



# GROWING UP IN IRELAND

## STRICTLY CONFIDENTIAL

5-Year Questionnaire – Draft of 20/02/13

### Primary Caregiver – Sensitive Questionnaire

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 the questionnaire to the interviewer. Once again, we would like to assure you that **ALL THE INFORMATION PROVIDED IS TREATED IN THE STRICTEST CONFIDENCE**. If, however, we are told something which might suggest that a child or other vulnerable person is at risk we may have to act on it.

X1. Are you male or female?

Male..... <sub>1</sub> Female ..... <sub>2</sub>

X2. What is your date of birth? \_\_\_\_/\_\_\_\_/\_\_\_\_  
DD / MM / YYYY

**[BLAISE CONDITION: IF ANY PERSON ON HOUSEHOLD GRID AT TIME 2 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 3 ASK AS1 – AS3]:**

AS1. Can you please tell me why <Person at Wave 2> is no longer resident in the household.

- He/she is deceased ..... <sub>1</sub>
- We separated/divorced ..... <sub>2</sub>
- He/she moved out to set up own household..... <sub>3</sub>
- Long-term absence (e.g. hospital, prison, military service abroad) ..... <sub>4</sub>
- Other (please specify) ..... <sub>5</sub>

AS2. When did <Person from Wave 2> stop living with you: Since what month? \_\_\_\_\_ mth

AS3. When did <Person from Wave 2> stop living with you: Since what year? [YYYY]

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

Yes..... <sub>1</sub> → Go to S12 No..... <sub>2</sub> → Go to S2

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

Yes..... <sub>1</sub> No..... <sub>2</sub> → Go to S7

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

Domestic ..... <sub>1</sub>

Inter-country ..... <sub>2</sub>

S4. Was this a within family adoption?

Yes ..... <sub>1</sub> No ..... <sub>2</sub>

S5. From which country?

\_\_\_\_\_

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

**NOW PLEASE GO TO S12**



**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.**

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
a. I am happy in my role as a parent .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Caring for my child sometimes takes more time and energy than I have to give .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I sometimes worry whether I am doing enough for my child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I enjoy spending time with my child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The major source of stress in my life is my child .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having a child leaves little time and flexibility in my life..	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Having a child has been a financial burden.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. It is difficult to balance different responsibilities because of my child. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. I am satisfied as a parent. ....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**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 .....	<input type="checkbox"/> 1
A person who has some trouble being a parent .....	<input type="checkbox"/> 2
An average parent .....	<input type="checkbox"/> 3
A better than average parent .....	<input type="checkbox"/> 4
A very good parent.....	<input type="checkbox"/> 5

**[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.....	<input type="checkbox"/> 1	<b>Go to S27</b>
2. Less than once a month.....	<input type="checkbox"/> 2	
3. 1-2 times a month .....	<input type="checkbox"/> 3	
4. 1-2 times a week.....	<input type="checkbox"/> 4	
5. 3-4 times a week.....	<input type="checkbox"/> 5	
6. 5-6 times a week.....	<input type="checkbox"/> 6	
7. Every day .....	<input type="checkbox"/> 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 spirits**

**[BLAISE CONDITION: ASK S26a ONLY OF FEMALE RESPONDENTS]**

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**[BLAISE CONDITION: ASK S26b ONLY OF MALE RESPONDENTS]**

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

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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 .....1      Occasionally .....2      Not at all .....3

**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 ..... 1      Yes, occasionally ....2      No, not at all.....3

**S31. Since the time of the last interview in [MM/YYYY], have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?**

Yes.....1      No.....2

**S32. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?**

Yes.....1      No.....2

**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.**

	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 the time (3-4 days)	Most or all of the time (5-7 days)
a. I felt I could not shake off the blues even with help from my family or friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. I felt depressed .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. I thought my life had been a failure .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. I felt fearful .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e. My sleep was restless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f. I felt lonely .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g. I had crying spells .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
h. I felt sad.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**S34. Have you ever been in trouble with the Gardai or Police (in Ireland or elsewhere) other than for traffic offences?**

Yes.....1      No.....2 →Go to S36

**S35. Have you ever been to prison?      Yes .....1      No..... 2**

[BLAISE CONDITION: ASK S36 ONLY IF RESIDENT SPOUSE/PARTNER]

**S36. Thinking about how you and your spouse/partner look after the family and house, do you think that you do your fair share of the domestic tasks (e.g. housework, home maintenance, shopping and cooking)?**

- I do much less than my fair share ..... <sub>1</sub>      I do more than my fair share ..... <sub>4</sub>  
I do less than my fair share ..... <sub>2</sub>      I do much more than my fair share ..... <sub>5</sub>  
I do my fair share ..... <sub>3</sub>

[BLAISE CONDITION: ASK S37 ONLY IF RESIDENT SPOUSE/PARTNER]

**S37. Do you think that you do your fair share of the child-rearing tasks (both physical and emotional care)?**

- I do much less than my fair share ..... <sub>1</sub>      I do more than my fair share ..... <sub>4</sub>  
I do less than my fair share ..... <sub>2</sub>      I do much more than my fair share ..... <sub>5</sub>  
I do my fair share ..... <sub>3</sub>

**S38. Can we check, does <child's> biological father/ mother live here with you or elsewhere?**

- Lives here ..... <sub>1</sub> → **Go to S60**  
Deceased ..... <sub>2</sub> → **Go to S60**  
Temporarily lives elsewhere ..... <sub>3</sub> → **Go to S60**  
Lives elsewhere ..... <sub>4</sub> → **Go to S39**

**S39. Were you ever married to or did you ever live with <child's> biological father / mother?**

Yes, married to... <sub>1</sub>    Yes, lived with... <sub>2</sub>    No <sub>3</sub> **Go to S41**    Adoptive / Foster parent <sub>4</sub> **Go to S60**

**S40. What age was the Study Child when you split or separated from their biological father / mother?**

Child's age \_\_\_\_\_ years

**S41. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?**

Formal..... <sub>1</sub>      Informal..... <sub>2</sub>      No parenting arrangement ... <sub>3</sub>

**S42. Briefly describe that arrangement**

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**S43. How did you arrive at that arrangement?**

- Court imposed arrangements ..... <sub>1</sub>  
Formal negotiated arrangements other than legal (e.g. counsellor)..... <sub>2</sub>  
Mutual agreement with no third party negotiator ..... <sub>3</sub>

**S44. Is this written or verbal?** Written ..... <sub>1</sub>    Verbal ..... <sub>2</sub>

**S45. How far does <child's> biological father / mother live from here?**

- Within ½ hour's drive from here ..... <sub>1</sub>      More than 1 hour's drive from here ..... <sub>3</sub>  
Between ½ and 1 hour's drive from here.. <sub>2</sub>      Outside the country..... <sub>4</sub>

**S46a. How often does <child> have face-to-face contact with his / her biological father / mother?**

- Daily ..... <sub>1</sub>      Monthly ..... <sub>5</sub>  
More than once a week..... <sub>2</sub>      Less than once a month ..... <sub>6</sub>  
Weekly ..... <sub>3</sub>      No contact..... <sub>7</sub>  
Every second week / weekend ..... <sub>4</sub>

**S46b. How often does <child> have other contact (not face-to-face)with his / her biological father / mother?**

- Daily ..... <sub>1</sub>      Monthly ..... <sub>5</sub>  
More than once a week..... <sub>2</sub>      Less than once a month ..... <sub>6</sub>  
Weekly ..... <sub>3</sub>      No contact..... <sub>7</sub>  
Every second week / weekend ..... <sub>4</sub>

**S47. On average, how often does <child> stay over or spend the night with his / her biological father / mother?**

- 4 or more nights per week .....1      Monthly .....5  
1 – 3 nights per week.....2      Less than once a month .....6  
Fortnightly .....3      Never .....7

**S48. Some children have trouble adjusting when they move from one parent to another. When child first returns from contact with his / her biological father / mother, which of the following best describes how he/she typically behaves.**

- Over-excited and hard to settle for a long period (more than a few hours) .....1  
Over-excited and hard to settle for a short period .....2  
Relaxed and comfortable .....3  
Withdrawn, sad or restless for a short period .....4  
Withdrawn, sad or restless for a long period (more than a few hours) .....5

**S49. When child is about to leave to spend time with his / her biological father / mother, is he/she sad or distressed?**

- Yes - a little ..1    Yes – somewhat.....2    Yes – very.....3    No.....4    Don't know .....5

**S50. 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 .....1  
Yes, he/she makes a regular payment .....2  
Yes, he/she makes payments as required .....3

**S51. 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                      |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**S52. How often do you disagree with <child's> biological father/ mother about basic child-rearing issues?**

- Never/Almost never .....1      Often .....4  
Rarely .....2      Always/Almost always .....5  
Sometimes .....3      Don't discuss .....6

**S53. When you make major decisions about <child>, like medical treatment or choice of child care, how often do you ask <child's> biological father/ mother for his/her views?**

- Never/Almost never .....1      Often .....4  
Rarely .....2      Always/Almost always .....5  
Sometimes .....3      Don't discuss .....6

**S54. How involved do you think <child's> biological father/ mother should be in <child's> life?**

- A lot more involved .....1      A little less involved.....4  
A little more involved.....2      Much less involved.....5  
Level of involvement is about right .....3

**S55. How often does <child's> biological father/ mother do any of these additional things:**

- |  | Often                      | Sometimes                  | Rarely                     | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| Buy clothes, toys or presents for child .....  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Pay for child's medical or dental bills, health insurance or medicines.....                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Give you extra money to help out, like pay the rent, household bills or car repairs .....                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| Look after child when you need to do other things such as working, studying or attending appointments..... | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**S56. 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
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**S57. Does <child's> biological father / mother have any other children living with him/her at the moment?**

Yes ..... 1      No ..... 2

**S58. How many of these are:**

	<b>N</b>
Full brothers / sisters of the Study Child	_____
Half brothers / sisters of the Study Child	_____
Other children (not related to Study Child)	_____

**S59. 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 ..... 1  
No, I do not wish other parent to be contacted ..... 2  
No, I do not have contact details for other parent ..... 3



Please give contact details

**S60. THANK YOU VERY MUCH FOR TAKING PART IN THE *GROWING UP IN IRELAND* STUDY.**