GROWING UP IN IRELAND – the national longitudinal study of children
STRICKLY CONFIDENTIAL

Secondary Caregiver – SUPPLEMENTARY SECTION, 3-Year

GROUP [ ] HHOLD [ ] RESPONDENT [ ]

Interviewer Name [ ] Interviewer Number [ ]

Time Section Started [ ] (24 hour clock) Date [ ] [ ] [ ]

day mth year

We have a few final questions for you. As some of these may be considered slightly sensitive we have included them in a section for you to complete by yourself. We would ask you to complete this section and return it to the interviewer. Once again, we would like to assure you that ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE.

X1. Are you male or female?

Male ....... [ ] Female ........ [ ]

X2. What is your date of birth? [ ] [ ] [ ] [ ]

DD / MM / YYYY

S1. Are you the biological parent of <child>?

Yes ......... [ ] Go to S12 No ............ [ ] Go to S2

S2. Are you the adoptive parent of <child>?

Yes ......... [ ]

No ............ [ ] Go to S7

S3. Was that a domestic or an inter-country adoption?

Domestic ....... [ ]

Inter-country ........ [ ]

S4. Was this a within family adoption?

Yes ........ [ ]

No ........ [ ]

S5. From which country?

________________________

S6. What age was <child> when you adopted him/her?

______________ months

NOW PLEASE GO TO S12

S7. Are you the foster parent of <child>?

Yes ......... [ ]

No ............ [ ] Go to S12

S8. How long has <child> been with your family? __________ months

S9. Do you anticipate that this will be a long-term foster placement?

Yes ........ [ ]

No ........ [ ]

S10. How many previous foster placements has <child> been in?

__________ previous placements DK ...[ ]

S11. Immediately before coming to live with you was <child> living with another foster family, his/her family or in institutional care?

Another foster family ....... [ ]

Own family ........ [ ]

Institutional care ....... [ ]

NOW PLEASE GO TO S12
Because the issue of family life is so important we would now like to ask some questions about your family and marital history.

S12. Can you tell me which of these best describes your current marital status?
- Married and living with husband / wife
- Married and separated from husband / wife
- Divorced
- Widowed
- Never married

S13a. In what year did you marry your husband / wife? ________ (year) Go to S16

S13b. In what year did you marry your (former) spouse? ________ (year)

S14. Since when have you been living apart / spouse deceased? ________ (year)

S15. May I just check whether you are currently living with someone in the household as a couple?

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

Go to S21

S16. Since have you and your spouse or partner been living together? ________ (year)

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?
- Most days
- At least once a week
- Less than once a week
- Hardly ever
- Never

Go to S18

S18. When you and your partner argue, how often do you ....

Shout or yell at each other

- Almost never
- Not very often
- Sometimes
- Often
- Almost always

Go to S19

S19. How often would you say the following happen in your relationship?

You discuss or have considered divorce, separation, or terminating your relationship

- Never
- Less than once a month
- Once or twice a month
- Once or twice a week
- Once a day
- More often

You think that things between you and your partner are going well

- Never
- Less than once a month
- Once or twice a month
- Once or twice a week
- Once a day
- More often

You confide in your mate / partner

- Never
- Less than once a month
- Once or twice a month
- Once or twice a week
- Once a day
- More often

S20. The numbers below represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

![Happiness Scale]

S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and <child> now. Remember, there are no right and wrong answers, just try and be as honest as possible.

A. Caring for my child sometimes takes more time and energy than I have to give .................. [ ]
B. I sometimes worry whether I am doing enough for my child ............................................ [ ]
C. The major source of stress in my life is my child ................................................................. [ ]
D. Having a child leaves little time and flexibility in my life .................................................. [ ]
E. Having a child has been a financial burden ........................................................................... [ ]
F. It is difficult to balance different responsibilities because of my child ............................... [ ]
S22. Of the following, please choose the ONE item that best describes how you feel about yourself as a parent. Do you feel that you are...

Not very good at being a parent .................................................................
A person who has some trouble being a parent ........................................
An average parent ...................................................................................
A better than average parent ..................................................................
A very good parent................................................................................

[BLAISE CONDITION: ASK S23 ONLY OF FEMALE RESPONDENTS]

S23. Are you currently pregnant? Yes...........□1, No...........□2

S24. Which of the following best describes how often you usually drink alcohol?

1. Never..............................................................................................□1, Go to S27

2. Less than once a month.....................................................................□2

3. 1-2 times a month ...........................................................................□3

4. 1-2 times a week .............................................................................□4

5. 3-4 times a week .............................................................................□5

6. 5-6 times a week .............................................................................□6

7. Every day .......................................................................................□7

If currently drink alcohol between everyday and 1-2 times a week ask:

S25. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

(a) Pints of Beer/Cider ___ (b) Glasses of Wine ___
(c) Measures of Spirits ___ (d) Bottles of alcopops ___

For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirit

[ASK S26a ONLY OF FEMALE RESPONDENTS]

S26a. How often do you have 6 or more alcoholic drinks on one occasion?

Never □1, Less than monthly □2, Monthly □3, Weekly □4, Daily or almost daily □5

[ASK S26b ONLY OF MALE RESPONDENTS]

S26b. How often do you have 8 or more alcoholic drinks on one occasion?

Never □1, Less than monthly □2, Monthly □3, Weekly □4, Daily or almost daily □5

S26c. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never □1, Less than monthly □2, Monthly □3, Weekly □4, Daily or almost daily □5

S26d. How often during the last year have you failed to do what was expected of you because of drinking?

Never □1, Less than monthly □2, Monthly □3, Weekly □4, Daily or almost daily □5

S26e. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No...........□1, Yes, on one occasion...........□2, Yes on more than one occasion...........□3
S27. Do you currently smoke daily, occasionally or not at all?
Daily ........................................... q
Occasionally ........................................... q
Not at all ........................................... q

S28. About how many cigarettes or cigars do you smoke on average each day?
____________ [Int. enter ‘0’ if less than 1 on average]

S29. Including yourself, how many members of the household smoke? ___N

S30. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?
Yes, regularly ...... q
Yes, occasionally.... q
No, not at all........ q

S31. Since the time of the last interview when <child> was 9 months of age, have you been treated by a medical professional for clinical depression, anxiety, ‘nerves’ or phobias?
Yes........ q
No........ q

S32. Are you currently taking medication for clinical depression, anxiety, ‘nerves’ or phobias?
Yes........ q
No........ q

S33. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rarely or none of the time (less than 1 day)</th>
<th>Some or a little of the time (1-2 days)</th>
<th>Occasionally or a moderate amount of the time (3-4 days)</th>
<th>Most or all of the time (5-7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I felt I could not shake off the blues even with help from my family or friends</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I felt depressed</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. I thought my life had been a failure</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. I felt fearful</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. My sleep was restless</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. I felt lonely</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. I had crying spells</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. I felt sad</td>
<td>q</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?
Yes........ q
No........ q

S35. Have you ever been to prison?
Yes ......... q
No....... q

S36. Can we check, does <child’s> biological father/ mother live here with you or elsewhere?
Lives here.................................................. q  Go to S48
Deceased.................................................. q  Go to S48
Temporarily lives elsewhere .................... q  Go to S48
Lives elsewhere ........................................ q  Go to S37

S37. Were you ever married to or did you ever live with <child’s> biological father / mother?
Yes, married to........ q  Go to S39
Yes, lived with...... q  Go to S39
No  b  Go to S39
Adoptive / Foster parent  b  Go to S39

S38. When did you separate or split up with <child’s> biological father / mother?
Before <child> was born .................................................. q
When <child> was less than 1 year old .................................................. q
When <child> was 1-2 years old.................................................. q
In the last year .................................................. q
S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

- Formal
- Informal
- No parenting arrangement

**S40. Briefly describe that arrangement**
_______________________________________________________________________________________
_______________________________________________________________________________________

**S41. How did you arrive at that arrangement?**

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

**S42. How far does <child’s> biological father / mother live from here?**

- Within ½ hour’s drive from here
- Between ½ and 1 hour’s drive from here
- Outside the country

**S43. How often does <child> have contact with his / her biological father / mother?**

- Daily
- Monthly
- Once or twice a week
- Weekly
- Every second week / weekend
- No contact

**S44. Does <child’s> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc.**

- No, he/she never makes any payment
- Yes, he/she makes a regular payment
- Yes, he/she makes payments as required

**S45. How often do you talk to <child’s> biological father/ mother about <child>?**

- Every day
- Several times a week
- About once a week
- A few times a month
- Several times a year
- Never

**S46. How well do you get on with <child’s> biological father/ mother? Would you say your relationship is?**

- Very positive
- Positive
- Neither positive nor negative
- Somewhat negative
- Very negative

**S47. We would like to send a short questionnaire to <child’s> biological father/ mother. We would be happy to show you the content of this questionnaire before we send it. Would you be able to provide us with contact details for <child’s> biological father/ mother?**

- Yes
- No, I do not wish other parent to be contacted
- No, I do not have contact details for other parent

**S48. THANK YOU VERY MUCH FOR TAKING PART IN THE GROWING UP IN IRELAND PROJECT.**