? Please select the correct response and then click next.

FIRE

SUN

WATER

GRASS

SNOW

*If they get the question above correct then they see the following:
Great! Well done!*

PLEASE HAND COMPUTER BACK TO INTERVIEWER

If they get the question above incorrect then they see the following:

Are you sure you meant to mark that response? Remember to hold the pen as you would a normal pen, and use it to tap against the circle that you want to mark as your answer. Let's try it again! To try that again, please use the pen to click the "Next" button below.

Repeats practice session.

Once practice section done correctly:

PLEASE HAND COMPUTER BACK TO INTERVIEWER

This next part of our interview is about your thoughts on parenting. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers on your own on the computer as you were just shown. However, if you prefer I can read them out loud. Which would you prefer?

1 Self-completion accepted

2 Self-completion administered by the interviewer

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

Blurb 1 (self completion accepted):

PLEASE HAND LAPTOP TO PARTICIPANT

SELF-COMPLETION SECTION 4

Once you complete each page, move on to the next page by clicking the next button at the bottom of the page. Please read the information/instructions at the top of each page carefully, as they change throughout the next several pages.

Blurb 2 (self completion administered by interviewer):

On the next few pages I am going to read some statements and I just want you to tell me how much you agree or disagree with each statement.

Blurb 1 (self completion accepted):

CHILDREN AND THEIR PARENTS

Below is a series of statements that describe how people feel about their children. For each statement, please mark the number that best describes how you feel.

Blurb 2 (self completion administered by interviewer):

CHILDREN AND THEIR PARENTS

Now I will read you some statements that describe how people feel about their children. For each statement, please tell me the number that best describes how you feel. Please look at CARD 17 to help you answer.

SHOW CARD 17

(cploc1- cploc20)

- 1 = Strongly disagree
- 2 = Somewhat disagree
- 3 = Neither agree or disagree
- 4 = Somewhat agree
- 5 = Strongly agree

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Parental Locus of Control Scale (PLOC; Campis, Lyman, & Prentice-Dunn, 1986)

Blurb 1 (self completion accepted):

These questions are about different sorts of feelings parents might have when caring for young children. For each question, please mark the option that is closest to how you feel.

Blurb 2 (self completion administered by interviewer):

The next questions are about the different sorts of feelings parents might have when caring for young children. For each one please say which is closest to how you feel.

(ccmas1 - ccmas19)

SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Condon Maternal Attachment Scale (CMAS; Condon & Corkindale, 1998).

Blurb 1 (self completion accepted):

THAT'S THE END OF SECTION C.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR HEALTH AND HOW YOU ARE DOING.

PLEASE HAND LAPTOP BACK TO INTERVIEWER.

Blurb 2 (self completion administered by interviewer):

THAT'S THE END OF SECTION C.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR HEALTH AND HOW YOU ARE DOING.

Section D: YOUR HEALTH

The next set of questions are about your health both now and while you were pregnant with ^babyname.

1 (d1) How would you describe your health since ^babyname was born compared with other women your age? Would you say your health has been excellent, very good, good, fair, or poor?

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

2 During your pregnancy, were you diagnosed with any of the following?

SHOW CARD 25

Condition	Yes	No	Don't Know	Refuse
High Blood Pressure (d2a)				
Preeclampsia (pregnancy-induced high blood pressure) (d2b)				
Diabetes (d2c)				
Abruptio Placenta (placental abruption) (d2d)				
Other pregnancy complications (d2e) If yes, please describe (d2eoth)				

3 (d3) Were you hospitalised for special medical care for any period immediately following the birth of ^babyname?

- 1 Yes
- 2 No

If answered 1 to Q3 go to Q4. If answered 2 go to Q5.

4 (d4; d4dkr) For how many days?

5(d5) Overall in the last 30 days how much of a problem have you had breathing?

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

6(d6st; d6lbs; d6kg; d6dkr) What is your current weight (without clothes)?

Enter weight in either stones and pounds OR kilograms

7(d7; d7dkr) How many times have you been to your GP in the last 6 months (not including visits for ^babyname)?

_____times

8(d8) Have you been diagnosed with postnatal depression in the last 6 months?

- 1 Yes
- 2 No

If answered 1 to Q8 go to Q9. If answered 2 to Q8 go to Q10.

9(d9) Did your doctor prescribe any medication for this?

- 1 Yes
- 2 No

10(d10) Did you smoke when you were pregnant with ^babyname?

- 1 Yes
- 2 No

If answered 1 to Q10 continue to Q11 if answered 2 to Q10 skip to Q13.

11(d11) After joining the programme, did you change the amount you smoked while you were pregnant?

(READ OUT OPTIONS)

- 1 Yes- Reduced
- 2 Yes- Increased
- 3 Yes- Stopped Smoking
- 4 No

If answered 1, 2, or 3 to Q11 continue to Q 12, if answered 4 to Q11 skip to Q13.

12 (d12; d12dkr) In what week of your pregnancy did you make this change?

_____weeks

13(d13) Do you currently smoke?

- 1 Yes
- 2 No

If answered 1 to Q13 continue to Q14, if answered 2 to Q13 skip to Q15

14(d14; d14dkr) How many cigarettes per day do you smoke now?

15(d15) Does ^babyname's father (or your partner), or another person smoke in the house?

- 1 Yes
- 2 No

16(d16) Did you drink alcohol when pregnant with ^babyname?

- 1 Yes
- 2 No

If answered 1 to Q16 continue to Q17, if answered 2 to Q16 skip to Q 19.

17(d17) After joining the programme, did you change the amount you drank while you were pregnant? (**READ OUT OPTIONS**)

- 1 Yes- Reduced
- 2 Yes- Increased
- 3 Yes- Stopped Drinking
- 4 No

If answered 1,2, or 3 to Q17 continue to Q 18, if answered 4 to Q17 skip to Q23.

18(d18; d18dkr) In what week of your pregnancy did you make this change?

_____weeks

19(d19) Have you drank alcohol in the past 6 months?

- 1 Yes
- 2 No

If answered 1 to Q19 continue to Q20, if answered 2 to Q19 skip to Q23.

20(d20) On average, how often did you drink alcohol in the past 6 months?
(interviewer do not read out responses)

- 1 Daily
- 2 3-4 times per week
- 3 1-2 times per week
- 4 Once a month
- 5 Less than once a month

21(d21; d21oth) What did you usually drink? Please use CARD 26 to tell me the option that best applies.

Probe: The type of drink you drink the most.

SHOW CARD 26

- 1 Large or normal sized cans of beer/cider
- 2 Pint of beer/cider
- 3 Half pints or glasses of beer/cider
- 4 Bottles of beer
- 5 Small bottles of cider
- 6 Small cans of beer (Coca Cola size)
- 7 Spirits (such as vodka/Bacardi) with a mixer- single shot
- 8 Spirits (such as vodka/Bacardi) with a mixer- double shot
- 9 Small glasses of wine
- 10 Large glasses of wine
- 11 Alcopops, such as Wkd
- 12 Cocktails
- 13 Shots
- 14 Other, please specify_____

22(d22; d22dk) In general, on the days that you drink alcohol, about how many drinks do you usually have?

_____ drinks

23(d23) Did you take any illegal drugs when you were pregnant with ^babyname?

- 1 Yes
- 2 No

If answered 1 to Q23 continue to Q24, if answered 2 to Q23 skip to Q26.

24(d24) After joining the programme, did you change the amount of illegal drugs you took while you were pregnant?

(READ OUT OPTIONS)

- 1 Yes- Reduced
- 2 Yes- Increased
- 3 Yes- Stopped taking drugs
- 4 No

If answered 1, 2, or 3 to Q24 continue to Q25, if answered 4 to Q24 skip to Q26.

25(*d25; d25dkr*) In what week of your pregnancy did you make this change?

_____ weeks

26(*d26*) Have you used any of these drugs in the past six months?

(We do not need to know about use of a specific drug, just whether any of these drugs were used)

SHOW CARD 27 (show card showing list of drugs)

1 Yes

2 No

If answered 1 to Q26 continue to Q 27, if answered 2 to Q26 continue to next section about how they have been feeling over the last 2 weeks (self completion section 2).

27(*d27*) Overall, about how often?

SHOW CARD 28

1 Daily

2 3-4 times per week

3 1-2 times per week

4 Once a month

5 Less than once a month

This next part of our interview is about how you are doing. If you are comfortable with reading and answering these questions yourself, I would like you to fill in the answers on your own on the computer as you were just shown in the last section. However, if you would prefer I can read them out loud. Which would you prefer?

1 Self-completion accepted

2 Self-completion administered by the interviewer

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

Blurb 1 (self completion accepted):
SELF-COMPLETION SECTION 2

Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, & Sagovsky, 1987)

Please read the information/instructions at the top of each page carefully, as they change throughout the questionnaire.

As you have recently had a baby, we would like to know how you are feeling. Please tick the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

For example if you have felt happy most of the time in the past 7 days, and you were shown the options below, you would tick “2 Yes, most of the time”

I have felt happy:

- 1 Yes, all the time
- √ 2 Yes, most of the time
- 3 No, not very often
- 4 No, not at all

Just a reminder these questions are about how you have felt IN THE PAST 7 DAYS.

Blurb 2 (self completion administered by interviewer):

As you have recently had a baby, we would like to know how you are feeling. Please tell me the answer that comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

For example if you have felt happy most of the time in the past 7 days, and I showed you the following options, you would say “2 Yes, most of the time”

I have felt happy:

- 1 Yes, all the time
- √ 2 Yes, most of the time
- 3 No, not very often
- 4 No, not at all

Please answer the follow questions in the same way.

Just a reminder these questions are about how you have felt IN THE PAST 7 DAYS.

(depds1- depds10)

In the past 7 days:

1(*depds1*) I have been able to laugh and see the funny side of things.

SHOW CARD 29

- 1 As much as I always could
- 2 Not quite so much now
- 3 Definitely not so much now
- 4 Not at all

2(*depds2*) I have looked forward with enjoyment to things.

SHOW CARD 30

- 1 As much as I ever did
- 2 Rather less than I used to
- 3 Definitely less than I used to
- 4 Hardly at all

3(*depds3*) I have blamed myself unnecessarily when things went wrong.

SHOW CARD 31

- 1 Yes, most of the time
- 2 Yes, some of the time
- 3 Not very often
- 4 No, never

4(*depds4*) I have been anxious or worried for no good reason.

SHOW CARD 32

- 1 No, not at all
- 2 Hardly ever
- 3 Yes, sometimes
- 4 Yes, very often

5(*depds5*) I have felt scared or panicky for no very good reason.

SHOW CARD 33

- 1 Yes, quite a lot
- 2 Yes, sometimes
- 3 No, not much
- 4 No, not at all

6(*depds6*) Things have been getting on top of me.

SHOW CARD 34

- 1 Yes, most of the time I haven't been able to cope at all

- 2 Yes, sometimes I haven't been coping as well as usual
- 3 No, most of the time I have coped quite well
- 4 No, I have been coping as well as ever

7(*deps7*) I have been so unhappy that I have had difficulty sleeping.

SHOW CARD 35

- 1 Yes, most of the time
- 2 Yes, sometimes
- 3 Not very often
- 4 No, not at all

8(*deps8*) I have felt sad or miserable.

SHOW CARD 35a

- 1 Yes, most of the time
- 2 Yes, quite often
- 3 Not very often
- 4 No, not at all

9(*deps9*) I have been so unhappy that I have been crying.

SHOW CARD 36

- 1 Yes, most of the time
- 2 Yes, quite often
- 3 Only occasionally
- 4 No, never

10(*deps10*) The thought of harming myself has occurred to me.

SHOW CARD 37

- 1 Yes, quite often
- 2 Sometimes
- 3 Hardly ever
- 4 Never

Blurb 1 (self completion accepted):

The next section has the same questions, but this time please tick the answer that comes closest to how you have felt SINCE ^BABYNAME HAS BEEN BORN, not just the past 7 days.

Just a reminder these questions are about how you have felt SINCE ^BABYNAME HAS BEEN BORN.

Blurb 2 (self completion administered by interviewer):

Now, I'd like to ask you the same questions again, but this time please tell me answer that comes closest to how you have felt SINCE ^BABYNAME HAS BEEN BORN, not just the past 7 days.

Just a reminder these questions are about how you have felt SINCE ^BABYNAME HAS BEEN BORN.

(depds11- depds20)

In the past 6 months:

11(*depds11*) I have been able to laugh and see the funny side of things.

SHOW CARD 29

- 1 As much as I always could
- 2 Not quite so much now
- 3 Definitely not so much now
- 4 Not at all

12(*depds12*) I have looked forward with enjoyment to things.

SHOW CARD 30

- 1 As much as I ever did
- 2 Rather less than I used to
- 3 Definitely less than I used to
- 4 Hardly at all

13(*depds13*) I have blamed myself unnecessarily when things went wrong.

SHOW CARD 31

- 1 Yes, most of the time
- 2 Yes, some of the time
- 3 Not very often
- 4 No, never

14(*depds14*) I have been anxious or worried for no good reason.

SHOW CARD 32

- 1 No, not at all
- 2 Hardly ever
- 3 Yes, sometimes
- 4 Yes, very often

15(*depds15*) I have felt scared or panicky for no very good reason.

SHOW CARD 33

- 1 Yes, quite a lot
- 2 Yes, sometimes
- 3 No, not much
- 4 No, not at all

16(*depds16*) Things have been getting on top of me.

SHOW CARD 34

- 1 Yes, most of the time I haven't been able to cope at all
- 2 Yes, sometimes I haven't been coping as well as usual
- 3 No, most of the time I have coped quite well
- 4 No, I have been coping as well as ever

17(*deps17*) I have been so unhappy that I have had difficulty sleeping.

SHOW CARD 35

- 1 Yes, most of the time
- 2 Yes, sometimes
- 3 Not very often
- 4 No, not at all

18(*deps18*) I have felt sad or miserable.

SHOW CARD 35

- 1 Yes, most of the time
- 2 Yes, quite often
- 3 Not very often
- 4 No, not at all

19(*deps19*) I have been so unhappy that I have been crying.

SHOW CARD 36

- 1 Yes, most of the time
- 2 Yes, quite often
- 3 Only occasionally
- 4 No, never

20(*deps20*) The thought of harming myself has occurred to me.

SHOW CARD 37

- 1 Yes, quite often
- 2 Sometimes
- 3 Hardly ever
- 4 Never

Blurb 1(self completion accepted):

The next 5 questions are about how you have been feeling over the past couple of weeks.

Please indicate for each of the five statements which is closest to how you have been feeling generally over the last two weeks by marking a number between 0 and 5.

For example, if you have felt cheerful and in good spirits more than half of the time during the last two weeks, mark number 3.

Blurb 2 (self completion administered by interviewer):

The next 5 questions are about how you have been feeling over the past couple of weeks.

Please let me know for each of the five statements which is closest to how you have been feeling generally over the last two weeks by saying a number between 0 and 5.

For example, if you have felt cheerful and in good spirits more than half of the time during the last two weeks, say number 3.

dwho5a- dwho5e

SHOW CARD 38

- 0=At no time
- 1=Some of the time
- 2=Less than half of the time
- 3=More than half of the time
- 4=Most of the time
- 5=All of the time

Note that the above show card is what is displayed on the card and on the computer screen, but the data are electronically coded according to the following:

- 1= At no time
- 2 =Some of the time
- 3 =Less than half of the time
- 4 =More than half of the time
- 5 =Most of the time
- 6 =All of the time

Over the last two weeks:

1 (*dwho5a*) I have felt cheerful and in good spirits.

0	1	2	3	4	5
At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time

2 (*dwho5b*) I have felt calm and relaxed.

0	1	2	3	4	5
At no Time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time

3(*dwho5c*) I have felt active and vigorous (*full of life and energy*).

0	1	2	3	4	5
At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time

4(*dwho5d*) I woke up feeling fresh and rested.

0	1	2	3	4	5
---	---	---	---	---	---

At No Time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time
---------------	---------------------	----------------------------------	----------------------------------	---------------------	--------------------

5(*dwho5e*) My daily life has been filled with things that interest me.

0	1	2	3	4	5
At no time	Some of the time	Less than half of the time	More than half of the time	Most of the time	All of the time

Blurb 1 (self completion accepted):

THAT’S THE END OF SECTION D.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS AN UPDATE ON YOUR LIFE.

PLEASE HAND LAPTOP BACK TO INTERVIEWER

Blurb 2 (self completion administered by interviewer):

THAT’S THE END OF SECTION D.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS AN UPDATE ON YOUR LIFE.

Section E: UPDATE ON YOUR LIFE

In this next section, I am going to ask you some questions about your family, education, work life and finances. These questions are very similar to the ones I asked last time we met, but I am just going to ask them again to see if anything has changed in the past couple months.

1(*e1; e1dkr*) How many people currently live in your home, **not including you and ^babyname**?

_____ Note if mother indicates *PFL* baby is not currently living with her

If answered 0 to Q1 skip to Q3. If answered any number greater than 0 continue to question 2.

2(*e2rship_#; e2gender_#; e2age_#*) For each person in your home, could you please tell me their relationship to ^babyname as well as their age and gender?

NOTE: the variables rship_p#, gender_p#, age_p# contain no observations

	Person Number	Relationship to Baby (use codes at right)	Gender (F/M)	Age (in years)
a.	1			
b.	2			
c.	3			
d.	4			
e.	5			
f.	6			
g.	7			
h.	8			
i.	9			
j.	10			

- | |
|--|
| <ul style="list-style-type: none"> 1 The biological father 2 The non-biological father (partner) 3 The adoptive parent (partner) 4 Natural brother/Natural sister 5 Step brother/Step sister 6 Half brother/Half sister 7 Adopted brother/Adopted sister 8 Foster brother/Foster sister 9 Maternal grandparent 10 Paternal grandparent 11 Nanny/au pair 12 Aunt/Uncle 13 Cousin 14 Other relative 15 Non-relative/friend 16 Other, specify _____ |
|--|

3(*e3; e3dkr*) Including your newborn child, how many biological children do you have?

4(e4) Can I just check- what is your current relationship status?

SHOW CARD 39

- 1 Single
- 2 Married
- 3 Co-habiting
- 4 Boyfriend/partner not living together
- 5 Divorced
- 6 Legally separated
- 7 Widowed

If responds 2, 3, or 4 to Q4, go to Q5. If answered 1, 5, 6, or 7 skip to Q7.

5(e5) Is your partner ^babyname biological father?

- 1 Yes
- 2 No

6(e6a; e6b) How long have you been with your partner?

- Weeks
- Months
- Years

7(e7; e7oth) What is your highest level of education completed? Please use CARD 40 to help you answer. Tell me the option that best describes your highest level of education completed.

SHOW CARD 40

- 1 No Formal Qualification
- 2 Primary Education
- 3 Lower Secondary (left before Junior Certification)
- 4 Junior/Group/Inter Certification
- 5 Upper Secondary (left before Leaving Certification)
- 6 Applied Leaving Certification
- 7 Leaving Certification/A Levels
- 8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- 9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 Postgraduate Qualification
- 11 Other (please specify)

8(e8) Are you still in full-time education?

- 1 Yes
- 2 No

If answered 2 to Q8, continue to question 9. If answered 1 to question 8 please skip to question 10.

9(*e9; e9dkr*) At what age did you leave full-time education?

Enter Age in Years

Skip to Q11

10(*e10*) Do you plan to complete your education?

1 Yes

2 No

11(*e11; e11oth*) Which of the following best describes your home?

SHOW CARD 41

1 Owned with mortgage

2 Owned outright

3 Rented from local authority

4 Buying from local authority

5 Rented privately

6 Shared ownership (half renting/half buying from local authority or city council)

7 Other (please specify)

12(*e12; e12oth*) Who owns or pays rent on this house?

1 Yourself

2 Yourself and your partner

3 Your parents

4 Other (please specify)

If you answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to question 4, then skip to Blurb 1. Blurb 2 otherwise.

Blurb 1

Now I am going to ask you some more questions about ^babyname biological father.

Blurb 2

Now I am going to ask you some more questions about your partner.

13(*e13; e13oth*) Please look at CARD 40. Which of the following categories best describes the highest level of education he has completed? Please tell me the option that best applies.

SHOW CARD 40

- 1 No Formal Qualification
- 2 Primary Education
- 3 Lower Secondary (left before Junior Certificate)
- 4 Junior/Group/Inter Certificate
- 5 Upper Secondary (left before Leaving Certificate)
- 6 Applied Leaving Certificate
- 7 Leaving Certification/A Levels
- 8 Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- 9 Primary Degree (Third Level Bachelor Degree)/Professional Qualification or Degree
- 10 Postgraduate Qualification
- 11 Other (please specify)

14(*e14*) Is he still in full-time education?

- 1 Yes
- 2 No

If answered 2 to question 14, continue to question 15. If answered 1 to question 14, skip to question 16.

15(*e15; e15dkr*) At what age did he leave full-time education?

16 (*e16; e16oth*) What is your current work status? Please use CARD 42 to tell me the option that best applies.

SHOW CARD 42

- 1 Has paid job, but on maternity leave
- 2 In paid Work
- 3 Unemployed
- 4 Student
- 5 Looking after home/family
- 6 Retired
- 7 Not able to work due to permanent disability/sickness
- 8 FAS training (paid)
- 9 FAS training (unpaid)
- 10 Other (please specify)

If answered 1 to question 16, go to question 17, If answered 2, or 8, to question 16, go to Q18. If answered 3 or 5 to question 16, skip to question 25. If answered 4, 6, 7, or 10 to question 16, skip to question 26, if answered 9 to question 16 go to question 20 – 22, then 26.

17(e17a; e17b) How much maternity leave are you taking?

- _____
- Weeks
 - Months

Skip to question 20

18(e18) Did you take maternity leave?

- 1 Yes
- 2 No

If answered 1 to question 18 continue to question 19, if answered 2 skip to Q 20.

19(e19a; e19b) How much maternity leave did you take?

Enter amount and indicate if it is weeks or months

20(e20; e20dkr) What is your main job? _____

21(e21) Do you work full-time or part-time?

- 1 Full-time
- 2 Part-time

22(e22; e22dkr) On average, how many hours per week do you usually work?

Enter amount, in hours

If answered 9 (FAS training (unpaid)) to question 15, skip to question 25.

23(e23) Roughly how much do you earn, on average, in your job(s)?

Enter amount, in euros

24(e24) Is this amount:

- 1 Per hour
- 2 Per week
- 3 Per month
- 4 Annually

If answered questions 16-24, skip to Q 26.

25(e25; e25dkr) For how long have you been without paid work (in months)?

26(e26) Do you or your partner receive any social welfare payments such as unemployment insurance, social welfare payments, rent allowance, disability allowances, or job seekers allowance?

- 1 Yes
- 2 No

27(e27) I know it is sometimes hard to give an exact figure for income, but could you please think about your household's take home income in the last 12 months. Over this time, what is your best guess of the household's average total income per *week*, this is the take-home family *weekly* income from all sources and includes social benefits for all people living in your household? This includes wages and salaries, income from self-employment, dividends and interest, unemployment insurance or the dole, worker's compensation, government pension, child benefit, child support, and all other sources. Please use CARD 43 to choose the weekly income range that best applies to your household.

SHOW CARD 43

Note: The online version and CARD 43 show the letters in parentheses next to the numbers, but the data come as numbers 1-14:

- 1 (F) Less than €50
- 2 (M) €50 to under 100
- 3 (W) €100 to under 150
- 4 (P) €150 to under 200
- 5 (G) €200 to under 250
- 6 (R) €250 to under 300
- 7 (B) €300 to under 400
- 8 (L) €400 to under 500
- 9 (T) €500 to under 600
- 10 (D) €600 to under 750
- 11 (X) €750 to under 900
- 12 (I) €900 to under 1000
- 13 (C) €1000 to under 1500
- 14 (K) €1500 or more

28(e28) Thinking of the household's total income, would you say that your household is able to make ends meet? Please look at CARD 44 and tell me the option that best applies.

SHOW CARD 44

- 1 With great difficulty
- 2 With difficulty
- 3 With some difficulty
- 4 I just get by
- 5 Fairly Easily
- 6 Easily
- 7 Very easily

29(e29) Do you save money regularly?

- 1 Yes
- 2 No

If you answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to question 3, then skip to Blurb 1. Blurb 2 otherwise.

Blurb 1

Now I am going to ask you some more questions about ^babyname biological father.

Blurb 2

Now I am going to ask you some questions about your partner.

30(e30; e30oth) What is his current work status? Please use CARD 45 to tell me the best option that applies.

SHOW CARD 45

- 1 Has paid job, but on leave
- 2 In paid Work
- 3 Unemployed
- 4 Student
- 5 Looking after home/family
- 6 Retired
- 7 Not able to work due to permanent disability/sickness
- 8 FAS training (paid)
- 9 FAS training (unpaid)
- 10 Other (please specify)

If answered 1, 2, 8 or 9 to question 30, continue to question 31. If answered 3 to question 30, skip to question 38. If answered 4-7 or 10 to question 30, skip to question 39.

If DK skip to Q39.

31(e31; e31dkr) What is his main job?

32(e32) Does he work full-time or part-time?

- 1 Full-time
- 2 Part-time

33(e33; e33dkr) How many hours per week does he usually work?

Enter amount, in hours

If answered 9 to question 30, skip to question 38.

34(e34) Was he in paid work continuously over the last 12 months?

- 1 Yes
- 2 No

If answered 2 to question 34, continue to question 35. If answered 1 to question 34, skip to question 36.

35(e35wk; e35mth; e35dkr) For how long was he not in paid work over the last 12 months?

Fill in as:

_____ weeks or _____ months

36(e36) Roughly how much does he earn, on average, in his job(s)?

Enter amount, in euros

37(e37) Is this amount

- 1 Per hour
- 2 Per week
- 3 Per month
- 4 Annually

If answered questions 31-37 skip to Q39

38(e38; e38dkr) For how long has he been without paid work (in months)?

Enter amount

Now, I'd like to ask you some questions about the type of childcare you use for ^babyname.

39(e39) Do you use any type of childcare for ^babyname?

PROBE: That is, does anyone, besides yourself, regularly look after ^babyname more than 10 hours per week?

- 1 Yes
- 2 No

If answered 1 continue to Q 40, if answered 2 skip to next section

40(e40) What type of childcare do you mainly use?

(READ OUT OPTIONS)

- 1 Baby's Grandparent
- 2 Partner/Friends/Other Relatives
- 3 Nanny/Child Minder
- 4 Nursery/Crèche

41(e41; e41dkr) For how many hours per week is ^babyname in this type of childcare?

_____ hours/week

42(e42; e42dkr) What age was your baby when he/she started this type of childcare?

_____ months old

THAT'S THE END OF SECTION E.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT OTHER CHILDREN.

Section F: OTHER CHILDREN

Asthma and breathing difficulties are increasing problems in today's world. We would like to ask your opinion about how you would rate the following people's breathing. I am going to read you some scenarios about other children or adults. After I read each scenario please tell me how much of a problem you think that particular person has breathing. Please use CARD 46 to help you answer.

The responses for the next few questions are:

SHOW CARD 46

- 1 = None
- 2 = Mild
- 3 = Moderate
- 4 = Severe
- 5 = Extreme

The names for all vignettes in this section are randomized. Additionally, age is randomized for vignettes 4-6.

- 1 *(fvig1)* [John/Jane] is 6 months old. [He/She] usually breathes both quietly and effortlessly. At the moment [he/she] has a cold and coughs about once or twice an hour. How much of a problem does [John/Jane] have breathing?

SHOW CARD 46

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

- 2 *(fvig2)* [Michael/Mary] is 6 months old. [His/Her] breathing is always very fast (more than 60 breaths each minute) even when [he/she] otherwise seems calm. How much of a problem does [Michael/Mary] have breathing?

SHOW CARD 46

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

- 3 (fvig3) [Conor/Ciara] is 6 months old. [He/She] breathes irregularly and sometimes stops breathing for more than 10 seconds. How much of a problem does [Conor/Ciara] have breathing?

SHOW CARD 46

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

Randomise age and name for vignettes below

- 4 (fvig4) [Liam/Lucy] is [10, 15, 25, 35, 45] years old and is on the [school/company] running team. [He/She] regularly participates in running competitions and has won a number of prizes. [He/She] has a cold at the moment and is coughing a lot. How much of a problem does [Liam/Lucy] have breathing?

SHOW CARD 46

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

- 5 (fvig5) [Shane/Sarah] is [10, 15, 25, 35, 45] years old and has asthma. [He/She] enjoys playing football twice or three times per week. [He/She] has attacks of wheezing once a month that go away half an hour after taking [his/her] medication. How much of a problem does [Shane/Sarah] have breathing?

SHOW CARD 46

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

- 6 (fvig6) [Kevin/Kate] is [10, 15, 25, 35, 45] years old and about a stone overweight for [his/her] height. [He/She] gets out of breath easily when doing activities such as sweeping the floor. [He/She] has to stop frequently to catch [his/her] breath. How much of a problem does [Kevin/Kate] have breathing?

SHOW CARD 46

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

If answered 1 to question 3, module 5 (how many biological children do you have) skip to Module 7. If answered any other number continue to the next section about other children.

In this next section, I am going to ask you some questions about your other children.

1 (f1) How would you rate the health of your second youngest child?

SHOW CARD 47

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

2 (f2) When your second youngest was 6 months old how was his/her health?

SHOW CARD 47

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

3(f3) Overall in the last 30 days how much of a problem has your second eldest child had breathing?

SHOW CARD 46

- 1 None
- 2 Mild
- 3 Moderate
- 4 Severe
- 5 Extreme

If indicated that any other children (PFL child's siblings) are aged 4 in Q.4, module 5 (ages of children) continue to blurb. If not, skip to Module 7.

Note that if parent has more than one child aged 4, ask mother to answer these questions for 1 child (rather than the average of the two children). We do not need to know which child this is rather, just that the responses are all given in regards to 1 specific child.

Next, I am going to read you a series of questions that describe young children. For each item that describes your 4 year old child now or within the past three months, please tell me which response best applies. Please answer all items as well as you can, even if some do not apply to your child.

The responses for the next few questions are:

- 1 = Never or Not True
- 2 = Somewhat or Sometimes True
- 3 = Very True or Often True

Note that above is how they appear to the respondent, but they are entered into the database as follows:

- 9 = Not True (for scoring purposes this should be recoded as 0)
- 1 = Somewhat or Sometimes True
- 2 = Very True or Often True

In the past three months how often would you say your 4 year old child:

1(*fsib1*) Was inattentive?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

2(*fsib2*) Was worried?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

3(*fsib3*) Didn't seem to feel guilty after misbehaving?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

4(*fsib4*) Was defiant (*stubborn*) or refused to comply with (*follow*) requests or rules?

- 1= Never or Not True
- 2= Somewhat or Sometimes True
- 3=Very True or Often True

5(*fsib5*) Could not sit still, was restless or hyperactive?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

6(*fsib6*) Tired to help someone who had been hurt?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

7(*fsib7*) Was unable to concentrate or pay attention for long?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

8(*fsib8*) Was easily distracted, had trouble sticking to any one activity?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

9(*fsib9*) Was unhappy, sad, or depressed?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

10(*fsib10*) Got into fights?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

11(*fsib11*) Punishment didn't seem to change his/her behavior?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

12(*fsib12*) Had difficulty waiting his/her turn in games?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

13(*fsib13*) Physically attacked people?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

14(*fsib14*) Explored cause and effect (*tried to work out why things happen*)?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

15(*fsib15*) Was too fearful or anxious?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

16(*fsib16*) Kicked, hit or bit other children or adults?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

17(*fsib17*) Could not stop fidgeting?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

18(*fsib18*) Helped other children (friend, brother, sister) who were feeling sick?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

19(*fsib19*) Approached problems flexibly (*e.g., tried to solve problems in many ways*)?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

20(*fsib20*) Comforted a child (friend, brother, sister) who was crying or upset?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

21(*fsib21*) Observed objects and events with curiosity (*interest*)?

- 1 Never or Not True
- 2 Somewhat or Sometimes True
- 3 Very True or Often True

Next I am going to ask you some questions that describe children. For each item that describes your 4 year old child please tell me if your child does the behaviour described. The options are Yes, No, and Don't Know.

- 1 = Yes
- 2 = No
- 3 = Don't Know

Would you say your 4 year old child:

22(*fsib22*) Understands what writing is used for?

- 1 Yes
- 2 No
- 3 Don't Know

23(*fsib23*) Is interested in mathematics?

- 1 Yes
- 2 No
- 3 Don't Know

24(*fsib24*) Is able to count to 20?

- 1 Yes
- 2 No
- 3 Don't Know

25(*fsib25*) Uses emerging reading skills to make meaning from print (*e.g., tries to figure out words, tries to identify words in a book*)?

- 1 Yes
- 2 No
- 3 Don't Know

26(*fsib26*) Writes letters and words?

- 1 Yes
- 2 No
- 3 Don't Know

27(*fsib27*) Demonstrates knowledge of the alphabet?

- 1 Yes
- 2 No
- 3 Don't Know

28(*fsib28*) Shows balance while moving?

- 1 Yes
- 2 No
- 3 Don't Know

29(*fsib29*) Demonstrates basic locomotor skills (running, jumping, hopping)?

- 1 Yes
- 2 No
- 3 Don't Know

30 (*fsib30*)Is able to say which number is bigger of the two?

- 1 Yes
- 2 No
- 3 Don't Know

31(*fsib31*) Is able to climb up and down?

- 1 Yes
- 2 No
- 3 Don't Know

32(*fsib32*) Is interested in games involving numbers?

- 1 Yes
- 2 No
- 3 Don't Know

THAT'S THE END OF SECTION F.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR SOCIAL SUPPORT NETWORK.

Section G: YOUR SOCIAL SUPPORT NETWORK

This is a special time in your life because you recently had a baby. We would like to ask you about some of the different people who are helping you and how happy you are with the help you are getting. Again, there are no right or wrong answers and all of your answers will be kept private.

1 How would you rate the support you are getting from those in your household, and from family, friends, neighbours and people in your workplace? CARD 48 may help you choose the option that best describes how much support you are getting from each of the people I mention.

SHOW CARD 48

For each below, answer as:

- 1 = Does not apply to me
- 2 = No support
- 3 = Little support
- 4 = Some support
- 5 = A lot of support

If answered 2 (married), 3 (co-habiting), or 4 (boyfriend/partner not living together) to question 4 in module 5, continue to next statement "From your spouse/partner". If answered 1 (single), 5 (divorced), 6 (legally separated), or 7 (widowed) to question 3 in module 5, automatically fill this statement as 1 (i.e. not applicable in my situation), but skip to the second statement on parents.

If answered 3 (unemployed), 4 (student), 5 (looking after home/family), 6 (retired), 7 (not able to work due to permanent disability/sickness) or 10 (other) to Q16 in module 5 automatically fill the statement "from people in your workplace" as 1 (not applicable in my situation).

If answered 1 (yes) to Q5 Module 5 (Is your partner ^babynome biological father? VARNAME = Is_Father_Partner_W2) automatically fill "from the baby's father" with the same answer they give for "from your spouse/partner", if answered 2 (no) to Q4 in module 5 then ask both "from your spouse partner" and "from the baby's father"

- (g1a)* From your spouse/ partner
- (g1b)* From your parents
- (g1c)* From other close relatives
- (g1d)* From friends
- (g1e)* From neighbours
- (g1f)* From people in your workplace
- (g1g)* From ^babynome's biological father

2(g2) How often does ^babyname see any of his/her grandparents?

(interviewer do not read out responses)

- 1 Everyday or almost everyday
- 2 Several times a week
- 3 Once or twice a week
- 4 Once or twice a month
- 5 Less often
- 6 Not at all
- 7 No grandparents alive/ None living elsewhere

3(g3; g3oth) Do ^babyname's grandparents help you in any of these ways? Please look at CARD 49 and tell me all that apply.

SHOW CARD 49

- 1 Buying essentials for the baby - food, clothes, nappies, etc.
- 2 Paying for other household costs – e.g., bills, shopping etc.
- 3 Buying gifts and extras for the baby
- 4 Lending money
- 5 Childcare
- 6 Other financial help
- 7 Other way (please specify)
- 8 No, does not help in any of these ways [exclusive code]
- 9 Don't Know
- 10 Refuse

4(g4) How often do you meet friends or relatives who are not living in your household?

(interviewer do not read out responses)

- 1 On most days
- 2 Once or twice a week
- 3 Once or twice a month
- 4 Less than once a month
- 5 Never

5(g5) Thinking about the neighbours in your area, how many people would you say you know that have a child around the same age as ^babyname?

(interviewer do not read out responses)

- 1 None
- 2 1-3
- 3 4-6
- 4 7-10
- 5 10+

6(g6) Thinking about your neighbours in the area, how many people do you know that are taking part in this programme?

(interviewer do not read out responses)

- 1 None
- 2 1-3
- 3 4-6
- 4 7-10
- 5 10+

7(g7; g7oth) Please look at the following list. Do you discuss the programme with any of the people listed? Please tell me all that apply.

SHOW CARD 50

- 1 Partner
- 2 Friend/neighbour
- 3 Sibling
- 4 Cousin
- 5 Parent
- 6 Other family member
- 7 I do not discuss the programme with anyone
- 8 Other (please specify_____)
- 9 Don't Know
- 10 Refuse

8(g8) Do you share any of the information you receive as part of the programme with other parents of young children?

- 1 Yes
- 2 No

9(g9) How often do you meet other people in the programme?

- 1 Never
- 2 Rarely
- 3 Occasionally
- 4 Often

10(g10; g10oth) Who most helps you make choices about caring for your baby?

SHOW CARD 51

- 1 Partner
- 2 Friends
- 3 Parents
- 4 Siblings
- 5 Other family members
- 6 Programme
- 7 None of the above
- 8 Other (please specify_____)

11(g11) Did you vote in the last General Election?

- 1 Yes
- 2 No
- 3 Not Applicable

If answered 1(single), 5 (divorced), or 6(legally separated) to question 4, module 5 then continue to question 12.

If answered 2(married) or 3(co-habiting) to question 4, module 5 AND 1 to (partner is biological father) to question 5, module 5 automatically fill in Q12 as 1 and skip to Q23.

If answered 4(boyfriend/partner not living together) to question 4, module 5 AND 2 (partner not biological father) to question 5, module 5 continue to question 12.

If answered 4 to Q4, Module 5 AND 1 to Q5 module 5 continue to Q12. If answered 2 or 3 to question 4, module 5 AND 1(partner is biological father) to question 5 module 5 then asks questions 12-15, then skip to blurb 1. If answered 7 (widowed) to Q 4, Module 5 skip to blurb 1.

12(g12) Is ^babyname's father a part of his/her life?

- 1 Yes
- 2 No

If answered 1 to Q12 continue to Q13 and Q14 and then skip to Blurb 1. If answered 2 to Q12 skip to Q15.

13(g13) How often does the father have contact with ^babyname?

(interviewer do not read out responses)

- 1 Daily
- 2 Multiple times a week
- 3 Once a week
- 4 A couple of times a month (less than once a week)
- 5 Once a month
- 6 Less than once a month

14 Please look at CARD 52. This card shows ways in which ^babyname's father might be involved in his/her life. Please tell me if he provides any of the following types of support for you and ^babyname and how satisfied you are with that type of support he is providing.

SHOW CARD 52

- 1 = Very Dissatisfied
- 2 = Somewhat Dissatisfied
- 3 = Neither/Neutral
- 4 = Somewhat Satisfied
- 5 = Very Satisfied
- 6 = He does not help in this way

Type of Support	Satisfaction: 1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither/neutral 4=Somewhat satisfied 5=Very satisfied 6=He does not help in this way					
<i>(g14a)</i> Provides emotional support to you	1	2	3	4	5	6
<i>(g14b)</i> Helps with basic caretaking needs for child (<i>bathing, feeding, puts child to sleep</i>)	1	2	3	4	5	6
<i>(g14c)</i> Plays with/interacts with the child (<i>peek a boo, read to, play with</i>)	1	2	3	4	5	6
<i>(g14d)</i> Helps with household chores	1	2	3	4	5	6
<i>(g14e)</i> Provides support when you feel overwhelmed	1	2	3	4	5	6
<i>(g14f)</i> Supports you in your parenting decisions	1	2	3	4	5	6
<i>(g14g)</i> Provide financial or part-financial support (<i>help pay for things such as rent, toys, clothes, childcare, etc</i>)	1	2	3	4	5	6
<i>(g14h)</i> Provide nappies, gifts, food, etc.	1	2	3	4	5	6
<i>(g14i)</i> Help with childcare on a regular basis (<i>child minding, babysitting</i>)	1	2	3	4	5	6
<i>(g14j)</i> Visit (<i>spends time with</i>) the child	1	2	3	4	5	6
<i>(g14k)</i> Help with transportation	1	2	3	4	5	6
<i>(g14l)</i> His family helps take care of the baby	1	2	3	4	5	6
<i>(g14m)</i> Act as a role model	1	2	3	4	5	6
<i>(g14n)</i> Overall support provided by baby's father	1	2	3	4	5	6

(g14o; g14oth) Other (please describe_____)	1	2	3	4	5	6
---	---	---	---	---	---	---

If answered 2 (no) to Q12 ask Q15, if answered 1(yes) to Q12 skip to blurb 1.

15(g15; g15oth) Is there a reason he isn't a part of your baby's life?

(Interviewer do not read out responses)

- 1 He doesn't want to be
- 2 He is in jail
- 3 He is deceased
- 4 Participant won't allow him to be
- 5 Other: (Please specify_____)

If answered 1 (yes) to Q5 Module 5(Is your partner ^babyname's biological father?) skip to Blurb 1.

FOR PARTNER (IF DIFFERENT THAN FATHER)

16(g16) Is your partner a part of ^babyname's life?

- 1 Yes
- 2 No

If answered 1 to Q16 go to Q17. If answered 2 to Q16 go to Q19.

17(g17) How often does your partner have contact with your baby?

(interviewer do not read out responses)

- 1 Daily
- 2 Multiple times a week
- 3 Once a week
- 4 A couple of times a month (less than once a week)
- 5 Once a month
- 6 Less than once a month

18 Please look at CARD 52. This card shows ways in which your partner might be involved in ^babyname's life. Please tell me if your partner provides any of the following types of support for you and ^babyname and how satisfied you are with that type of support he is providing.

SHOW CARD 52

- 1 = Very Dissatisfied
- 2 = Somewhat Dissatisfied
- 3 = Neither/Neutral
- 4 = Somewhat Satisfied
- 5 = Very Satisfied
- 6 = He does not help in this way

Type of Support	Satisfaction: 1=Very dissatisfied 2=Somewhat dissatisfied 3=Neither/neutral 4=Somewhat satisfied 5=Very satisfied 6=He does not help in this way					
<i>(g18a)</i> Provides emotional support to you	1	2	3	4	5	6
<i>(g18b)</i> Helps with basic caretaking needs for child (<i>bathing, feeding, puts child to sleep</i>)	1	2	3	4	5	6
<i>(g18c)</i> Plays with/interacts with the child (<i>peek a boo, read to, play with</i>)	1	2	3	4	5	6
<i>(g18d)</i> Helps with household chores	1	2	3	4	5	6
<i>(g18e)</i> Provides support when you feel overwhelmed	1	2	3	4	5	6
<i>(g18f)</i> Supports you in your parenting decisions	1	2	3	4	5	6
<i>(g18g)</i> Provide financial or part-financial support (<i>help pay for things such as rent, toys, clothes, childcare, etc</i>)	1	2	3	4	5	6
<i>(g18h)</i> Provide nappies, gifts, food, etc.	1	2	3	4	5	6
<i>(g18i)</i> Help with childcare on a regular basis (<i>child minding, babysitting</i>)	1	2	3	4	5	6
<i>(g18j)</i> Visit (<i>spends time with</i>) the child	1	2	3	4	5	6
<i>(g18k)</i> Help with transportation	1	2	3	4	5	6
<i>(g18l)</i> His family helps take care of the baby	1	2	3	4	5	6
<i>(g18m)</i> Act as a role model	1	2	3	4	5	6

(g18n) Overall support provided by your partner	1	2	3	4	5	6
(g18o; g18oth) Other (please describe_____)	1	2	3	4	5	6

If answered 2 (no) to Q16 ask Q19, if answered 1(yes) to Q16 skip to blurb 1.

16(g16; g16oth) Is there a reason he isn't a part of your baby's life?

(Interviewer do not read out responses)

- 1 He doesn't want to be
- 2 He is in jail
- 3 He is deceased
- 4 Participant won't allow him to be
- 5 Other: (Please specify_____)

Next, I'd like to ask you some questions about things that you might do when spending time with ^babyname. I'm going to ask how many times in the past month you have done any of the following activities with ^babyname.

Please use CARD 53 to help you answer.

In the past month how often did you (READ ITEM)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all in the past month?

Probe: In the last 30 days.

SHOW CARD 53

- 5 = More than once a day
- 4 = About once a day
- 3 = A few times a week
- 2 = A few times a month
- 1 = Rarely
- 0 = Not at all

Note that above is what the information on the show card looks like, but if the respondent selects 'Not at all' it gets entered into the database as 6.

(gact1-gact16)

Activity	More than once a day 5	About once a day 4	A few times a week 3	A few times a month 2	Rarely 1	Not at all 0
1(<i>gact1</i>) Play peek-a-boo with ^babyname?	5	4	3	2	1	0
2(<i>gact2</i>) Sing nursery rhymes like “Jack and Jill” with him/her?	5	4	3	2	1	0
3(<i>gact3</i>) Sing songs with him/her?	5	4	3	2	1	0
4(<i>gact4</i>) Dance with him/her?	5	4	3	2	1	0
5(<i>gact5</i>) Read stories to ^babyname ?	5	4	3	2	1	0
6(<i>gact6</i>) Tell stories to him/her?	5	4	3	2	1	0
7(<i>gact7</i>) Play outside in the garden, a park, or playground with him/her?	5	4	3	2	1	0
8(<i>gact8</i>) Play chasing games?	5	4	3	2	1	0
9(<i>gact9</i>) Have relatives visit you?	5	4	3	2	1	0
10(<i>gact10</i>) Take ^babyname with you to visit relatives?	5	4	3	2	1	0
11(<i>gact11</i>) Take ^babyname food shopping with you?	5	4	3	2	1	0
12(<i>gact12</i>) Take ^babyname with you to a religious service or religious event?	5	4	3	2	1	0
13(<i>gact13</i>) Take ^babyname with you to an activity at a community centre?	5	4	3	2	1	0
14(<i>gact14</i>) Go to a restaurant or out to eat with ^babyname ?	5	4	3	2	1	0
15(<i>gact15</i>) Go to a public place like a zoo or museum with ^babyname ? (other examples include: park, playground)	5	4	3	2	1	0
16(<i>gact16</i>) Try to tease ^babyname to get him/her to laugh?	5	4	3	2	1	0

If PFL code continue to Blurb 1, if LFP code skip to module 7.

Blurb 1: I am now going to ask a few questions about how your use of services in the area. These questions are for you to answer on your own or if you prefer I can read them out loud. Which would you prefer?

(gSC)

- 1 Self-completion accepted
- 2 Self-completion administered by the interviewer

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

**Blurb 1 (self completion accepted):
PLEASE HAND LAPTOP TO INTERVIEWEE**

SELF-COMPLETION SECTION 3

31 We would now like to find out about the services you use within and outside your community. This information will help us see if these services are useful to the people in your community. In the next few pages, please mark if you have ever used any of the following services and if so, how long ago you used that service.

Blurb 2 (self completion administered by interviewer):

17 We would now like to find out about the services you use within and outside your community. This information will help us see if these services are useful to the people in your community. Have you ever used any of the following services? For each, please answer as:

- 1 Never
- 2 Within the last year
- 3 More than 1 year ago

EMERGENCY(gserv1-gserv63)

- 1 Neighbourhood Policing Unit
- 2 Dublin City Council Emergency Number
- 3 CARI Helpline – Childhood Abuse
- 4 Childline
- 5 Parentline
- 6 Rape Crisis Centre
- 7 Sexual Assault Unit Rotunda Hospital
- 8 Samaritans
- 9 Drugs HIV Helpline
- 10 Women’s Aid
- 11 First Contact – Men’s Helpline
- 12 D.DOC

HEALTH

- 13 Health Centre
- 14 HSE Dublin North East
- 15 Coolock Health Centre
- 16 Well Woman Centre
- 17 Alcoholics Anonymous
- 18 Coolmine House
- 19 Gamblers Anonymous

CHILDREN/ FAMILY

- 20 Childcare Bureau
- 21 HSE Dublin North East
- 22 Mater Child & Adolescent Services
- 23 Community Mother's Programme
- 24 Doras Bui Parents Alone Resource Centre
- 25 Jigsaw Childcare
- 26 Moatview Day Nursery
- 27 New Life Centre
- 28 Turas Family Centre
- 29 Parents Training Together
- 30 Springboard Project
- 31 Preparing for Life
- 32 St. Francis Community Playgroup

EMPLOYMENT

- 33 Jobs Club
- 34 Northside Centre for the Unemployed
- 35 Local Employment Service

COMMUNITY INFORMATION/SERVICES

- 36 Darndale / Belcamp Resource Centre
- 37 Priorswood Community Development Project
- 38 TRAVACT Community Development Programme
- 39 Dublin North East Drugs Taskforce
- 40 Drugs Awareness Support
- 41 Dublin Northeast MABS
- 42 Friendly Call Service
- 43 Beaumont Hospital Bereavement Counselling Service
- 44 Northside Citizens Information Service
- 45 Northside Community Law Centre
- 46 Northside Counselling Service
- 47 Northside Partnership
- 48 SPHERE 17
- 49 RASP Programme
- 50 Active Age Group
- 51 Community Sports Hall

- 52 PACE Training for Employment Project
- 53 Youthreach – Bonnybrook

RESIDENTS ASSOCIATIONS

- 54 Belcamp Estate
- 55 Darndale Residents Association
- 56 Moatview/Fairfield

ADULT EDUCATION

- 57 Discovery Centre Community Training Centre Darndale Village Centre
- 58 Media Initiative Collective
- 59 Traveller Adult Training Centre
- 60 T.A.R.G.E.T
- 61 Coolock/Darndale Adult Literacy & Basic Education
- 62 KLEAR

USEFUL SERVICES

- 63 Social Welfare Local Office

Blurb 1 (self completion accepted):

THAT’S THE END OF SECTION G.

THE NEXT SECTION IS MORE ABOUT YOUR THOUGHTS ON PARENTING.

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER.

Blurb 2 (self completion administered by interviewer):

THAT’S THE END OF SECTION G.

THE NEXT SECTION IS MORE ABOUT YOUR THOUGHTS ON PARENTING.

Section H: YOUR THOUGHTS ON PARENTING 2

I now have some more questions about your thoughts on parenting. The study is interested in learning more about your feelings on discipline for children and how children develop and grow. There are many different ways to parent and children are also different - so, just like the last questions there are no right or wrong answers. The study is just interested in knowing what YOU think.

Please remember that all of your answers will be kept private and only used to understand how people generally view discipline and child development. If you are comfortable with reading and answering these questions yourself, I would like you to fill in these questions on your own using the computer. However, if you would prefer I can read them out loud. Which would you prefer?

hsc

- 1 Self-completion accepted
- 2 Self-completion administered by the interviewer

If self-completion accepted use Blurb 1 (self completion accepted) for all self complete sections.

If self-completion administered by interviewer use Blurb 2 (self completion administered by interviewer) for all self complete sections.

Blurb 1 (self completion accepted):
SELF-COMPLETION SECTION 1

Please remember that all of your answers will be kept private (confidential) and only used to help us understand how different types of mothers are doing after their babies are born. If any question is not clear to you please ask me to read it out to you. Also, if you do not feel comfortable answering a question, then you are welcome to skip it.

Please read the information/instructions at the top of each page and the response options for each question carefully, as they change throughout the questionnaire.

Blurb 2 (self completion administered by the interviewer):

Please remember that all of your answers will be kept private (confidential) and only used to help us understand how different types of mothers are doing after their babies are born. If any question is not clear to you, just let me know and I will repeat it for you. Also, if you do not feel comfortable answering a question, you are welcome to skip it.

Blurb 1 (self completion accepted):

FEELINGS ABOUT PARENTING

The questions on the following pages ask you to mark an answer which best describes your feelings. Please read each statement carefully. For each statement mark the response that best represents your opinion.

The options are:

- Strongly Agree
- Agree
- Not Sure
- Disagree
- Strongly Disagree

For example, if you sometimes enjoy going to the movies, you would mark next to ‘Agree’ in response to the following statement:

“I enjoy going to the movies.”

- Strongly Agree
- √ Agree
- Not Sure
- Disagree
- Strongly Disagree

While you may not find a response that exactly states your feelings, please choose the response that comes the closest to describing how you feel. **YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.** Choose only one response for each statement, and respond to all statements.

Blurb 2 (self completion administered by interviewer):

FEELINGS ABOUT PARENTING

The questions on the following pages ask you to tell me an answer which best describes your feelings. Please listen carefully while I read each statement to you. For each statement tell me the response that best represents your opinion.

**The options are:
SHOW CARD 54**

- 1 = Strongly Agree
- 2 = Agree
- 3 = Not Sure
- 4 = Disagree
- 5 = Strongly Disagree

For example, if you sometimes enjoy going to the movies, you would mark 2 Agree in response to the following statement:

“I enjoy going to the movies.”

- 1 Strongly Agree
- √ 2 Agree
- 3 Not Sure
- 4 Disagree
- 5 Strongly Disagree

While you may not find a response that exactly states your feelings, please tell me the response that comes the closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER. Choose only one response for each statement, and respond to all statements.

Please use CARD 54 to help you choose.

(hpsi1- hpsi36)

BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Short version of the Parenting Stress Index (PSI; Abidin, 1995)
<http://www4.parinc.com/>

Question	Strongly Agree 1	Agree 2	Not Sure 3	Disagree 4	Strongly Disagree 5
1(<i>hpsi1</i>) Parenting Stress Index Item 1	1	2	3	4	5

2(<i>hpsi2</i>) Parenting Stress Index Item 2	1	2	3	4	5
3(<i>hpsi3</i>) Parenting Stress Index Item 3	1	2	3	4	5
4(<i>hpsi4</i>) Parenting Stress Index Item 4	1	2	3	4	5
5(<i>hpsi5</i>) Parenting Stress Index Item 5	1	2	3	4	5
6(<i>hpsi6</i>) Parenting Stress Index Item 6	1	2	3	4	5
7(<i>hpsi7</i>) Parenting Stress Index Item 7	1	2	3	4	5
8(<i>hpsi8</i>) Parenting Stress Index Item 8	1	2	3	4	5
9(<i>hpsi9</i>) Parenting Stress Index Item 9	1	2	3	4	5
10(<i>hpsi10</i>) Parenting Stress Index Item 10	1	2	3	4	5
11(<i>hpsi11</i>) Parenting Stress Index Item 11	1	2	3	4	5
12(<i>hpsi12</i>) Parenting Stress Index Item 12	1	2	3	4	5

13(<i>hpsi13</i>) Parenting Stress Index Item 13	1	2	3	4	5
14(<i>hpsi14</i>) Parenting Stress Index Item 14	1	2	3	4	5
15(<i>hpsi15</i>) Parenting Stress Index Item 15	1	2	3	4	5
16(<i>hpsi16</i>) Parenting Stress Index Item 16	1	2	3	4	5
17(<i>hpsi17</i>) Parenting Stress Index Item 17	1	2	3	4	5
18(<i>hpsi18</i>) Parenting Stress Index Item 18	1	2	3	4	5
19(<i>hpsi19</i>) Parenting Stress Index Item 19	1	2	3	4	5
20(<i>hpsi20</i>) Parenting Stress Index Item 20	1	2	3	4	5
21(<i>hpsi21</i>) Parenting Stress Index Item 21	1	2	3	4	5

For the next statement, please choose your response from the choices below.

22(*hpsi22*)

Parenting Stress Index Item 22

23(<i>hpsi23</i>) Parenting Stress Index Item 23	1	2	3	4	5
24(<i>hpsi24</i>) Parenting Stress Index Item 24	1	2	3	4	5
25(<i>hpsi25</i>) Parenting Stress Index Item 25	1	2	3	4	5
26(<i>hpsi26</i>) Parenting Stress Index Item 26	1	2	3	4	5
27(<i>hpsi27</i>) Parenting Stress Index Item 27	1	2	3	4	5
28(<i>hpsi28</i>) Parenting Stress Index Item 28	1	2	3	4	5
29(<i>hpsi29</i>) Parenting Stress Index Item 29	1	2	3	4	5
30(<i>hpsi30</i>) Parenting Stress Index Item 30	1	2	3	4	5
31(<i>hpsi31</i>) Parenting Stress Index Item 31	1	2	3	4	5

For the next 2 statements, please choose your response from the choices below.

32(*hpsi32*)
Parenting Stress Index Item 32

33(*hpsi33*)
Parenting Stress Index Item 33

34(<i>hpsi34</i>) Parenting Stress Index Item 34	1	2	3	4	5
35(<i>hpsi35</i>) Parenting Stress Index Item 35	1	2	3	4	5
36(<i>hpsi36</i>) Parenting Stress Index Item 36	1	2	3	4	5

Blurb 1 (self completion accepted):

The statements on the following pages are about babies and taking care of babies. Please mark the degree to which the statement is not at all what you do, or think, or how you feel, or if it is exactly what you do, what you think, or how you feel, by selecting the appropriate number 0-10 that best shows how well that statement describes you.

Blurb 2 (self completion administered by interviewer):

Next, I am going to read some statements about babies and taking care of babies. After I read each statement please tell me if that statement is not at all what you do, or what you think, or how you feel or if it is exactly what you do, what you think or how you feel by telling me the number 0-10 that best shows how well that statement describes you.

SHOW CARD 55

0 = Not at all what I think, do, or feel

1

2

3

4

5

6

7

8

9

10 = Exactly what I think do, or feel

Note that above is what is presented on the show card and on the computer screen, but the data are electronically entered as (note the value on the left is what is automatically entered into the database):

- 1 = 0 = Not at all what I think, do, or feel
- 2 = 1
- 3 = 2
- 4 = 3
- 5 = 4
- 6 = 5
- 7 = 6
- 8 = 7
- 9 = 8
- 10 = 9
- 11 = 10 = Exactly what I think do, or feel

(hpacotis1- hpacotis32)

1(*hpacotis1*) I get the impression that my baby is particularly curious compared with other children his/her age.

0	1	2	3	4	5	6	7	8	9	10
Not at all									Exactly what I	
what I think									think	

2(*hpacotis2*) My behaviour has little effect on the personal development of my baby.

0	1	2	3	4	5	6	7	8	9	10
Not at all									Exactly what I	
what I think									think	

3(*hpacotis3*) I take really great pleasure in “talking” (babbling, using baby-talk) with my baby.

0	1	2	3	4	5	6	7	8	9	10
Not at all									Exactly how	
how I feel									I feel	

4(*hpacotis4*) I often play with my baby. For example, I regularly take the time to amuse him/her or make him/her laugh when I change his/her nappie.

0	1	2	3	4	5	6	7	8	9	10
Not at all									Exactly what	
what I do									I do	

5(*hpacotis5*) I feel I am very good at keeping my baby amused.

0	1	2	3	4	5	6	7	8	9	10
Not at all									Exactly what I	
What I think									think	

6(*hpacotis6*) I get the impression that my baby is particularly endearing (*adorable, lovable*) compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

7(*hpacotis7*) I feel that I am very good at calming my baby down when he/she is upset, fussy, or crying

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
What I think think

8(*hpacotis8*) I have been angry with my baby when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

9(*hpacotis9*) I feel that I am very good at keeping my baby busy while I am doing other things.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

10(*hpacotis10*) When my baby cries, he/she gets on my nerves.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
how I feel feel

11(*hpacotis11*) I feel that I am very good at attracting the attention of my baby.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

12(*hpacotis12*) I have raised my voice with or shouted at my baby when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

13(*hpacotis13*) Regardless of what I do, my baby will develop on his/her own.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

14(*hpacotis14*) I feel that I am very good at feeding my baby, changing his/her nappies, and giving him/her his/her bath.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

15(*hpacotis15*) I have spanked my baby when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

16(*hpacotis16*) I insist upon keeping my baby close to me at all times, within my eyesight and in the same room as I am.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

17(*hpacotis17*) I get the impression that my baby is particularly cute compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

18(*hpacotis18*) I have lost my temper when my baby was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

19(*hpacotis19*) My behaviour has little effect on the intellectual development of my baby.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

20(*hpacotis20*) I consider myself a “real mother hen.”

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

21(*hpacotis21*) I prefer that my baby sleeps in the same room as me at night.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

22(*hpacotis22*) I have left my baby alone in his/her bedroom when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what did did

23(*hpacotis23*) When I leave my baby with a babysitter, I miss him/her so much that I cannot enjoy myself.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I feel feel

N/A because never left with babysitter

24(*hpacotis24*) My behaviour has little effect on the development of emotions (for example, happiness, fear, anger) in my baby.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

25(*hpacotis25*) I have shaken my baby when he/she was particularly fussy.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I did did

26(*hpacotis26*) I can never bring myself to leave my baby with a babysitter.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I feel feel

27(*hpacotis27*) My behaviour has little effect on how my baby will interact with others in the future

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

28 (*hpacotis28*) I get the impression that my baby is particularly intelligent compared with other children his/her age.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly what I
what I think think

29(*hpacotis29*) I often feel the urge to kiss my baby.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how
how I feel I feel

30(*hpacotis30*) I usually feel very great pleasure when holding my baby in my arms.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how
how I feel I feel

31(*hpacotis31*) I feel very intense joy and I sort of “melt down” whenever my baby smiles at me.

0 1 2 3 4 5 6 7 8 9 10
Not at all Exactly how
how I feel I feel

32(*hpacotis32*) In general, do you think you are a good mother?

0 1 2 3 4 5 6 7 8 9 10
I’m a very I’m a very
bad mother good mother

Blurb 1 (self completion accepted):

THAT’S THE END OF SECTION H.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR HOME ENVIRONMENT.

PLEASE HAND THE LAPTOP BACK TO THE INTERVIEWER.

Blurb 2 (self completion administered by interviewer):

THAT’S THE END OF SECTION H.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. THE NEXT SECTION IS ABOUT YOUR HOME ENVIRONMENT.

Section I: Environment

In this next section, I am going to ask you some questions about ^babyname’s surroundings.

1 Do you use any of the following items?

Please score each safety item as follows:

Safety Item	Yes 1	No 2	N/A 3
<i>(i1a)</i> Safety Gate/Barrier			
<i>(i1b)</i> Fire Guard			
<i>(i1c)</i> Smoke Alarm			
<i>(i1d)</i> Electric Socket Covers			
<i>(i1e)</i> Child Car Seats			

2*(i2)* Do you leave the baby alone on tables or beds, even for a brief moment?

- 1 Frequently
- 2 Occasionally
- 3 Never

3*(i3)* Do you leave the baby alone at home?

- 1 Frequently
- 2 Occasionally
- 3 Never

4*(i4)* Do you keep plastic wrappers, plastic bags, and balloons away from your children?

- 1 Always
- 2 Sometimes
- 3 Never
- 4 N/A

5*(i5)* Does your child wear a soother or jewellery around his/her neck?

- 1 Frequently
- 2 Occasionally
- 3 Never
- 4 N/A

6*(i6)* Does your child play with small objects such as beads or nuts?

- 1 Frequently
- 2 Occasionally
- 3 Never
- 4 N/A

7*(i7)* Are any of your baby-sitters younger than 13 years old?

- 1 Yes
- 2 No

8*(i8)* Do you have child locks on your windows?

- 1 All windows

- 2 Some windows
- 3 No windows
- 4 N/A

9(i9) Do you ever place your baby in an infant walker?

- 1 Yes
- 2 No
- 3 Don't Know

10(i10) Do you have working fire extinguishers in your home?

- 1 Yes
- 2 No
- 3 Don't Know

11 (i11) Do you ever drink or carry hot liquids when holding your baby?

- 1 Frequently
- 2 Occasionally
- 3 Never
- 4 N/A

12(i12) Do you leave the baby alone in or near a tub or toilet, even for a brief moment?

- 1 Frequently
- 2 Occasionally
- 3 Never
- 4 N/A

13(i13) Do you use a car safety seat in the car on every trip at all times?

- 1 Yes
- 2 No
- 3 N/A

14(i14) Does your car have a passenger air bag?

- 1 Yes
- 2 No
- 3 N/A

15(i15) Where do you place your child's car safety seat in the car?

- 1 Front
- 2 Rear
- 3 Front or Rear
- 4 N/A

16(i16) Does your child ride on your bicycle with you?

- 1 Frequently
- 2 Occasionally
- 3 Never
- 4 N/A

17(i17) Have you heard of the phrase secure base?

- 1 Yes
- 2 No

If answered 1 to Q19 go to Q20. If answered 2 to Q19 go to Module 10.

18(i18) How can you make a secure base for your baby?

(interviewer do not read out responses, code all that apply)

- 1 Provide a safe environment for your baby
- 2 Be consistent with his/her daily routines
- 3 Praise and encourage your baby
- 4 Comfort your baby when he/she is distressed, tired etc
- 5 Not sure what 'secure base' means
- 6 Don't Know
- 7 Refuse

HOME INVENTORY HERE + SHIF

THAT'S THE END OF SECTION I.

THANK YOU FOR ANSWERING ALL THOSE QUESTIONS. WE WILL NOW MOVE ON TO THE LAST SECTION WHICH IS ABOUT YOUR SATISFACTION WITH THE PROGRAMME.

Section J: CLOSING

Please help us improve our programme by answering some questions about the services you have received. We are interested in your honest opinions, whether they are positive or negative. This questionnaire will help us to evaluate and continually improve the programme. Please answer all of the questions.

Please tell me the response that best describes how you honestly feel.

(jcsq1-jcsq12)

1(*jcsq1*) How would you rate the quality of service you and your child received?

SHOW CARD 56

1	2	3	4	5	6	7
Poor			Average			Excellent

2(*jcsq2*) Did you receive the type of help you wanted from the programme?

SHOW CARD 57

1	2	3	4	5	6	7
No definitely not			I received about half of the help I wanted from the programme			Yes definitely

3(*jcsq3*) To what extent has the programme met *your child's* needs?

SHOW CARD 58

1	2	3	4	5	6	7
No needs have been met			Half of my needs have been met			Almost all needs have been met

4(*jcsq4*) To what extent has this programme met *your* needs?

SHOW CARD 58

1	2	3	4	5	6	7
No needs have been met			Half of my needs have been met			Almost all needs have been met

5(*jcsq5*) How satisfied are you with the *amount of help* you and your child received?

SHOW CARD 59

1	2	3	4	5	6	7
Very Dissatisfied		Neither Satisfied or Dissatisfied				Very Satisfied

6(*jcsq6*) Has the programme helped you to deal more effectively with your child's behaviour?

SHOW CARD 60

1	2	3	4	5	6	7
No, it made things worse			The programme did not help at all			Yes, it has helped a great deal

7(jcsq7) Has the programme helped you to deal more effectively with problems that arise in your family?

SHOW CARD 60

1	2	3	4	5	6	7
No, it made things worse			The programme did not help at all			Yes, it has helped a great deal

If answered 2(married), 3(co-habiting), or 4(boyfriend/partner not living together) to question 4, module 5 continue to Q8. If answered 1(single), 5 (divorced), or 6(legally separated) to question 4, module 5 then skip to Q9.

8(jcsq8) Do you think your relationship with your partner has been improved by the programme?

SHOW CARD 61

1	2	3	4	5	6	7
No definitely not			My relationship with my partner has not changed			Yes definitely

9(jcsq9) In an overall sense, how satisfied are you with the programme you and your child received?

SHOW CARD 59

1	2	3	4	5	6	7
Very dissatisfied		Neither Satisfied nor Dissatisfied				Very satisfied

10(jcsq10) Has the programme helped you develop skills that can be applied to other family members?

SHOW CARD 62

1	2	3	4	5	6	7
No definitely not			Neither/Neutral			Yes definitely

11(jcsq11) In your opinion, how is your child's behaviour at this point?

SHOW CARD 63

1	2	3	4	5	6	7
Considerably worse	Worse	Slightly worse	The same	Slightly improved	Improved	Greatly improved

12(jcsq12) How would you describe your feelings at this point about your child's progress?

SHOW CARD 59

1	2	3	4	5	6	7
Very dissatisfied		Neither Satisfied nor Dissatisfied				Very satisfied

13(j13) Since beginning this programme, have you sought further assistance for your child's behaviour or for your family from any other source? If so, please describe.

14(j14) Do you have any other comments about this programme?

If PFL continue to Q15 if LF skip to Q16.

15(j15) How often do you meet with your mentor/information officer?
(interviewer do not read out responses)

- 1 Once a week
- 2 Two times a month
- 3 Once a month
- 4 Less than once a month
- 5 N/A

Next, I'd like to ask you a few questions about being a mam.

16(j16) What have you enjoyed most about being a mam so far?

17(j17) What things don't you like about being a mam so far?

18(j18) Are there any other things that you want to tell us about how you feel about being a mam?
This can be both good things and bad things.

19(j19) Are there any important events that have happened since our last interview that may have had an effect in your family that you would like to share with us?

INTERVIEWER: PLEASE WRITE ANY RELEVANT NOTES ABOUT THE INTERVIEW HERE (jnotes)

THAT'S THE END OF THE INTERVIEW, WE HAVE FINISHED!

Thank you very much for taking the time to participate today, your responses will be very helpful for the study and will help us know how we can better serve the community in the future. We are finished with the interview, but before I go, I'd like to go over your contact information to make sure that it is still correct.

GO TO CONTACT SHEET AND MAKE SURE INFO IS STILL CORRECT. COMPARE IT TO THE INFORMATION WE HAD AT THE BASELINE INTERVIEW.

OK, that is all I have for today. Thank you again for taking the time to participate in our study. Here is your voucher. Just to let you know, a member of our research team will be contacting you in about 6 months to set up the next interview when your ^babyname is about 1 year old. Upon completion of the next visit, you will receive another voucher. Do you have any questions before I leave?