

GROWING UP IN IRELAND – the national longitudinal study of children

STRICTLY CONFIDENTIAL

SECONDARY CAREGIVER QUESTIONNAIRE – 13-Year Main

AREA

HOUSEHOLD

Interviewer Name _____

Interviewer Number

Date _____
day month year

Almost four years have passed since you and your family were interviewed as part of *Growing Up in Ireland*. At that time we explained that we would like to make a return visit to your home for a follow-up interview to see how your child has changed and grown since our last visit. We are now seeking to interview the parents/guardians of <child>. The whole interview with the parents/guardians and child will take about 1½ - 2 hours to complete [INTERVIEWER: Adjust as appropriate for you in the field]. All the information you and your family provide will be treated in the strictest confidence and will not be released in any way which would allow the information you provide to be identified with you or your family. 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.

The Department of Health and Children is funding the study through the Department of Children and Youth Affairs, in association with the Department of Social Protection and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the Study. A group of researchers led by the Economic and Social Research Institute (ESRI) and The Children's Research Centre at Trinity College Dublin is carrying out the study

Section A - Introduction

[A1 – BLAISE INSTRUCTION – ASK A1 IF NEW PARTNER AT TIME 2 OR SECONDARY CAREGIVER WAS NON RESPONDENT AT TIME 1]

A1. [Card A1] Can you please tell me which of the following best describes your relationship to <child>?
[Interviewer use codes only]

- | | | | |
|---|---|--|---|
| 1. Biological mother/ father <input type="checkbox"/> | 1 | 5. Grand parent <input type="checkbox"/> | 5 |
| 2. Adoptive mother/ father <input type="checkbox"/> | 2 | 6. Aunt/uncle <input type="checkbox"/> | 6 |
| 3. Step-mother / Step-father / Partner of child's parent . <input type="checkbox"/> | 3 | 7. Other relative/ in law <input type="checkbox"/> | 7 |
| 4. Foster mother / father <input type="checkbox"/> | 4 | 8. Unrelated guardian <input type="checkbox"/> | 8 |

Section B - Parental Health

Now I'd like to ask you a few questions about your own health.

B1. [CARD B1] In general, how would you say your current health is?

- Excellent..... 1
Very good..... 2
Good 3
Fair 4
Poor..... 5

B2. Do you have any on-going chronic physical or mental health problem, illness or disability?

Yes ₁ No ₂

B3. What is the nature of this problem, illness or disability? Please describe as fully as possible.

[Int. please record diagnosis – not symptoms of the problem.]

B4. Since when have you had this problem, illness or disability? _____ (year) _____ (month)

B5. Are you hampered in your daily activities by this problem, illness or disability?

Yes, severely ₁ Yes, to some extent ₂ No ₃

B6. Thinking about your free-time, in general would you say you are...

- Very physically active ₁
- Fairly physically active ₂
- Not very physically active ₃
- Not at all physically active ₄

C: FAMILY CONTEXT

Now I'd like to ask you some general questions about your family as a whole.

C1. [Card C1] I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies.

	Definitely does not apply	Not really	Neutral, not sure	Applies somewhat	Definitely applies
A. I share an affectionate, warm relationship with my child.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
B. My child and I always seem to be struggling with each other.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
C. If upset, my child will seek comfort from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
D. My child is uncomfortable with physical affection or touch from me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
E. My child values his/her relationship with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
F. When I praise my child, he/she beams with pride.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
G. My child spontaneously shares information about himself/herself	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
H. My child easily becomes angry at me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
J. My child remains angry or is resistant after being disciplined	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
K. Dealing with my child drains my energy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
L. When my child is in a bad mood, I know we're in for a long and difficult day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
M. My child's feelings toward me can be unpredictable or can change suddenly.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
N. My child is sneaky or manipulative with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
O. My child openly shares his/her feelings and experiences with me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

C2. [Card C2] The following are some questions on your knowledge of what <child> does in his/her free time, where he/she goes, and who he/she has as friends.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Do you know what <Study Child> does with his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Do you know who he/she has as friends during his/her free time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Do you usually know what type of homework he/she has.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Do you know what he/she spends his/her money on	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Do you know when he/she has a test or homework due at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
F. Do you know how he/she does in different subjects at school.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
G. Do you know where he/she goes when out at night with friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H. Do you know where he/she goes and what he/she does after school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
I. How often in the last month have you had no idea where he/she was.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C3. [CARD C3] The following are some questions about how much <child> actually tells you about what he/she is doing, without being asked.

	Almost never or never	Not very often	Sometimes	Often	Almost always or always	N/A
A. Does he/she spontaneously tell you about his/her friends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Does he/she want to tell you about school (how subjects are going; relationships with teachers etc).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
C. Does he/she keep a lot of secrets from you about what he/she is doing in his/her spare time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. Does he/she hide a lot from you about what he/she is doing during nights and weekends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
E. Does he/she like to tell you what he/she has been doing and where he/she went when out for the evening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

C4. [CARD C4] Please tell me how strongly you agree or disagree with the following.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	N/A
Because of your work responsibilities:						
A. You have missed out on home or family activities that you would have liked to have taken part in.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
B. Your family time is less enjoyable and more pressured	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Because of your family responsibilities:						
C. You have to turn down work activities or opportunities you would prefer to take on.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
D. The time you spend working is less enjoyable and more pressured.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**C5. How fairly or unfairly would you say the household tasks are distributed between you and your partner?
Would you say...[INT: READ OUT]**

Very unfairly 1 Quite unfairly 2 Fairly 3 Don't have partner. 4

C6. [Show Card C6] I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you:

	Every day / 7 days per week	3 to 6 days per week	1 to 2 days per week	1 to 2 times per month	Rarely or never
A. Sit down to eat together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B. Play sports, cards or games together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
C. Talk about things together.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
D. Do household activities together (e.g. gardening, cooking, cleaning, etc).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
E. Go on an outing together (e.g. going to the cinema, theatre, walking, shopping)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C7a. Thinking of an AVERAGE SCHOOL DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

C7b. And thinking of an AVERAGE WEEKEND, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc)

_____ hours _____ minutes

D: SOCIO-DEMOGRAPHICS

Now some questions about the circumstances of your household.

D1. [Card D1] Looking at Card D1, which of these descriptions *BEST* describes your usual situation in regard to work?

[Int: If respondent is on maternity leave and she has a job which she intends to return to, she should be coded as 0]

- | | |
|---|---|
| <p>0. Currently on maternity leave, but with a job to return to <input type="checkbox"/>0</p> <p>1. Employee (incl. apprenticeship or Community Employment) <input type="checkbox"/>1</p> <p>2. Self employed outside farming <input type="checkbox"/>2</p> <p>3. Farmer..... <input type="checkbox"/>3</p> | <p>4. Student full-time <input type="checkbox"/>4</p> <p>5. On State training scheme (FAS, Failte Ireland etc.)..... <input type="checkbox"/>5</p> <p>6. Unemployed, actively looking for a job..... <input type="checkbox"/>6</p> <p>7. Long-term sickness or disability <input type="checkbox"/>7</p> <p>8. Home duties / looking after home or family <input type="checkbox"/>8</p> <p>9. Retired..... <input type="checkbox"/>9</p> <p>10. Other (specify) <input type="checkbox"/>10</p> |
|---|---|

[BLAISE CONDITION: IF RESPONDENT NOT WORKING AT WAVE 1 BUT IS WORKING AT WAVE 2 OR RESPONDENT ON MATERNITY LEAVE AT WAVE 1 BUT IS WORKING AT WAVE 2 ASK D2a:]

D2. When did you return to work? _____ mth _____ year

D3. How many hours do you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs. _____ hours

D4. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)?

_____ minutes [Int. if respondent works at home enter '0' for minutes]

D5. [Card D5] What is your occupation in your main job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.
Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.
Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

D6. Do you supervise or manage any personnel in your job?

Yes

 ₁

No

 ₂

D7. How many? _____

D8. How many employees (if any) do you have? _____ employees N A ₉₉

D9. [Ask only if Farmer at D1.] What is the acreage of the farm? _____ acres

Go to E1

D10. Apart from holiday or casual work, have you ever had a full-time job? Yes ... ₁ No... ₂ **Go to D17**

D11. In what year did you last work in that full-time job? _____ year

D12. When you last worked in that full-time job were you?

Employee (incl. apprenticeship

or Community Employment) ₁

Self-employed outside farming ₂

Farmer ₃

D13. [Card D13] What was your occupation in that job? (What did you mainly do in your job?) Please describe as fully as possible

In all cases please describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

D14a. Did you supervise or manage any personnel in your job?

Yes ₁

No ₂

D14b. How many? _____

D15. How many employees (if any) did you have? _____ employees N A ₉₉

D16. [Ask only if Farmer at D12] What was the acreage of the farm? _____ acres

Go to E1

D17. Do you currently have a part time job outside the home? Yes ₁ No..... ₂ **Go to D20**

D18. On average, how many hours per week do you work in that part-time job? _____ hours

D19. [Card D19] What is your occupation in that job?

In all cases describe the occupation fully and precisely giving the full job title.

Use precise terms such as:
RETAIL STORE MANAGER
SECONDARY TEACHER
ELECTRICAL ENGINEER

Do not use general terms such as:
MANAGER
TEACHER
ENGINEER

Civil servants and local government employees should state their grade e.g. SENIOR ADMINISTRATIVE OFFICER.

Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g. PRIMARY TEACHER.

Clergy and religious orders should give full description e.g. NUN, REGISTERED GENERAL NURSE.

Write in your main OCCUPATION

If a farmer or a farm worker, write in the SIZE of the farm _____ acres

D20. [Card D20] From the reasons listed on this card could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3.

- | | | | |
|--|-------|---|-------|
| a. I can't find a job..... | _____ | f. I cannot find suitable childcare | _____ |
| b. I chose not to work..... | _____ | g. There are no suitable jobs available for me .. | _____ |
| c. I am caring for an elderly or ill relative or friend..... | _____ | h. My family would lose Social Welfare or | |
| d. I prefer be at home to look after my children myself.. | _____ | medical benefits if I was earning..... | _____ |
| e. I cannot earn enough to pay for childcare | _____ | i. Other reason (specify)..... | _____ |

E: ABOUT YOU

Now some more questions about yourself

E1. [Card E1] What is the highest level of education (full-time or part-time) which you have completed to date?

1. No formal education ₁
 2. Primary education..... ₂

Second Level

3. Lower Secondary ₃
(Junior/Intermediate/Group Certificate, 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Certificate or equivalent).
4. Upper Secondary..... ₄
(Leaving Certificate (including Applied and Vocational Programmes), 'A' Levels, NCVA Level 1 Certificate or equivalent)
5. Technical or Vocational qualification..... ₅
(Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Certificate Course/FETAC Level 5, Teagasc Certificate/Diploma or equivalent).
6. Both Upper Secondary and Technical or Vocational qualification ₆

Third Level

7. Non Degree ₇
(National Certificate, Diploma NCEA/Institute of Technology or equivalent, Nursing Diploma.)
8. Primary Degree ₈
(Third Level Bachelor Degree)
9. Professional qualification (of Degree status at least) ₉
10. Both a Degree and a Professional qualification..... ₁₀
11. Postgraduate Certificate or Diploma..... ₁₁
12. Postgraduate Degree (Masters) ₁₂
13. Doctorate (Ph.D) ₁₃

E2. At what age did you leave full-time education for the first time? _____ years

[INTERVIEWER: Code as '0' if respondent never undertook full-time education. Code 999 if still in full time education]

E3a. What language do you speak most often at home?

- English ₁ Irish..... ₂ Other ₃

E3b. Can I just check, can you read aloud to a child from a children's story book written in your native language?

- Yes ₁ No..... ₂

E4. Can I just check, can you read aloud to a child from a children's story book written in English?

- Yes ₁ No..... ₂

E5. Can you usually read and fill out forms you might have to deal with in English?

- Yes ₁ No..... ₂

E6. When you buy things in shops with a five or ten euro note, can you usually tell if you have the right change?

- Yes ₁ No..... ₂

E7. Do you belong to any religion?

Yes ₁

No ₂

E8. [Card E8] Which religion?

Christian – no denomination ₁

Roman Catholic ₂

Anglican/Church of Ireland/Episcopalian ₃

Other Protestant ₄

Jewish ₅

Muslim ₆

Other (please specify) ₇

E9. In general, would you describe yourself as a spiritual person?

Not at all ₁

A little ₂

Quite ₃

Very much so ₄

Extremely ₅

E10. Are you a citizen of Ireland?

Yes ₁

No ₂

E11. What citizenship do you hold? _____

E12. Were you born in Ireland?

Yes ₁

No ₂

E13. In which country were you born? _____

E14. How long ago did you first come to live in Ireland?

Within the last
year
 ₁

1-5 years ago
 ₂

6-10 years ago
 ₃

11-20 years ago
 ₄

More than 20
years ago
 ₅

Don't
Know
 ₈₈

E15. [Card E15] What is your ethnic or cultural background?

Please choose ONE section from 1 to 4 then tick the appropriate box.

1. White

Irish ₁

Irish Traveller ₂

Any other White background ₃

2. Black or Black Irish

African ₄

Any other Black background ₅

3. Asian or Asian Irish

Chinese ₆

Any other Asian background ₇

4. Other, including mixed background ₈