

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

Yes.....1

No.....2 → 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? Yes1 No2

S10. How many previous foster placements has <child> been in? _____ previous placements DK...99

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

Another foster family1

Own family.....2

Institutional care3

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 / wife1 **Go to S13a**

Married and separated from husband / wife2 **Go to S13b**

Divorced3 **Go to S13b**

Widowed4 **Go to S13b**

Never married5 **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)

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.....1

No2 **Go to S21**

S16. Since when 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.....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**

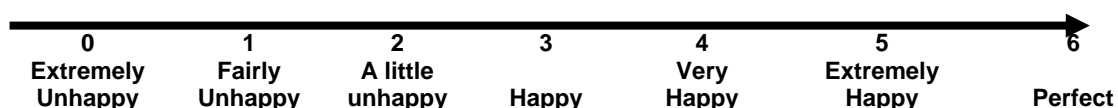
S18. When you and your partner argue, how often do you

	Almost never/ Never	Not very often	Sometimes	Often	Almost always/ always
Shout or yell at each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Throw something at each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Push, hit or slap each other.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
You discuss or have considered divorce, separation, or terminating your relationship.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
You think that things between you and your partner are going well.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
You confide in your mate/partner.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 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.



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. 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
B. 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
C. 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
D. 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
E. 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
F. 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

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 1

A person who has some trouble being a parent 2

An average parent 3

A better than average parent 4

A very good parent..... 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..... 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 = 1/2 pint of beer or 1 glass of wine or 1 single spirits

[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

[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	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

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?

Daily1 Occasionally2 Not at all3

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 when <child> was 9 months of age, 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? Yes1 No 2

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

- Lives here.....1 → **Go to S48**
Deceased.....2 → **Go to S48**
Temporarily lives elsewhere3 → **Go to S48**
Lives elsewhere4 → **Go to S37**

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

- Yes, married to...1 Yes, lived with.....2 No 3 **Go to S39** Adoptive / Foster parent 4 **Go to S48**

S38. When did you separate or split up with <child's> biological father / mother?

- Before <child> was born1
When <child> was less than 1 year old2
When <child> was 1-2 years old.....3
In the last year4

S39. Do you have a formal or informal parenting arrangement regarding <child> and where he / she lives?

- Formal.....1 Informal.....2 No parenting arrangement ...3

S40. Briefly describe that arrangement

S41. How did you arrive at that arrangement?

- Court imposed arrangements1
Formal negotiated arrangements other than legal (e.g. counsellor).....2
Mutual agreement with no third party negotiator3

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

- Within ½ hour's drive from here.....1 More than 1 hour's drive from here3
Between ½ and 1 hour's drive from here..2 Outside the country.....4

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

- Daily1 Monthly5
Once or twice a week.....2 Less than once a month6
Weekly3 No contact.....7
Every second week / weekend4

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 payment1
Yes, he/she makes a regular payment2
Yes, he/she makes payments as required.....3

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

- 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 <child'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

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?

- Yes1
No, I do not wish other parent to be contacted2
No, I do not have contact details for other parent3

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