

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

PARENT/GUARDIAN TWO: SENSITIVE QUESTIONNAIRE, 17-Year-old Cohort

AREA
 HHOLD

Interviewer Name _____ Interviewer Number

Time Section Started (24 hour clock)
 Date _____
 Day Month 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.

SECTION A: RELATIONSHIP TO YOUNG PERSON

X1. Are you male or female?

Male..... ₁ Female ₂

X2. What is your date of birth? day month year

IF ANY PERSON ON HOUSEHOLD GRID AT TIME 1 IS NO LONGER RESIDENT IN THE HOUSEHOLD AT TIME 2 ASK AS3 – AS5:

AS1. Can you please tell me why <Person at Wave 1> is no longer resident in the household.

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

AS2. When did <Person from Wave 1> stop living with you: Since what year? _____ [YYYY]

AS3. When did <Person from Wave 1> stop living with you: Since what month? _____ mth

S1. Are you the biological parent of <young person>?

Yes..... ₁ → Go to S12 No..... ₂ → Go to S2

S2. Are you the adoptive parent of <young person>?

Yes..... ₁ No..... ₂ → Go to S7

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

Domestic..... ₁ Inter-country ₂

S4. Was this a within family adoption?

Yes ₁ No ₂

S5. From which country?

S6. What age was <young person> when you adopted him/ her? _____ years

NOW PLEASE GO TO S12

S7. Are you the foster parent of <young person>?

Yes.....1

No.....2 → Go to S12

S8. How long has <young person> been with your family? _____ years _____ months

S9. Do you anticipate that this will be a long-term foster placement? Yes1 No2

S10. How many previous foster placements has <young person> been in? _____previous placements
Don't Know...99

S11a. Immediately before coming to live with you was <young person> living with another foster family, his/her family or in institutional care?

Another foster family1

Own family.....2

Institutional care3

S11b. Are you related to <young person> Yes1 No2 →Go to S12

S11c. How are you related to <young person> _____

NOW PLEASE GO TO S12

SECTION B: PARENTAL MARITAL STATUS

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 legal marital status?

- Married and living with husband / wife1 Go to S13a
- Married and separated from husband / wife2 Go to S13b
- Divorced3 Go to S13b
- Widowed4 Go to S13b
- Never married (including living with a partner)5 Go to S15

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) Go to S14

S14. Since when have you been living apart / spouse deceased? _____(year) Go to S15

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

Yes.....1

No2 Go to S21

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

S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue?

- Most days.....1 →Go to S18
- At least once a week.....2 →Go to S18
- Less than once a week.....3 →Go to S18
- Hardly ever.....4 →Go to S18
- Never.....5 →Go to S19

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

Almost never/
Never Not very
often Sometimes Often Almost always/
always

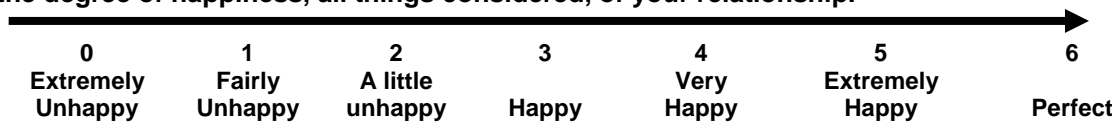
- a. Shout or yell at each other1.....2.....3.....4.....5
- b. Throw something at each other1.....2.....3.....4.....5
- c. Push, hit or slap each other1.....2.....3.....4.....5

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

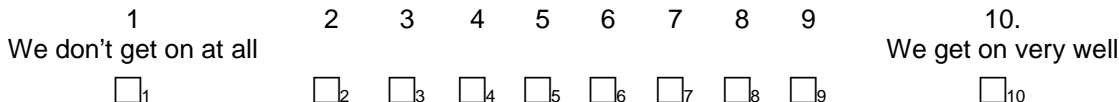
All the
time Most of
the time More often
than not Occasionally Rarely Never

- a. You discuss or have considered divorce, separation, or terminating your relationship ...1.....2.....3.....4.....5.....6
- b. You think that things between you and your partner are going well1.....2.....3.....4.....5.....6
- c. You confide in your mate / partner.....1.....2.....3.....4.....5.....6

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.



S20b. All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your household get on? '1' means you don't get on at all and '10' means you get on very well.



SECTION C: PARENTAL EFFICACY AND PREGNANCY STATUS

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

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
a. Caring for my child sometimes takes more time and energy than I have to give.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<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"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. The major source of stress in my life is my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Having my child leaves little time and flexibility in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Having my child has been a financial burden.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. It is difficult to balance different responsibilities because of my child.	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

S22. [ONLY OF FEMALE RESPONDENTS] Are you currently pregnant? Yes..... 1 No 2

SECTION D: FAST – PARENTAL ALCOHOL SCREEN

S23. Which of the following best describes how often you usually drink alcohol?

- 1. Never..... 1 **Go to S26**
- 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:
S24. 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

S25a. [ONLY OF FEMALE RESPONDENTS] 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

S25b. [ONLY OF MALE RESPONDENTS] 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

S25c. 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

S25d. 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

S25e. 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

SECTION E: PARENTAL SMOKING AND DRUGS

S26. Do you currently smoke daily, occasionally or not at all?

Daily 1 Occasionally 2 Not at all 3

S27. About how many cigarettes or cigars do you smoke on average each day?

_____ [Int. enter '0' if less than 1 on average]

S28. Including yourself, how many members of the household smoke? ____ N

S29. Do you take any drugs such as cannabis, marijuana, ecstasy, speed, heroin, methadone, crack or cocaine?

Regularly..... 1 Occasionally..... 2 Not at all..... 3

SECTION F: PARENTAL DEPRESSION CES-D

S30a. Since the time of the last interview when <young person> was 13 years of age, have you been treated by a medical professional for clinical depression, anxiety, 'nerves' or phobias?

Yes..... 1 No..... 2

S30b. Are you currently taking medication for clinical depression, anxiety, 'nerves' or phobias?

Yes..... 1 No..... 2

S31. 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

SECTION G: PARENTAL TROUBLE WITH THE GARDAÍ (POLICE)

S32. 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 S33b

S33. Have you ever been to prison? Yes₁ No ₂

SECTION H: PARENTAL KNOWLEDGE OF YOUNG PERSON'S DRINKING, SMOKING, DRUG-TAKING AND DISCUSSION OF SEXUAL HEALTH

S34. To the best of your knowledge, has <young person> ever tried:

	Definitely	Probably	Possibly	I don't think so
a. Alcohol?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
b. Cigarettes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
c. Cannabis/Marijuana?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

S35. Have you spoken to <young person> personally about the following sexual health issues?

	Yes	No
a. Sex and sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Sexual feelings, relationships and emotions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Contraception.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Safer sex/sexually transmitted infections/ venereal diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Sexual orientation (eg. Homosexuality, heterosexuality, etc.)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

SECTION I: RESIDENT PARENT'S DETAILS ON NON-RESIDENT PARENT

S36. Can we check, does <young person's> biological father/ mother live here with you or elsewhere?

Lives here, including working away from home temporarily₁ → Go to END
 Deceased₂ → Go to END
 Lives elsewhere₃ → Go to S37

S37. Were you ever married to or did you ever live with <young person's> biological father / mother?

Yes, married to...₁ Yes, lived with...₂ No ₃ Go to S39 Adoptive / Foster parent ₄ Go to END

S38. What age was <young person> when you split or separated from their biological father / mother?

S39. Do you and the other parent have a formal or informal arrangement regarding <young person> and where he / she lives?

Formal.....₁ Informal.....₂ No arrangement₃ No contact ₄

S42. How far does <young person's> biological father / mother live from here?

Within ½ hour's drive from here₁ More than 1 hour's drive from here.....₃
 Between ½ and 1 hour's drive from here..₂ Outside the country.....₄
 I don't know where he/she lives.....₅

S43. How often does <young person> have:

	Daily	More than once a week	Once a week	Every second week / weekend	Monthly	Less than once a month	No contact
a. Face-to-face contact with his/her biological mother/father.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇
b. Contact on skype, email, text or phone with his/her biological mother/father.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

S43c. Does <young person> ever stay overnight with his/her biological mother/father?

More than once a week 1 Once a week 2 Every second week / weekend 3 Monthly 4 Less than once a month 5 No contact 6

S44. Does <young person's> biological father / mother make ANY financial contribution to your household and the maintenance of <young person>? 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 payments from time to time 2
Yes, he/she makes a regular payment 3

S45. How often do you talk to <young person's> biological father/ mother about <young person>?

Every day 1 Several times a week 2 About once a week 3 A few times a month 4 Several times a year 5 Never 6

S46. How well do you get on with <young person's> biological father/ mother? Would you say your relationship is?

Very positive 1 Positive 2 Neither positive nor negative 3 Somewhat negative 4 Very negative 5 No contact/no relationship 6

S47. We would like to send a short questionnaire to <young person'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 <young person'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 to interviewer

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