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**Preparing for Life  
Junior Infant Survey  
2015-2016**



Parent Questionnaire



**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 CPSE STUDY. REDACTED CONTENT IS MARKED IN THE TEXT IN YELLOW BOXES.**

Dear Parent,

Thank you for agreeing to participate in the *PFL* Junior Infant Survey. This questionnaire will ask about several aspects of your life such as your family, your thoughts on parenting, as well as some questions about your junior infant child.

Please remember that all of your answers will be kept private (confidential). Please do not write your name or your child's name on this questionnaire. This will help ensure the confidentiality of your answers.

The average amount of time to complete this interview is about 30 minutes, but some people take longer and some people complete the questionnaire in a shorter amount of time. During the questionnaire you can move at a comfortable pace and take breaks if you need them. You can choose not to answer any particular question in the questionnaire if you wish.

You can complete this questionnaire on your own or if you prefer, you can call a UCD researcher on (01) 7164626 to help you complete it.

Once you have completed the questionnaire please place it in the envelope provided, SEAL the envelope and return the envelope along with your signed information and consent form to your child's junior infants teacher by **Friday, 23rd October, 2015**.

Thank you very much for your time and help with the survey.

Regards,

UCD Research Team





## Section 1: You and Your Family

Today's Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

The first part of the questionnaire will ask you about some important areas of your life, like your family, where you live, and your schooling. For each question in this section, please fill in the information or tick the box that best answers each question.

Q1.1 What are the initials of your junior infant child?

\_\_\_\_\_ First Initial (first letter of first name)

\_\_\_\_\_ Second Initial (first letter of family name)

Q1.2 What is your relationship to the child in junior infants?

Biological Mother

Biological Father

Adoptive Mother

Adoptive Father

Step-mother

Step-father

Foster Mother

Foster Father

Grandmother

Grandfather

Other (please specify \_\_\_\_\_)

Q1.3 How old are you?

\_\_\_\_\_ years old

Q1.4 What is your junior infant child's birthdate? (e.g. 01/01/2010)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
day    day    month    month    year    year    year    year

Q1.5 What gender is your junior infant child?

- Male  Female

Q1.6 What is your current relationship status?

- Single  Divorced  
 Married  Legally separated  
 Co-habiting/Living with boyfriend/partner  Widowed  
 Boyfriend/partner not living together  I choose not to answer

Q1.7 How many people currently live in your home (including you and your junior infant child) ? \_\_\_\_\_

Q1.7a For each person in your home, could you please write their relationship (e.g. brother/grandparent) to your junior infant child as well as their age and gender?

Person Number	Relationship to Junior Infant child	Gender (F/M)	Age (in years)
1	<i>You</i>		
2	<i>Junior Infant</i>		
3			
4			
5			
6			
7			
8			
9			
10			

Q1.8 How many biological children do you have?

\_\_\_\_\_ biological children

Q1.9 Is your family currently taking part in the *Preparing for Life (PFL)* programme (other than by completing this questionnaire)?

- Yes
- No
- I don't know
- I choose not to answer

Q1.9a If yes, which group are you in?

- Green
- Blue
- I don't know

Q1.10 Which best describes the household in which your junior infant child is currently living?

- Traditional family (both biological or adoptive parents present)
- Step-family (two parents, one being a step-parent)
- Single parent family
- Other (please specify \_\_\_\_\_)
- I don't know
- I choose not to answer

Q1.11 Which of the following groups do you consider yourself as belonging to?

- |   |   |
|---|---|
| <input type="checkbox"/> Irish                      | <input type="checkbox"/> Any other Black background   |
| <input type="checkbox"/> Irish Traveller            | <input type="checkbox"/> Chinese                      |
| <input type="checkbox"/> British                    | <input type="checkbox"/> Any other Asian background   |
| <input type="checkbox"/> Roma                       | <input type="checkbox"/> Other (please specify _____) |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> I don't know                 |
| <input type="checkbox"/> African                    | <input type="checkbox"/> I choose not to answer       |

**The next questions are about your education. Please tick the box that best answers each question.**

Q1.12 What is your highest level of education completed? Please tick the option that best describes your highest level of education completed.

- Primary Education
- Lower Secondary (left before Junior Cert.)
- Junior/Group/Inter Cert.
- Upper Secondary (left before Leaving Cert.)
- Applied Leaving Cert.
- Leaving Cert./A Levels
- Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- Primary Degree (3rd Level Bachelor Degree/Professional Qualification/Degree)
- Postgraduate Qualification
- Other (please specify \_\_\_\_\_)
- I don't know
- I choose not to answer



Q1.13 Are you still in full time education?

- Yes
- No
- I don't know
- I choose not to answer

Q1.14 If not, at what age did you leave full time education?

\_\_\_\_\_ years old

- I don't know
- I choose not to answer
- This doesn't apply to me because I am still in full time education

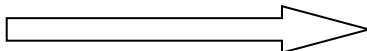
Q1.15 What is your partner's highest level of education (if applicable)?

- This does not apply to me because I am not currently in a relationship
- Primary Education
- Lower Secondary (left before Junior Cert.)
- Junior/Group/Inter Cert.
- Upper Secondary (left before Leaving Cert.)
- Applied Leaving Cert.
- Leaving Cert./A Levels
- Non-degree Qualification (Diploma, Technical or Vocational Qualification)
- Primary Degree (3rd Level Bachelor Degree/Professional Qualification/  
Degree)
- Postgraduate Qualification
- Other (please specify \_\_\_\_\_)
- I don't know
- I choose not to answer

**THAT'S THE END OF SECTION 1!  
THANK YOU FOR ANSWERING THOSE  
QUESTIONS.**



**PLEASE MOVE RIGHT ALONG TO SECTION 2  
WHICH IS ABOUT YOUR JUNIOR  
INFANT CHILD.**





## Section 2: Your Junior Infant Child

Children grow, learn, and develop at different ages. The questions in this section describe a wide range of children of different ages. In the next couple of pages there will be some things that your child can do and there might be some things that your child isn't able to do. All children are different and just like the rest of the questionnaire, there are no right or wrong answers. Please answer each question as best as you can.

Please read each question and tick the box that best answers the question in relation to your junior infant child. Please read each section carefully as the responses change throughout the next few pages.



**BELOW SURVEY QUESTIONS REDACTED  
DUE TO COPYRIGHT MATERIAL FROM  
THE FOLLOWING SCALE:** Early  
Development Instrument Short version (S-EDI;  
Janus, Duku & Stat, 2005)

Q2.1	S-EDI Language and Cognitive Skills item 1
Q2.2	S-EDI Language and Cognitive Skills item 2
Q2.3	S-EDI Language and Cognitive Skills item 3
Q2.4	S-EDI Language and Cognitive Skills item 4
Q2.5	S-EDI Language and Cognitive Skills item 5
Q2.6	S-EDI Language and Cognitive Skills item 6
Q2.7	S-EDI Language and Cognitive Skills item 7
Q2.8	S-EDI Language and Cognitive Skills item 8
Q2.9	S-EDI Language and Cognitive Skills item 9
Q2.10	S-EDI Language and Cognitive Skills item 10
Q2.11	S-EDI Language and Cognitive Skills item 11
Q2.12	S-EDI Language and Cognitive Skills item 12
Q2.13	S-EDI Language and Cognitive Skills item 13
Q2.14	S-EDI Language and Cognitive Skills item 14
Q2.15	S-EDI Language and Cognitive Skills item 15

## PFL measures

Would you say that your child:	YES	NO	DON'T KNOW
Q2.16 demonstrates special numeracy skills or talents <i>e.g., is very good with numbers and maths</i>			
Q2.17 demonstrates special literacy skills or talents <i>e.g., is very good in reading or writing</i>			
Q2.18 demonstrates special skills or talents in arts <i>e.g., is very good at art</i>			
Q2.19 demonstrates special skills or talents in music <i>e.g., is very good with music (singing, playing instruments)</i>			
Q2.20 demonstrates special skills or talents in athletics/dance <i>e.g., is very good at athletics/sports</i>			
Q2.21 demonstrates special skills or talents in problem solving in a creative way <i>e.g., is very good at finding solutions to problems</i>			
Q2.22 demonstrates special skills or talents in other areas			

**BELOW SURVEY QUESTIONS REDACTED  
DUE TO COPYRIGHT MATERIAL FROM  
THE FOLLOWING SCALE: Early  
Development Instrument Short version (S-EDI;  
Janus, Duku & Stat, 2005)**

Q2.23	S-EDI Physical Well Being item 1
Q2.24	S-EDI Physical Well Being item 2
Q2.25	S-EDI Physical Well Being item 3
Q2.26	S-EDI Physical Well Being item 4
Q2.27	S-EDI Physical Well Being item 5
Q2.28	S-EDI Physical Well Being item 6
Q2.29	S-EDI Physical Well Being item 7
Q2.30	S-EDI Physical Well Being item 8
Q2.31	S-EDI Physical Well Being item 9

Q2.32	S-EDI Social and Emotional Development item 1
Q2.33	S-EDI Social and Emotional Development item 2
Q2.34	S-EDI Social and Emotional Development item 3
Q2.35	S-EDI Social and Emotional Development item 4
Q2.36	S-EDI Social and Emotional Development item 5
Q2.37	S-EDI Social and Emotional Development item 6
Q2.38	S-EDI Social and Emotional Development item 7
Q2.39	S-EDI Social and Emotional Development item 8
Q2.40	S-EDI Social and Emotional Development item 9

**BELOW SURVEY QUESTIONS REDACTED  
DUE TO COPYRIGHT MATERIAL FROM  
THE FOLLOWING SCALE: Early  
Development Instrument Short version (S-EDI;  
Janus, Duku & Stat, 2005)**

Q2.41	S-EDI Social and Emotional Development item 10
Q2.42	S-EDI Social and Emotional Development item 11
Q2.43	S-EDI Social and Emotional Development item 12
Q2.44	S-EDI Social and Emotional Development item 13
Q2.45	S-EDI Social and Emotional Development item 14
Q2.46	S-EDI Social and Emotional Development item 15
Q2.47	S-EDI Social and Emotional Development item 16
Q2.48	S-EDI Social and Emotional Development item 17
Q2.49	S-EDI Social and Emotional Development item 18
Q2.50	S-EDI Social and Emotional Development item 19
Q2.51	S-EDI Social and Emotional Development item 20
Q2.52	S-EDI Social and Emotional Development item 21
Q2.53	S-EDI Social and Emotional Development item 22
Q2.54	S-EDI Social and Emotional Development item 23
Q2.55	S-EDI Social and Emotional Development item 24

## PFL measures

Would you say that your child:	OFTEN OR VERY TRUE	SOMETIMES OR SOMEWHAT TRUE	NEVER OR NOT TRUE	DON'T KNOW
Q2.56 is inattentive ( <i>does not pay attention, listen, or watch closely</i> )				
Q2.57 doesn't seem to feel guilty after misbehaving				
Q2.58 is defiant ( <i>stubborn</i> ) or refuses to comply ( <i>follow</i> ) with requests or rules				
Q2.59 tries to help someone who has been hurt				
Q2.60 is unable to concentrate or pay attention for long				
Q2.61 punishment doesn't change his/her behaviour				
Q2.62 has difficulty waiting his/her turn in games				
Q2.63 physically attacks people				



## PFL measures

Would you say that your child:	YES	NO	DON'T KNOW
Q2.64 demonstrates knowledge of the alphabet			
Q2.65 understands what writing is used for			
Q2.66 can do/undo buttons or zips			
Q2.67 writes letters and words			
Q2.68 can manage his/her lunch or snack on his/her own			
Q2.69 uses emerging reading skills to make meaning from print <i>e.g., tries to figure out words, tries to identify words in a book</i>			
Q2.70 is able to put on his/her coat independently			

Q2.71 Does your junior infant child experience problems or difficulties in any of the following areas?	YES	NO
Problems in school		
Learning disability		
Physical disability		
Emotional problems		
Behaviour problems		
Vision difficulties		
Hearing difficulties		
Speech difficulties		
Developmental delay		
Restrictive/therapeutic diet prescribed by a health professional		
Other (please specify _____)		

The next questions are more about your child's readiness for school. Please tick the box that best answers each question.

Q2.72 Does your junior infant child have any problem that influences his/her ability to do schoolwork in a regular classroom

- Yes
- No
- I don't know
- I chose not to answer
- I don't know

Q2.73 In terms of school readiness, how would you have rated your child when he/she started school in September [insert year]?

- Definitely Ready
- Somewhat Ready
- Definitely Not Ready

Q2.74 In terms of school readiness, how would you rate your child now?

- Definitely Ready
- Somewhat Ready
- Definitely Not Ready

Q2.75 If you have any comments about your child and his/her readiness for school, please list them below in print.

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Q2.76

Which of the areas below do you think is **most important** and **Least important** for a child's school readiness?

**Physical Health and Well-Being** (child's health status, growth, disabilities, motor skills)

**Social Competence** (ability to get on with peers, readiness to explore new things responsibility)

**Emotional Maturity** (comforts others, overall behaviour, attentive, is not fearful or anxious, does not get into physical fights)

**Language and Cognitive Development** (interest and skills in literacy And numeracy)

**Communication Skills and General Knowledge** (overall ability to communicate and general knowledge)

Q2.76a MOST IMPORTANT: \_\_\_\_\_

Q2.76b LEAST IMPORTANT: \_\_\_\_\_



The next questions are about childcare

Q2.77 Did your junior infant attend preschool/crèche?

Yes

No

Q2.78 If your junior infant attended pre-school/crèche, which one did he/she attend?

Bonnybrook Early Education Centre (Una Hill)

Bunratty Playgroup

Doras Bui

Early Start, OLI Senior N.S., Darndale

Early Start, Scoil Ide, Kilmore West

Bonnybrook Community Playgroup (Glin Centre Nursery)

Jigsaw Centre, Darndale

Moatview Day Nursery

New Life Centre, Darndale

St. Francis Community Playgroup, Priorswood

Other

(Please specify \_\_\_\_\_)



**Childcare History**

Q2.79 If your junior infant attended any type of child care before beginning junior infants, please write the age he/she started that type of care, the age he/she ended that type of care, and the amount of time spent in that type of childcare per week.

**EXAMPLE :**

Put the age that your child started and finished in the childcare centre here

Type of Childcare	From Age	To Age	Hrs/ week
Preschool/crèche 2 Name: <u>Tiny Tots Playgroup</u>	<u>0</u> Years <u>6</u> Months	<u>2</u> Years <u>4</u> Months	20

Put the name of the childcare centre here

Put the number of hours that your child spent in this type of childcare here

Type of Childcare	From Age	To Age	Hrs/ week
Preschool/crèche 1 Name: _____	_____ Years Months	_____ Years Months	
Preschool/crèche 2 Name: _____	_____ Years Months	_____ Years Months	
Grandparents	_____ Years Months	_____ Years Months	
Other Relative/Friend	_____ Years Months	_____ Years Months	
Nanny/Childminder	_____ Years Months	_____ Years Months	

**THAT'S THE END OF SECTION 2!**

**THANK YOU FOR ANSWERING THOSE QUESTIONS. PLEASE MOVE RIGHT ALONG TO SECTION 3 WHICH IS ABOUT YOUR THOUGHTS ON PARENTING.**

# Section 3: Your Thoughts on Parenting



The next set of questions ask about how often you take part in certain activities with your junior infant child. For the questions in this section, please mark how often you take part in each activity described with your junior infant child by putting an 'X' in the appropriate box.

Please look at the examples below.

**EXAMPLE 1:**

**EXAMPLE 2:**

	Never	Once in a While	About Half the Time	Very Often	Always
I walk my child to junior infants.	X				

Putting an 'X' here says that you never walk your child to junior infants.

	Never	Once in a While	About Half the Time	Very Often	Always
I walk my child to junior infants.				X	

Please only mark 1 column for each question on the next few pages.

Putting an 'X' here says that you walk your child to junior infants very often.

**BELOW SURVEY QUESTIONS REDACTED DUE TO COPYRIGHT MATERIAL FROM THE FOLLOWING SCALE: Parenting Styles and Dimensions Questionnaire (PSDQ; Robinson, Mandleco, Olsen, & Hart, 2001).**

Q3.1	Parenting Styles and Dimensions Questionnaire item 1
Q3.2	Parenting Styles and Dimensions Questionnaire item 2
Q3.3	Parenting Styles and Dimensions Questionnaire item 3
Q3.4	Parenting Styles and Dimensions Questionnaire item 4
Q3.5	Parenting Styles and Dimensions Questionnaire item 5
Q3.6	Parenting Styles and Dimensions Questionnaire item 6
Q3.7	Parenting Styles and Dimensions Questionnaire item 7
Q3.8	Parenting Styles and Dimensions Questionnaire item 8
Q3.9	Parenting Styles and Dimensions Questionnaire item 9
Q3.10	Parenting Styles and Dimensions Questionnaire item 10
Q3.11	Parenting Styles and Dimensions Questionnaire item 11
Q3.12	Parenting Styles and Dimensions Questionnaire item 12
Q3.13	Parenting Styles and Dimensions Questionnaire item 13
Q3.14	Parenting Styles and Dimensions Questionnaire item 14
Q3.15	Parenting Styles and Dimensions Questionnaire item 15
Q3.16	Parenting Styles and Dimensions Questionnaire item 16
Q3.17	Parenting Styles and Dimensions Questionnaire item 17
Q3.18	Parenting Styles and Dimensions Questionnaire item 18
Q3.19	Parenting Styles and Dimensions Questionnaire item 19
Q3.20	Parenting Styles and Dimensions Questionnaire item 20



Q3.21	Parenting Styles and Dimensions Questionnaire item 21
Q3.22	Parenting Styles and Dimensions Questionnaire item 22
Q3.23	Parenting Styles and Dimensions Questionnaire item 23
Q3.24	Parenting Styles and Dimensions Questionnaire item 24
Q3.25	Parenting Styles and Dimensions Questionnaire item 25
Q3.26	Parenting Styles and Dimensions Questionnaire item 26
Q3.27	Parenting Styles and Dimensions Questionnaire item 27
Q3.28	Parenting Styles and Dimensions Questionnaire item 28
Q3.29	Parenting Styles and Dimensions Questionnaire item 29
Q3.30	Parenting Styles and Dimensions Questionnaire item 30
Q3.31	Parenting Styles and Dimensions Questionnaire item 31
Q3.32	Parenting Styles and Dimensions Questionnaire item 32

**THAT'S THE END OF SECTION 3!**

**THANK YOU FOR ANSWERING THOSE  
QUESTIONS. PLEASE MOVE ON TO THE  
NEXT SECTION WHICH IS ABOUT YOUR  
HEALTH.**

## Section 4: Your Health

The next section is about your health. Please tick the box that best answers each question.

Q4.1 In general, how would you describe your overall, general health?

- Excellent
- Very Good
- Good
- Fair
- Poor

For the next few questions, please mark which is closest to how you have been feeling over the last two weeks.

Over the last two weeks:	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
Q4.2 I have felt cheerful and in good spirits						
Q4.3 I have felt calm and relaxed						
Q4.4 I have felt active and vigorous (full of life and energy)						
Q4.5 I woke up feeling fresh and rested						
Q4.6 My daily life has been filled with things that interest me						

Below is a list of the ways you might have felt or acted in the past week. Please mark how often you have felt this way in the past week by ticking the box that best represents how often you felt that way.

During the past week:	Rarely or None of the Time (less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of Time (3-4 days)	Most or All of the Time (5-7 days)
Q4.7 I was bothered by things that don't usually bother me.				
Q4.8 I did not feel like eating; my appetite was poor.				
Q4.9 I felt that I could not shake off the blues even with help from my family or friends.				
Q4.10 I felt that I was just as good as other people.				
Q4.11 I had trouble keeping my mind on what I was doing.				
Q4.12 I felt depressed.				
Q4.13 I felt that everything I did was an effort.				
Q4.14 I felt hopeful about the future.				
Q4.15 I thought my life had been a failure.				
Q4.16 I felt fearful.				
Q4.17 My sleep was restless.				

	Rarely or None of the Time (less than 1 day)	Some or a Little of the Time (1-2 days)	Occasionally or a Moderate Amount of Time (3-4 days)	Most or All of the Time (5-7 days)
Q4.18 I was happy.				
Q4.19 I talked less than usual.				
Q4.20 I felt lonely.				
Q4.21 People were unfriendly.				
Q4.22 I enjoyed life.				
Q4.23 I had crying spells.				
Q4.24 I felt sad.				
Q4.25 I felt that people dislike me.				
Q4.26 I could not get "going."				

**THAT'S THE END OF SECTION 4!**

**THANK YOU FOR ANSWERING THOSE QUESTIONS.  
PLEASE MOVE ON TO THE FINAL SECTION WHICH  
IS ABOUT YOUR WORK LIFE AND FINANCES.**



## Section 5: Your Work Life and Finances

This section will ask questions about your work life and how you are getting on financially. Please tick the box that best answers each question.

Q5.1 What is your current work status? Please tick the option that best applies.

- Have paid job, but on leave
- In paid Work
- Unemployed
- Student
- Looking after home/family
- Retired
- Not able to work due to permanent disability/sickness
- FAS training (paid)
- FAS training (unpaid)
- Other (please specify \_\_\_\_\_)
- I don't know
- I choose not to answer

Q5.2 If not currently employed, how long have you been without work (in months)?

\_\_\_\_\_ months

- This doesn't apply to me because I am employed
- I don't know
- I choose not to answer

Q5.3 If employed, what is your main job?

Job: \_\_\_\_\_

- This doesn't apply to me because I am not employed
- I don't know
- I choose not to answer

Q5.4 On average, how many hours per week do you usually work?

\_\_\_\_\_ hours

- This does not apply to me because I am not employed
- I don't know
- I choose not to answer

Q5.5 Could you give me a rough estimate of how much you earn, on average, in your job(s)?

€ \_\_\_\_\_

- I don't know
- I choose not to answer

Q5.6 Is this amount (please tick only one):

- Per hour
- Per week
- Per month
- Per year
- I don't know
- I choose not to answer

Q5.7 Do you or anybody in your household receive any social welfare payments such as unemployment insurance, social welfare payments, rent allowance, disability allowances, or job seekers allowance?

- Yes
- No
- I don't know
- I choose not to answer

Q5.8 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 tick the option that best represents your family's weekly take home income.

- |  |   |
|--|---|
| <input type="checkbox"/> Less than €50     | <input type="checkbox"/> €500 to under 600      |
| <input type="checkbox"/> €50 to under 100  | <input type="checkbox"/> €600 to under 750      |
| <input type="checkbox"/> €100 to under 150 | <input type="checkbox"/> €750 to under 900      |
| <input type="checkbox"/> €150 to under 200 | <input type="checkbox"/> €900 to under 1000     |
| <input type="checkbox"/> €200 to under 250 | <input type="checkbox"/> €1000 to under 1500    |
| <input type="checkbox"/> €250 to under 300 | <input type="checkbox"/> €1500 or more          |
| <input type="checkbox"/> €300 to under 400 | <input type="checkbox"/> I don't know           |
| <input type="checkbox"/> €400 to under 500 | <input type="checkbox"/> I choose not to answer |

Q5.9 Do you have a medical card?

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know           |
| <input type="checkbox"/> No  | <input type="checkbox"/> I choose not to answer |

Q5.10 Do you have a GP visit card? This card pays for doctors visits, but not prescriptions?

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know           |
| <input type="checkbox"/> No  | <input type="checkbox"/> I choose not to answer |

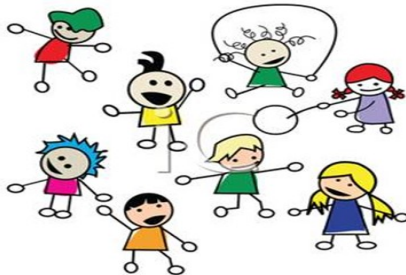
Q5.11 Do you have private health insurance that covers the cost of private medical treatment (e.g. VHI, BUPA)

- |                              |   |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I don't know           |
| <input type="checkbox"/> No  | <input type="checkbox"/> I choose not to answer |

**THAT'S THE END OF THE SURVEY!!**

**THANK YOU VERY MUCH FOR  
TAKING THE TIME TO ANSWER  
ALL THE QUESTIONS!**

**PLEASE PUT THIS QUESTIONNAIRE  
IN THE ENVELOPE PROVIDED,  
SEAL IT,  
AND RETURN IT TO YOUR CHILD'S  
JUNIOR INFANTS TEACHER BY  
FRIDAY, 23rd OCTOBER, 2015.**



**Thank You**