First of all, we would like to ask you a few questions about the time you spend with the study child

Q1. How long is it since you last saw your child? _____ days _____ weeks _____ months

Q2. How many nights do you and the study child spend together in a typical month? ____ nights

Q3. How many days, or part-days, (without nights) do you and the study child spend together in a typical month? ___ days

Q4. How long would an average or typical contact with the study child last? ___ days or ___ hours

Q5. How do you feel about the amount of time you spend with the study child? Please tick one of the following:
   - Nowhere near enough
   - Not quite enough
   - About right
   - A little too much
   - Way too much

Q6. If you feel that you do not spend enough time with the study child, what do you think is the reason for this situation? If more than one reason, please tick the main reason.
   - Work commitments
   - Commitments to other family/new partner
   - Physical distance between self and child
   - Other parent is uncooperative
   - Court-imposed custody rules
   - Other

Q7. When you are spending time with the study child, where do you bring him or her? A list of places is given below. Please place a ‘1’ beside the location where you spend most time, a ‘2’ beside the next most used location and so on. If there are any locations that you do not visit, just leave them blank.

Rank

At your home
At the other parent’s home
At another relative’s home (e.g. child’s grandparents)
Recreational/amenity area (e.g. park, swimming pool)
Shopping centre /cinema /McDonald’s etc
Specific events (e.g. football match)
Other
Q8. Please tick one box below to indicate how you and your former spouse / partner arrived at the current arrangements for time spent with your child?

- Court-imposed arrangements
- Formal, negotiated arrangements other than legal (e.g. counsellor)
- Mutual arrangement with no third party negotiator
- No regular arrangements

Q9. Parents do many things for their children. Of the list of things below, which 3 do you think are the most important for you, as a parent, to do? Please rank them by entering 1 (most important), 2 (second most important) and 3 (third most important).

- Showing my child love and affection
- Taking time to play with my child
- Taking care of my child financially
- Giving my child moral and ethical guidance
- Making sure my child is safe and protected
- Teaching my child and encouraging his or her curiosity
- Other (specify)

Q10. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please indicate a rating of between 1 and 5, where ‘1’ is “excellent” and ‘5’ is “very poor”.

Excellent 1 2 3 4 5 Very Poor

Q11. Being a parent often involves performing routine tasks for the child. Please tick one box on each line to indicate how often you would normally do each of the following:

- Prepare food for the child at home
- Put the child to bed
- Bathe child
- Take the child to doctor /dentist etc
- Take the child to or from creche

Q12. Do you pay anything directly towards the rent or mortgage due on the child’s home (i.e. the house or apartment where the child resides with his or her mother NOT your own home)?

- Yes, I pay the full amount due
- No, I don’t pay towards the rent or mortgage directly
- Yes, I pay a contribution
- There is no rent or mortgage owing on the home

Q13. If you pay all or part of the mortgage or rent, how much do you pay per month? € ________ per month

Q14. Do you provide financial support to the child’s mother (other than a direct rent or mortgage payment)?

- Never
- Yes, a regular payment to the value of € ________ per month (excluding direct rent/mortgage payment)
- Yes, on an as-required basis (e.g. back to school) to the value of € ________ per year

Q15. If you give a regular payment as in Q14 above, how did you decide on the amount/schedule? (Please tick one box only)

- Your decision
- Mutual agreement with mother
- Legally imposed arrangement
Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally “being there” when needed, etc?

Never ……… □ □ □
Yes, occasionally ……… □ □ □
Yes, frequently ……… □ □ □

Q17. What was the status of your relationship with the Study Child’s mother when she became pregnant with the study child? (Please tick one box only).

Married and living together .......................................................... □ □ □
Cohabiting/living as married ..................................................... □ □ □
Separated .................................................................................. □ □ □
Divorced .................................................................................... □ □ □
Married and living together .......................................................... □ □ □
Going out but not living together ................................................ □ □ □
Just friends ............................................................................... □ □ □
No relationship ......................................................................... □ □ □

Q18. What age was the study child when you separated from the Study Child’s mother for the first time?

AGE ___ months OR ___ weeks OR

Had separated before birth .......................................................... □ □ □
Never lived with mother ............................................................... □ □ □

Q19. Are you named on the Study Child’s birth certificate?

Yes .......................................................... □ □ □
No .......................................................... □ □ □
Not sure .................................................................................. □ □ □

Q20. If you have never been married to the Study Child’s mother have you applied for guardianship?

No .......................................................... □ □ □
Yes, through mother only .......................................................... □ □ □
Yes, through court .................................................................. □ □ □

Q21. If yes, was this application successful?

Yes .......................................................... □ □ □
No .......................................................... □ □ □
Ongoing .................................................................................. □ □ □

Q22. How often do you talk about your child with the Study Child’s mother?

Every day .................................................................................. □ □ □
A few times a month .................................................................. □ □ □
Several times a week .................................................................. □ □ □
Several times a year .................................................................. □ □ □
About once a week ..................................................................... □ □ □
Not at all ................................................................................... □ □ □

Q23. How well do you get on with the Study Child’s mother? Would you say your relationship is . . . ?

Very positive .............................................................................. □ □ □
Somewhat positive ...................................................................... □ □ □
Neutral ....................................................................................... □ □ □
Somewhat negative ..................................................................... □ □ □
Very negative ............................................................................ □ □ □

Q24. Often parents have to make major decisions concerning the Study Child, such as about health care. Please indicate the degree of influence you feel you have in major decisions concerning the Study Child:

A lot of influence .......................................................................... □ □ □
Some influence ........................................................................... □ □ □
No influence ............................................................................... □ □ □
Don’t know ................................................................................ □ □ □

Q25. Do you want to be involved in raising your child in the coming years?

Yes .......................................................... □ □ □
No .......................................................... □ □ □
Not sure .................................................................................. □ □ □

Q26. How often do you feel the following ways or do the following things?
For each item, mark (X) one response

a. You talk a lot about your child to your friends and family .......................................................... □ □ □ □ □
b. You carry pictures of your child with you wherever you go .......................................................... □ □ □ □ □
c. You often find yourself thinking about your child ........................................................................ □ □ □ □ □
d. You think holding and cuddling your child is fun ........................................................................ □ □ □ □ □
e. You think it’s more fun to get your child something new than to get yourself something new ........................................................................ □ □ □ □ □
Finally, we just have a few questions about you.

Q27. What is your date of birth? (DD/MM/YYYY) __________(day) ____________ (mth)________(yr)

Q28. How old were you when your first ever child was born? _______ years

Q29. How would you describe your current employment status?

- Working for payment or profit ................. [ ]
- Retired from employment ...................... [ ]
- Looking for first regular job .................. [ ]
- Unable to work due to permanent sickness or disability ......................... [ ]
- Unemployed .................................. [ ]
- Student or pupil ................................ [ ]
- Other (please specify) .......................... [ ]
- Looking after home/family ....................... [ ]

Q30. What is (was) your occupation in your main job? Please describe as fully as possible.
___________________________________________________________________________________________________

Q31. What is the highest level of education that you have completed? (Please tick one box only)

- No formal education .......................... [ ]
- Certificate ..................................... [ ]
- Primary .......................................... [ ]
- Diploma ......................................... [ ]
- Junior Cert. or equivalent .................. [ ]
- Degree ........................................... [ ]
- Leaving Cert. or equivalent ............... [ ]
- Postgraduate Degree ......................... [ ]
- Trade Qualification ........................... [ ]

Q32. Which of the following best describes your current marital status?

- Single .......................................... [ ]
- Separated ...................................... [ ]
- First marriage (or cohabitation) ........ [ ]
- Divorced ....................................... [ ]
- Remarried (or cohabitating) following [ ]
- Widowed ....................................... [ ]
- Divorce ........................................ [ ]
- Remarried (or cohabitating) following [ ]
- Widowhood ................................... [ ]

Q33. Are you currently living with a partner?

- Yes .............................................. [ ]
- No .............................................. [ ]

Q34. If yes, how long have you been in this relationship? _______ years or _______ months

Q35. How many other children (not including the study child) do you have?

- None............ [ ]
- ________ by same parent as Study Child’s  ____  by a different partner(s)

Q36. What nationality are you?

- ___________________________

Q37. If you are NOT Irish, how long have you been living in Ireland? _______ years OR _______ months

Q38. How would you describe your general state of health?

- Excellent  ......................... [ ]
- Very good ......................... [ ]
- Good ........................................ [ ]
- Fair ......................................... [ ]
- Poor ....................................... [ ]

THANK YOU VERY MUCH FOR TAKING PART IN THIS PROJECT.
PLease return the completed questionnaire in the enclosed pre-paid envelope.
If you have any queries about this project please phone
The Growing Up in Ireland team at 01-863 2000