



Growing Up in Ireland – national longitudinal study of children

Strictly Confidential

Non Resident Parent Questionnaire

Area Code

Household Code

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 (01)8632000 and ask for the **Growing Up in Ireland** team.

IF YOU WOULD PREFER TO COMPLETE THE QUESTIONNAIRE WITH AN INTERVIEWER OVER THE PHONE, PLEASE CALL (01) 8632000 DURING OFFICE HOURS

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 does a typical contact occasion 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

₁

Not quite enough

₂

About right

₃

A little too much

₄

Way too much

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 ₁

Commitments to other family/new partner ₂

Physical distance between self and child ₃

Other parent is uncooperative..... ₄

Court-imposed custody rules ₅

Other ₆

Q7. When you are spending time with the study child, where do you tend to 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.

	<i>Rank</i>
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 arrived at the current arrangements for time spent with your 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. Fathers 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).

	<i>Rank</i>
Showing my child love and affection	
Spending time on activities 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. Do you use any of the following to communicate with the study child? Please tick all that apply

- Landline phone ₁
 Mobile phone ₂
 Internet chat-room ₃
 MSN Messenger or similar ₄
 Email ₅
 Social networking sites (e.g., Facebook) ₆
 Other ₇

Q11. How many hours of communication, outside of personal visits, do you have with the study child in a typical month? (Your best estimate is fine) _____ number of hours

Q12. We would like to get a sense of how you rate the quality of the time you spend with the study child. Please tick one box to indicate a rating of between 1 and 5, where '1' is "excellent" and '5' is "very poor".



Q13. 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	Several times a year	Rarely or never
Prepare a meal for the child at home.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Getting the child to bed	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Help the child with his/her homework	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Take the child to doctor /dentist /hairdresser etc	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Take the child to or from school.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

Q14. 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 ₁
 Yes, I pay a contribution ₂
 No, I don't pay towards the rent or mortgage directly ₃ Go to Q16
 There is no rent or mortgage owing on the home ₄ Go to Q16

Q15. If you pay all or part of the mortgage or rent, how much do you pay per month?
 € _____ per month

Q16. Do you provide financial support to the child's mother (other than a direct rent or mortgage payment)?

Never ₁

Yes. ₂ **REGULAR** payment of € _____ per month (excluding direct rent/mortgage payment)

Yes. ₃ an **IRREGULAR** payment, as required (e.g. back to school) to the approximate value of
€ _____ per year

Q17. If you give a regular payment as in Q16 above, how did you decide on the amount/schedule?

(Please tick one box only)

Your decision ₁

Mutual agreement with mother ₂

Legally imposed arrangement ₃

Q18. Do you provide any support other than financial, e.g. home repairs, minding the family pet, generally "being there" when needed, etc?

Never ₁

Yes, occasionally ₂

Yes, frequently ₃

Q19. 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 ₁ Go to Q20

Cohabiting/living as married ₂ Go to Q20

Separated ₃ Go to Q20

Divorced ₄ Go to Q20

Going out but not living together ₅ Go to Q20

Just friends ₆ Go to Q21

No relationship ₇ Go to Q21

Q20. What age was the study child when you separated or split up with the study child's mother for the first time?

AGE _____ years and _____ months OR Separated before birth ₁

Q21. Are you named on the study child's birth certificate?

Yes ₁

No ₂

Not sure ₃

Q22. If you have never been married to the Study Child's mother have you ever applied for guardianship of Study Child? If you were married, please go to Q24

No ₁

Yes, through mother only ₂

Yes, through court ₃

Q23. If yes, was this application successful?

Yes..... ₁

No..... ₂

Ongoing..... ₃

Q24. How often do you talk about the Study Child with the Study Child's mother?

Every day ₁

Several times a week ₂

About once a week ₃

A few times a month ₄

Several times a year ₅

Not at all ₆

Q25. How well do you get on with the Study Child's mother? Would you say your relationship is ...?

Very positive

₁

Somewhat positive

₂

Neutral

₃

Somewhat negative

₄

Very negative

₅

Q26. Often parents have to make major decisions concerning the child, such as about education. Please indicate the degree of influence you feel you have in major decisions concerning the study child's:

	A lot of influence	Some influence	No influence
Discipline	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Health care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Education	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Values and attitudes.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Finally, we just have a few questions about you.

Q27. What is your date of birth?

Day		Month		Year			

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	<input type="checkbox"/> 2	Divorced	<input type="checkbox"/> 5
Remarried following divorce	<input type="checkbox"/> 3	Widowed	<input type="checkbox"/> 6
		Remarried following Widowhood	<input type="checkbox"/> 7

Q33. Are you currently living with a partner?

Yes 1 No..... 2 Go to Q35

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..... 1 _____ by same parent as Study Child _____ by a different partner(s)

Q36. What is your nationality? _____

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 01-8632000**