

Growing Up in Ireland – national longitudinal study of children

Infants at 9 years

Strictly Confidential

I5M

Questionnaire for Parent Living Elsewhere

Date: _____ day _____ month _____ year

Please Read This First

This questionnaire should be accompanied by an information sheet. It is important that you read this information before filling out the questionnaire. If you have any questions, please ring 1800 200 434 and ask for one of the *Growing up in Ireland* team.

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 the Study 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
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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 <input type="checkbox"/> ₁	Court-imposed custody rules..... <input type="checkbox"/> ₅
Commitments to other family/new partner <input type="checkbox"/> ₂	Other <input type="checkbox"/> ₆
Physical distance between self and child <input type="checkbox"/> ₃	
Other parent is uncooperative..... <input type="checkbox"/> ₄	

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 the Study Child?

- Court-imposed arrangements ₁
 Formal, negotiated arrangements other than legal (e.g. counsellor) ₂
 Mutual arrangement with no third party negotiator ₃
 No regular arrangements..... ₄

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:

	Every day	At least once a week	At least once a month	Rarely or never
Prepare food for the child at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Put the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Help the child with his/her homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to doctor/dentist/hairdresser etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Take the child to or from school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

We would like to record some information about the kind of financial support you provide for the Study Child and his or her household.

Q12. Do you pay anything directly towards the rent or mortgage due on the Study Child's home (i.e. the house or apartment where the Study Child resides with his or her other parent NOT your own home)?

- Yes, I pay the full amount due ₁ No, I don't pay towards the rent or mortgage directly..... ₃
 Yes, I pay a contribution ₂ There is no rent or mortgage owing on the home..... ₄

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 Study Child's other parent (other than direct rent or mortgage)?

- Never ... ₁
 Yes..... ₂ a regular payment to the value of €_____per month (excluding direct rent/mortgage payment)
 Yes..... ₃ on an as-required basis (e.g. Christmas) 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 ₁
 Mutual agreement with other parent ₂
 Legally imposed arrangement ₃

Q16. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

Never1 Yes, occasionally2 Yes, frequently.....3

Q17. What was the status of your relationship with the Study Child's other parent when she/you became pregnant with the study child? (Please tick one box only).

Married and living together1 Going out but not living together..... 5
 Cohabiting/living as married2 Just friends6
 Separated3 No relationship7
 Divorced4

Q18. What age was the Study Child when you separated from his/her other parent for the first time?

AGE: _____ months OR _____ years

Had separated before birth1 OR Never lived with other parent.....2

Q19. [For fathers only] Are you named on the Study Child's birth certificate?

Yes1 No2 Not sure3

Q20. [For fathers only] If you have never been married to the Study Child's mother have you applied for guardianship?

No1 Yes, through mother only2 Yes, through court3

Q21. If yes, was this application successful? Yes.....1 No.....2 Ongoing.....3

Q22. How often do you talk about the Study Child with his/her other parent?

Every day.....1 A few times a month.....4
 Several times a week2 Several times a year5
 About once a week3 Not at all6

Q23. How well do you get on with the Study Child's other parent? Would you say your relationship is . . . ?

Very positive Somewhat positive Neutral Somewhat negative Very negative
1 2 3 4 5

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
1 2 3 4

Q25. Do you want to be involved in raising the Study Child in the coming years?

Yes..... 1 No 2 Not sure3

Q26. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

	All of the time	Some of the time	Rarely	Never
a. You talk a lot about your child to your friends and family.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b. You carry pictures of your child with you wherever you go	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c. You often find yourself thinking about your child	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d. You think it's more fun to get your child something new than to get yourself something new	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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 | <input type="checkbox"/> 1 | Retired from employment..... | <input type="checkbox"/> 6 |
| Looking for first regular job | <input type="checkbox"/> 2 | Unable to work due to permanent | |
| Unemployed | <input type="checkbox"/> 3 | sickness or disability | <input type="checkbox"/> 7 |
| Student or pupil | <input type="checkbox"/> 4 | Other (please specify) | <input type="checkbox"/> 8 |
| Looking after home/family | <input type="checkbox"/> 5 | | |

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 | <input type="checkbox"/> 1 | Certificate | <input type="checkbox"/> 6 |
| Primary | <input type="checkbox"/> 2 | Diploma | <input type="checkbox"/> 7 |
| Junior Cert. or equivalent..... | <input type="checkbox"/> 3 | Degree | <input type="checkbox"/> 8 |
| Leaving Cert. or equivalent..... | <input type="checkbox"/> 4 | Postgraduate Degree | <input type="checkbox"/> 9 |
| Trade Qualification..... | <input type="checkbox"/> 5 | | |

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

- | | | | |
|--|----------------------------|---------------------------------------|----------------------------|
| Single | <input type="checkbox"/> 1 | Separated..... | <input type="checkbox"/> 4 |
| First marriage (or cohabitation) | <input type="checkbox"/> 2 | Divorced | <input type="checkbox"/> 5 |
| Remarried (or cohabitating) following | | Widowed..... | <input type="checkbox"/> 6 |
| divorce | <input type="checkbox"/> 3 | Remarried (or cohabitating) following | |
| | | widowhood | <input type="checkbox"/> 7 |

Q33. Are you currently living with a partner?

- Yes1 No.....2

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? Please write in the number of children

None.....1 _____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 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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 1800 200 434