

Please fill in the circles like this ● or ⊗.

SECTION B: EARLY YEARS EXPERIENCES

8. In the years before your child started Junior Infants how often did your child attend:	Once a Week or more	Once a Month	3 or 4 Times a Year	Once a Year	Not at All
a. Play-based children's programmes (e.g. drop-ins, Parent and Toddler Group, Family Centre)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Literacy and family reading programs (e.g. story times, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Children's Club (Beavers, Ladybirds, Boys and Girls Club)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Music, Arts or Dance programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Visited a public library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Visited a book shop	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Cultural/language/ethnic programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. In the years before your child started Junior Infants, did your child get help from any of the following services:	Yes	No	On waiting list for assessment	On waiting list for services
a. Speech and Language Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Blind or Low Vision Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Occupational or Physical Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Hearing Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Programmes / Services for Behavioural Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Programmes / Services for Developmental Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Mental Health Programmes / Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Programs / Services for English as a Second Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. In the years before your child started Junior Infants, were you unable to access services to help your child because of any of the following reasons:	YES	NO
a. Wait list was too long	<input type="radio"/>	<input type="radio"/>
b. Cost was too much	<input type="radio"/>	<input type="radio"/>
c. Didn't have information about services	<input type="radio"/>	<input type="radio"/>
d. Didn't know services were available	<input type="radio"/>	<input type="radio"/>
e. No services near where I live	<input type="radio"/>	<input type="radio"/>
f. No way to get there (no car, no buses, cost)	<input type="radio"/>	<input type="radio"/>
h. Times did not work for me	<input type="radio"/>	<input type="radio"/>
i. Services were not available in my language	<input type="radio"/>	<input type="radio"/>
j. Other, please tell us: _____	<input type="radio"/>	<input type="radio"/>

Please fill in the circles like this ● or ⊗.

SECTION C: CHILD CARE

For the next few questions, we are asking about the MAIN type of child care you used. You may have used more than one type of child care but select the one that you consider to be your main child care provider. Do not include babysitters you used occasionally. Do not include pre-school.

11. For EACH age period, what was your MAIN type of care? Please give one answer for each age. *If your child was NOT in regular child care during a certain age period, please use the answer Parent Care Only.*

Age of Child	Parent Care Only	Unpaid care (eg. relative or friend)	Paid care in your home	Paid care in someone's home	Care in a centre / crèche
0 to 12 months (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 yr up to 1 yr and 6 months (1.5 yrs) (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 years up to 2.5 years (toddler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 yrs up to 4 yrs (preschooler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 yrs up to 6 yrs (school age care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. On average, how many hours per week IN TOTAL did your child spend in your MAIN child care? *If your child was NOT in regular child care during a certain age period, please use the answer None - Parent Care Only.*

Age of Child	None - Parent Care Only	Less than 20 hours per week	20 - 30 hours per week	31 - 40 hours per week	More than 40 hours per week
0 to 12 months (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1 yr up to 1 yr and 6 months (1.5 yrs) (infant care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 years up to 2.5 years (toddler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.5 yrs up to 4 yrs (preschooler care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 yrs up to 6 yrs (school age care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SECTION D: PRE-SCHOOL AND SCHOOL

	Yes	No
13. In the year before starting school, did your child attend a pre-school?	<input type="radio"/>	<input type="radio"/>
13. a. If yes, where _____		

14. We would like to know more about your family's experience with the Junior Infants.	Strongly Disagree	Disagree	Agree	Strongly Agree
a. My child is excited about learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. As a parent, I feel welcome in my child's school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My child is able to manage the school day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Since the beginning of this school year, have you:	Never	Once or Twice	Three or More Times
a. Attended a parent-teacher meeting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Attended a general school meeting (e.g. open meeting, parents council meeting)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Attended a school or class event (e.g. school play or concert)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Volunteered in the school? (e.g. helped in the library, helped with a fundraiser or school event)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION E: YOU AND YOUR CHILD

16. In the PAST 7 DAYS, have you or someone close to your child done the following things with your child?	Yes, Everyday	Yes, Many Times	Yes, Once or Twice	No
a. Played simple maths games (cards, counting, puzzles, board games)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sang songs or said rhymes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Told or read him/her a story	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Worked on arts, crafts or drawing with him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Worked on the sounds of letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Helped with printing letters, numbers or child's name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Done household chores together like cooking, cleaning, putting away toys, setting the table, caring for pets, gardening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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17. Have you ever attended a class, workshop, programme or event meant to help you in your role as a parent?	Yes	No
	<input type="radio"/>	<input type="radio"/>

18. In the past 12 months, how often has your child:	Once a Week or more	Once a Month	3 or 4 Times a Year	Once a Year	Not at All
a. Played a sport WITH a coach or instructor, outside of school activities (e.g., swimming lessons, GAA, hockey, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Played a sport or done physical activities WITHOUT a coach or instructor (e.g. cycling, skate-boarding, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In a typical school day, how many hours does your child watch TV, use the computer or play video games at home?	5 or more hours per day	4 hours per day	3 hours per day	2 hours per day	One Hour or less
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. On a typical school night, how many hours of sleep does your child get?	Less than 8 hours	8 to 10 hours	11 to 12 hours	13 to 14 hours	More than 14 hours
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION 6: YOUR COMMUNITY

21. Please tell us about your neighbourhood.	True	Sometimes True	Not True
a. It is safe to walk alone in my neighbourhood after dark.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is safe for children to play outside during the day in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are safe parks, playgrounds and play spaces in my neighbourhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If there is a problem around here, the neighbours get together and deal with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There are adults in my neighbourhood that children can look up to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. People around here are willing to help their neighbours.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. You can count on adults in my neighbourhood to watch out that children are safe and don't get into trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. When I'm away from home, I know that my neighbours will keep their eyes open for possible trouble.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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22. Do you have access to the following places in your community? Access might mean walking, driving your car a short distance or taking the bus.	Yes	No	Don't know
a. Public park or sports grounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Library	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Shopping centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Community centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Do you regularly join in the activities of any of the following types of organisation?	Yes	No
a. Sports clubs (Parish, GAA, Golf, Other), gym, exercise classes	<input type="radio"/>	<input type="radio"/>
b. Political parties, trade unions, environmental groups	<input type="radio"/>	<input type="radio"/>
c. Parent-teacher associations, tenants groups, residents groups, neighbourhood watch, youth groups, other community action groups	<input type="radio"/>	<input type="radio"/>
d. Church or other religious/parish groups, charitable or voluntary organisations (e.g. collecting for charity, helping the sick, elderly)	<input type="radio"/>	<input type="radio"/>
e. Evening classes, arts or music groups, education activities	<input type="radio"/>	<input type="radio"/>
f. Social clubs (e.g. mother & toddler group, club, women's groups, elderly group)	<input type="radio"/>	<input type="radio"/>
g. Other, please tell us: _____	<input type="radio"/>	<input type="radio"/>

24. How many people are so close to you that can count on them if you have serious personal problems?				
None	1 or 2	3 to 5	More than 5	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

25. How much friendly interest do people in your neighbourhood take in what you are doing?				
A lot	Some	Uncertain	Little	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How easy is it to get practical help from neighbours if you should need it?				
Very easy	Easy	Possible	Difficult	Very Difficult
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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27. Can you tell me how much you agree or disagree with this statement: "If I was experiencing mental health problems I wouldn't want people knowing about it"				
Agree strongly	Agree slightly	Neither agree nor disagree	Disagree slightly	Disagree strongly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION H: BACKGROUND INFORMATION

To help us understand the families who are participating in this study, we would like to ask a few questions about yourself, your family and your household.

	Mother	Father	Other (please tell us)
28. Are you the child's:	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃ _____

29. Please tell us if your household has had the following items and if not, is it because you couldn't afford it or for another reason.	Yes	No, Cannot afford	No, other reason
a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Does your household have a roast joint (or its equivalent) at least once a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Do household members buy new rather than second-hand clothes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Does each household member possess a warm waterproof coat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Does each household member possess two pairs of strong shoes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Does the household replace any worn out furniture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Does the household keep the home adequately warm?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Does the household have family or friends for a drink or meal once a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Does the household buy presents for family or friends at least once a year?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please fill in the circles like this ● or ⊗.

30. With how much difficulty or ease does your family make ends meet?					
With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very easily
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Think back to when you were 16 years old, with how much difficulty or ease did your family at the time make ends meet?					
With great difficulty	With difficulty	With some difficulty	Fairly easily	Easily	Very easily
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Do you live in a	
House	<input type="radio"/>
Apartment/ flat / bedsit	<input type="radio"/>
Other, tell us _____	<input type="radio"/>

33. Which of the following best describes your home?	
Owner occupied (with or without a mortgage)	<input type="radio"/>
Being purchased from a Local Authority under a Tenant Purchase Scheme	<input type="radio"/>
Rented from a Local Authority	<input type="radio"/>
Rented from a Voluntary Body	<input type="radio"/>
Rented from a Private Landlord	<input type="radio"/>
Living with and <u>paying rent</u> to your or your partner's parent(s)	<input type="radio"/>
Occupied free of rent with your or your partner's parent(s)	<input type="radio"/>
Occupied free of rent from your or your partner's job	<input type="radio"/>

	English	Irish	Polish	Latvian	Other (please tell us)
34. What language do YOU speak most often at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____
35. What language does YOUR CHILD speak most often at home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____

Please fill in the circles like this ● or ⊗.

36. Which of the following best describes your family?	One Parent	Two Parent	Other (please tell us)
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> _____

36.(a) What is the child's mothers occupation? _____

(b) How many hours per week does she work? _____

37. (a) What is the child's father's occupation? _____

(b) How many hours per week does he work? _____

38. What is the mother's highest level of education? Please fill in one answer.
Primary or less <input type="radio"/> ₁
Intermediate/ Junior/ Group Certificate or equivalent <input type="radio"/> ₂
Leaving Certificate or equivalent <input type="radio"/> ₃
Diploma / Certificate <input type="radio"/> ₄
University graduate Degree <input type="radio"/> ₅

39. What is the father's highest level of education? Please fill in one answer.
Primary or less <input type="radio"/> ₁
Intermediate/ Junior/ Group Certificate or equivalent <input type="radio"/> ₂
Leaving Certificate or equivalent <input type="radio"/> ₃
Diploma / Certificate <input type="radio"/> ₄
University graduate Degree <input type="radio"/> ₅

Thank you very much for your participation.